



DEPARTMENT OF HOMELAND SECURITY

**Immigration and Customs Enforcement
Office of Professional Responsibility**

REPORT OF INVESTIGATION

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201200186

PREPARED BY

(b)(6), (b)(7)(c)

2. REPORT NUMBER

001

3. TITLE

RIVERA-Romero, Mauro/Unknown/Unknown/EL PASO, EL PASO, TX

4. FINAL RESOLUTION

5. STATUS

Initial Report

6. TYPE OF REPORT

Allegation

7. RELATED CASES

8. TOPIC

Death of detainee RIVERA-Romero at Del Sol Medical Center in El Paso TX.

9. SYNOPSIS

On October 06, 2011, the Joint Intake Center (JIC), Washington, D.C., received information from U.S. Immigration and Customs Enforcement (ICE) Assistant Field Office Director (AFOD) (b)(6), (b)(7)(c) El Paso TX. AFOD (b)(6), (b)(7)(c) reported that on October 05, 2011 approximately 18:53 hours Dr. (b)(6), (b)(7)(c) of the Del Sol Medical Center, Emergency Room Physician declared the death of Mauro Antonio RIVERA-Romero Alien Number: (b)(6), (b)(7)(c) an Immigration Customs Enforcement (ICE) detainee house at the El Paso Processing Center (EPC), El Paso TX.

10. CASE OFFICER (Print Name & Title)

(b)(6), (b)(7)(c) - Joint Intake Specialist

11. COMPLETION DATE

06-OCT-2011

14. ORIGIN OFFICE

XXCM CMG View Case

12. APPROVED BY(Print Name & Title)

(b)(6), (b)(7)(c) - ICE-OPR Special Agent Supervisor

13. APPROVED DATE

06-OCT-2011

15. TELEPHONE NUMBER

No Phone Number

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10. NARRATIVE

On October 06, 2011, the Joint Intake Center (JIC), Washington, D.C., received information from U.S. Immigration and Customs Enforcement (ICE) Assistant Field Office Director (AFOD) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) El Paso TX. AFOD (b)(6), (b)(7)(c) reported that on October 05, 2011 approximately 18:53 hours Dr. (b)(6), (b)(7)(c) of the Del Sol Medical Center, Emergency Room Physician declared the death of Mauro Antonio RIVERA-Romero Alien Number: (b)(6), (b)(7)(c) an Immigration Customs Enforcement (ICE) detainee house at the El Paso Processing Center (EPC), El Paso TX.

AFOD (b)(6), (b)(7)(c) advised that prior to detainee RIVERA-Romero being transported to the hospital form the EPC detainee RIVERA-Romero in formed the staff he is HIV Positive.

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|  <p>DEPARTMENT OF HOMELAND SECURITY</p> <p>REPORT OF INVESTIGATION Exhibit List</p> <p>HB 4200-01 (37), Special Agent Handbook</p> | 1. CASE NUMBER 201200186 |
| | PREPARED BY (b)(6), (b)(7)(c) |
| | 2. REPORT NUMBER 001 |

None

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|  <p style="text-align: center;">DEPARTMENT OF HOMELAND SECURITY</p> <p style="text-align: center;">REPORT OF INVESTIGATION</p> <p style="text-align: center;">HB 4200-01 (37), Special Agent Handbook</p> | | <p>1. CASE NUMBER</p> <p>201200186</p> |
| | | <p>PREPARED BY</p> <p style="text-align: center;">(b)(6), (b)(7)(c)</p> |
| | | <p>2. REPORT NUMBER</p> <p>002</p> |
| <p>3. TITLE</p> <p>RIVERA-Romero, Mauro/Unknown/0108 Death-Detainee/Alien (Unknown Cause)/EL PASO, EL PASO, TX</p> | | |
| <p>4. FINAL RESOLUTION</p> <p>Referred to Management</p> | | |
| <p>5. STATUS</p> <p>Closing Report</p> | <p>6. TYPE OF REPORT</p> <p>Detainee Death Review</p> | <p>7. RELATED CASES</p> <p>201200555</p> |
| <p>8. TOPIC</p> <p>Closing ROI (b)(7)e Mauro RIVERA-Romero (b)(6), (b)(7)(c)</p> | | |
| <p>9. SYNOPSIS</p> <p>On October 6, 2011, the Joint Intake Center, Washington, D.C, received notification regarding the death of U.S. Immigration and Customs Enforcement Detainee Mauro Antonio RIVERA-Romero. RIVERA, a citizen of El Salvador, died on October 5, 2011, at the Del Sol Medical Center in El Paso, TX. The County of El Paso Office of the Medical Examiner and Forensic Laboratory reported the cause of death as disseminated cryptococcosis, an infection associated with immune-suppressed individuals.</p> <p>On November 22, 2011, the U.S. Immigration and Customs Enforcement, Office of Professional Responsibility, Office of Detention Oversight initiated a Detainee Death Review of Mauro Antonio RIVERA-Romero's death. This report documents the findings of the review.</p> | | |
| <p>10. CASE OFFICER (Print Name & Title)</p> <p>(b)(6), (b)(7)(c) ICE-OPR Special Agent</p> | <p>11. COMPLETION DATE</p> <p>15-AUG-2012</p> | <p>14. ORIGIN OFFICE</p> <p>ICE OPR Office of Detention Oversight (ODO)-Phoenix</p> |
| <p>12. APPROVED BY(Print Name & Title)</p> <p>(b)(6), (b)(7)(c) ICE-OPR Special Agent Supervisor</p> | <p>13. APPROVED DATE</p> <p>16-AUG-2012</p> | <p>15. TELEPHONE NUMBER</p> <p>No Phone Number</p> |
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10. NARRATIVE

DETAILS OF INVESTIGATION

On October 6, 2011, the Joint Intake Center (JIC), Washington, D.C., received notification of the death of Detainee Mauro Antonio RIVERA-Romero (Alien Registration Number (b)(6), (b)(7)(c)). RIVERA, a citizen of El Salvador born on January 10, 1968, died on October 5, 2011, at the Del Sol Medical Center (DSMC) in El Paso, TX. RIVERA was 43 years old when he died.

At the time of his death, RIVERA was in U.S. Immigration and Customs Enforcement (ICE) custody at the El Paso Service Processing Center (EPC) in El Paso, TX. The EPC is owned and operated by ICE. EPC accommodates adult male and female ICE detainees of all security classification levels for periods in excess of 72 hours. ICE Health Service Corps (IHSC) provides medical services to detainees at EPC. EPC is accredited by the American Correctional Association, the National Commission on Correctional Health Care (NCCHC), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The Field Office Director (FOD), Office of Enforcement and Removal Operations (ERO), El Paso, TX, is responsible for ensuring EPC compliance with the ICE Performance Based National Detention Standards (PBNDS). An Assistant Field Office Director (AFOD) is physically located at EDC and oversees ICE detention operations at the facility.

On December 6, 2011, Special Agent (SA) (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c), of the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), Phoenix, Arizona, conducted an on-site Detainee Death Review (DDR) regarding RIVERA. ODO was assisted by El Paso OPR, Resident Agent in Charge, SA (b)(6), (b)(7)(c), and subject matter expert, Chief Medical Officer (b)(6), (b)(7)(c). Dr. (b)(6), (b)(7)(c) is employed by Creative Corrections, LLC (CC), a national management and consulting firm, contracted by ICE to provide subject matter expertise in detention management with a special emphasis on health care. As part of the review, ODO interviewed Doyon-Akal Technical Services, Inc. (DATS), ERO, and IHSC personnel at EPC. ODO also reviewed EPC policies, and immigration, medical, and detention records pertaining to RIVERA.

The following is a chronology of events regarding RIVERA while he was in ICE custody.

On October 1, 2011, at approximately 4:38 p.m., RIVERA was encountered by U.S. Border Patrol Agents onboard a Greyhound bus at the U.S. Border Patrol checkpoint, West of Sierra Blanca, TX. This was documented on a Form I-213, Record of Deportable/Inadmissible Alien (Exhibit 01). On the same date, Border Patrol Agents issued RIVERA a Form I-862, Notice to Appear, charging



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removability pursuant to section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the U.S. without being admitted or paroled (Exhibit 02). According to the I-213, RIVERA stated he had been released from the Los Angeles County Medical Center on September 29, 2011, where he had been diagnosed with a stomach infection (Exhibit 03).

At the time of apprehension, RIVERA was experiencing stomach pains and nausea. RIVERA refused medical attention and signed a Border Patrol Declination of Medical Treatment Form (Exhibit 04). RIVERA was processed by the U.S. Border Patrol and an accommodation for housing at EPC was approved. RIVERA was transported to EPC by Wackenhut contract services to await removal proceedings. No information was available regarding the Wackenhut transport personnel, or the time of RIVERA's physical transfer to EPC. The information regarding RIVERA's stomach pains and nausea was contained in RIVERA's Alien Registration File; however, there is no documentation that the information was provided to EPC.

On October 2, 2011, at approximately 4:30 a.m., RIVERA arrived at EPC and was booked into the facility. RIVERA was booked into EPC by DATS Security Officer (SO) (b)(6), (b)(7)(c) and DATS SO (b)(6), (b)(7)(c). (b)(6), (b)(7)(c) and (b)(6), (b)(7)(c) are no longer employed by DATS and were not available for interview.

At 10:14 p.m., EPC Registered Nurse (RN) (b)(6), (b)(7)(c) performed an initial screening assessment regarding RIVERA, which was documented on an In-Processing Health Screening Form and its associated Event Listing (Exhibit 05). SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed RN (b)(6), (b)(7)(c) at EPC on December 7, 2011. RN (b)(6), (b)(7)(c) is a contract employee of STG International Corporation. RN (b)(6), (b)(7)(c) stated she screened RIVERA at approximately 5:30 a.m. after he arrived from intake processing. (Agent's note: this information differs from the Event Listing, which reflects that RIVERA was screened at 10:14 p.m.) RN (b)(6), (b)(7)(c) stated she completed a chest X-ray of RIVERA that showed negative results for pulmonary tuberculosis. RN (b)(6), (b)(7)(c) recorded RIVERA's pulse rate at 106 per minute and his blood pressure at 100/71, which were within normal limits.

The In-Processing Health Screening Form reflects that RIVERA answered yes when asked if the whites of his eyes or nails turn yellow. A handwritten "Hep C" was recorded next to the question on the form. During medical screening, RIVERA stated to RN (b)(6), (b)(7)(c) that he had Hepatitis C, but no other communicable diseases. RIVERA also stated he was not taking medication, but he was hospitalized for gastritis in 2011 at a hospital in California. RIVERA stated he could not remember the medication provided to him for his condition. RN (b)(6), (b)(7)(c) instructed RIVERA on how to address medical concerns while in ICE custody, and RIVERA stated he understood (refer



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to Exhibit 05). The Event Listing documents that RIVERA's medical and mental health screenings were normal, and he was cleared for general population. After completing the screening process, RIVERA was assigned and housed in Barrack #3.

On October 3, 2011, at approximately 7:00 a.m., DATS SO (b)(6), (b)(7)(c) began his shift in EPC Barrack #3. DATS SO (b)(6), (b)(7)(c) stated he observed RIVERA decline his breakfast meal. RIVERA was sent to "Know Your Rights" orientation at 9:15 a.m. and walked there without assistance. RIVERA entered the medical building while en route to the EPC detainee orientation program. Later that same day, DATS SO (b)(6), (b)(7)(c) advised DATS SO (b)(6), (b)(7)(c) that RIVERA had remained in bed and did not go to lunch. SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 8, 2011. SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) corroborated the information provided by DATS SO (b)(6), (b)(7)(c).

On October 3, 2011, at 11:36 a.m., RIVERA was seen at the medical clinic as a walk-in, which was documented on an IHSC Sequence of Events Form (Exhibit 06). The form documents that RIVERA walked to the EPC clinic to complain of nausea, headache, and not feeling well. RN (b)(6), (b)(7)(c) examined RIVERA and assessed him as normal except for an elevated pulse of 129.

SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed RN (b)(6), (b)(7)(c) on December 8, 2011. RN (b)(6), (b)(7)(c) stated that on October 3, 2011, RIVERA was provided Tylenol and bismuth for his complaints. RN (b)(6), (b)(7)(c) stated that RIVERA remained in the clinic for approximately two hours for evaluation, and returned to general population (refer to Exhibit 06).

On October 3, 2011, DATS SO (b)(6), (b)(7)(c) was assigned to the EPC medical clinic. SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) at EPC on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated that on that date she listened to a brief conversation between RIVERA and physician assistant (PA) (b)(6), (b)(7)(c), during which RIVERA stated he had an ulcer, but the ulcer had not bled. RIVERA also stated he was unaware of any other illnesses. DATS SO (b)(6), (b)(7)(c) stated RN (b)(6), (b)(7)(c) completed the examination of RIVERA and instructed RIVERA to return to the clinic that same day. DATS SO (b)(6), (b)(7)(c) stated she saw RIVERA in the medical clinic later that day; however, there is no documentation that RIVERA visited the medical clinic for a follow-up on October 3, 2011 (refer to Exhibit 06).

On October 4, 2011, at approximately 7:25 a.m., RIVERA told DATS SO (b)(6), (b)(7)(c) that he was not feeling well and was too weak to walk. SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c)



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interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated he observed RIVERA in bed while conducting his appointed rounds and RIVERA complained of a stomachache. At approximately 8:10 a.m., Lieutenant Commander (LCDR) (b)(6), (b)(7)(c) was in Barrack #3 on unrelated issues. DATS SO (b)(6), (b)(7)(c) informed LCDR (b)(6), (b)(7)(c) that RIVERA was ill, and requested their assistance (refer to Exhibit 06).

SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed LCDR (b)(6), (b)(7)(c) on December 7, 2012. LCDR (b)(6), (b)(7)(c) stated RIVERA complained of continued weakness and abdominal discomfort. RIVERA stated he was able to walk from his bed to the vending machine, but his legs felt weak when returning to his bed. RIVERA stated to LCDR (b)(6), (b)(7)(c) that the medication provided the previous day was ineffective. LCDR (b)(6), (b)(7)(c) stated RIVERA did not appear to be in acute distress during this encounter. LCDR (b)(6), (b)(7)(c) returned to the EPC clinic and informed the charge nurse, RN (b)(6), (b)(7)(c) of RIVERA's symptoms. LCDR (b)(6), (b)(7)(c) instructed RN (b)(6), (b)(7)(c) to have RIVERA brought into the clinic. The IHSC Sequence of Events documents that RIVERA was advised by medical staff to complete a medical slip (refer to Exhibit 06).

On October 4, 2011, at approximately 12:00 p.m., RIVERA did not go to his scheduled lunch period. DATS SO (b)(6), (b)(7)(c) advised DATS SO (b)(6), (b)(7)(c) that RIVERA had not gone to lunch and remained in his bunk. DATS SO (b)(6), (b)(7)(c) stated that DATS SO (b)(6), (b)(7)(c) called DATS SO (b)(6), (b)(7)(c) to advise that RIVERA go to the medical clinic. The IHSC Sequence of Events reflects that at 1:45 p.m., RIVERA was transported to the medical clinic via a cart and that RIVERA complained of fatigue and not being able to walk (refer to Exhibit 06).

SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed RN (b)(6), (b)(7)(c) on December 7, 2011. RN (b)(6), (b)(7)(c) stated he transported RIVERA to the medical clinic via a medical cart where RIVERA was evaluated and vital signs were obtained. RN (b)(6), (b)(7)(c) stated RIVERA's blood pressure was 87/60 (mild hypotension) and his pulse was 57 (mild bradycardia). Per open source information, hypotension is low blood pressure, and bradycardia is a slow heart rate usually defined as less than 60 beats per minute (www.medicinenet.com). RIVERA rested in the Medical Unit for 30 minutes and consumed 800 milliliters of water. RN (b)(6), (b)(7)(c) instructed RIVERA to increase his fluid intake to 64 ounces of water daily and to eat all meals. RIVERA stated he understood the instructions, and RN (b)(6), (b)(7)(c) reassessed his vital signs (Exhibit 07).

The second assessment determined RIVERA's vital signs as blood pressure 92/42, pulse 111 (mild tachycardia), and oxygen saturation 91% (mild hypoxia). Per open source information, tachycardia is a fast heart beat and hypoxia is a lower-than-normal concentration of oxygen in arterial blood (www.medicinenet.com). RN (b)(6), (b)(7)(c) notified physician assistant (PA) (b)(6), (b)(7)(c)



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(b)(6), (b)(7)(c) of RIVERA's condition (refer to Exhibit 07).

At approximately 2:55 p.m., RN (b)(6), (b)(7)(c) referred RIVERA to PA (b)(6), (b)(7)(c). SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed PA (b)(6), (b)(7)(c) on December 8, 2011. PA (b)(6), (b)(7)(c) stated he examined RIVERA and ordered an electrocardiogram (EKG). PA (b)(6), (b)(7)(c) obtained a more detailed medical history of RIVERA and learned that he was diagnosed as Human Immunodeficiency Virus (HIV) positive in 1996. PA (b)(6), (b)(7)(c) documented that RIVERA had abdominal discomfort and that RIVERA noticed some blood tinged emesis (vomit) earlier that day. PA (b)(6), (b)(7)(c) determined RIVERA was not stable and was in need of emergency care. PA (b)(6), (b)(7)(c) instructed RN (b)(6), (b)(7)(c) to contact Emergency Medical Services (EMS) for RIVERA. RIVERA was provided saline intravenously and 4 liters of oxygen via nasal cannula. PA (b)(6), (b)(7)(c) notified Dr. (b)(6), (b)(7)(c) of the situation (Exhibit 08).

At approximately 3:31 p.m., El Paso County Emergency Medical Technicians (EMT) arrived at the facility and assumed care for RIVERA. At approximately 3:38 p.m., EMS transported RIVERA via ambulance from the EPC to the Del Sol Medical Center (DSMC) Emergency Department in El Paso, TX. DATS SO (b)(6), (b)(7)(c) accompanied RIVERA in the ambulance (refer to Exhibit 06).

SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated he observed the El Paso EMS ambulance parked at the EPC sally port when he arrived at work on October 4, 2011. DATS SO (b)(6), (b)(7)(c) was instructed by his supervisor, Lt. (b)(6), (b)(7)(c) to accompany the ambulance to the emergency room (ER). DATS SO (b)(6), (b)(7)(c) stated the EMTs monitored RIVERA's vital signs and maintained radio contact with DSMC medical staff while en route to DSMC.

At approximately 4:09 p.m., the ambulance arrived at DSMC (refer to Exhibit 06). DATS SO (b)(6), (b)(7)(c) stated that DATS SO (b)(6), (b)(7)(c) arrived at the DSMC a short time later to assist. DATS SO (b)(6), (b)(7)(c) stated medical staff attempted to place a tube into RIVERA's nose on two separate occasions to determine if there was bleeding, but the efforts were unsuccessful. For the next six hours, medical staff monitored RIVERA's vital signs. DATS SO (b)(6), (b)(7)(c) stated RIVERA spoke with DATS SO (b)(6), (b)(7)(c) in Spanish while at the DSMC.

SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated that on October 4, 2011, he went directly to the ER after he arrived at the hospital and conversed with RIVERA. DATS SO (b)(6), (b)(7)(c) stated RIVERA was complaining of severe stomach pains. RIVERA stated he had contracted an illness from a girlfriend in 1996, and



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RIVERA stopped taking the medication prescribed by his doctor in Los Angeles two weeks prior to arriving in El Paso. RIVERA stated that his doctor told him he would die without the prescribed medication.

At approximately 10:00 p.m., RIVERA was released from the DSMC ER and admitted to DSMC (refer to Exhibit 06). DATS SO (b)(6), (b)(7)(c) and DATS SO (b)(6), (b)(7)(c) remained with RIVERA until they were relieved from duty at approximately 11:00 p.m. by DATS SO (b)(6), (b)(7)(c). SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated that sometime during the night, at an hour that DATS SO (b)(6), (b)(7)(c) could not recall, RIVERA was moved from the ER to the intensive care unit (ICU). DATS SO (b)(6), (b)(7)(c) accompanied RIVERA to the ICU, but did not communicate with RIVERA. (Agent's note: on October 5, 2011, at approximately 4:35 a.m., RIVERA was transferred to the DSMC ICU.) RIVERA's condition was reported as stable (Refer to Exhibit 06).

On October 5, 2011, at approximately 2:00 p.m., DATS SO (b)(6), (b)(7)(c) arrived at DSMC to perform as the hospital duty officer. SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed DATS SO (b)(6), (b)(7)(c) on December 7, 2011. DATS SO (b)(6), (b)(7)(c) stated that between the hours of 2:00 p.m. and 6:00 p.m. on October 5, 2011, RIVERA occasionally woke up, complained of breathing problems, attempted to remove his oxygen mask, and asked medical staff for help. DATS SO (b)(6), (b)(7)(c) stated each time medical staff assisted RIVERA with his oxygen mask, RIVERA would resume sleeping.

At approximately 6:15 p.m., RIVERA awoke and complained of trouble breathing. RN (b)(6), (b)(7)(c) attended to RIVERA while RN (b)(6), (b)(7)(c) notified Dr. (b)(6), (b)(7)(c) of RIVERA's situation. At approximately 6:30 p.m., RIVERA was sedated, and Dr. (b)(6), (b)(7)(c) performed an orotracheal intubation. At approximately 6:34 p.m., RIVERA developed bradycardia (slow heart beat) and arrested. During his interview, DATS SO (b)(6), (b)(7)(c) stated that hospital staff performed chest compressions until Dr. (b)(6), (b)(7)(c) declared RIVERA deceased at 6:51 p.m. (refer to Exhibit 06). The body of RIVERA was transported to the County of El Paso Office of the Medical Examiner and Forensic Laboratory for an autopsy.

On October 5, 2011, AFOD (b)(6), (b)(7)(c) reported the death through the chain of command via telephone, Significant Incident Report (SIR), and Executive Summary (ES). SA (b)(6), (b)(7)(c) and SA (b)(6), (b)(7)(c) interviewed AFOD (b)(6), (b)(7)(c) at EPC on December 6, 2011. AFOD (b)(6), (b)(7)(c) stated that on October 5, 2011, he made the required notifications through his chain of command and via the JIC. Additionally, on October 5, 2011, AFOD (b)(6), (b)(7)(c) contacted El Salvador Consulate General (b)(6), (b)(7)(c) and informed her of the death of Detainee RIVERA. AFOD (b)(6), (b)(7)(c) stated he notified (b)(6), (b)(7)(c), the brother of RIVERA, the following day (October 6, 2011).

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1. CASE NUMBER

201200186

PREPARED BY

(b)(6), (b)(7)(c)

2. REPORT NUMBER

002

10. NARRATIVE

On October 6, 2011, an autopsy was conducted by the County of El Paso Office of the Medical Examiner and Forensic Laboratory Interim Chief Medical Examiner (b)(6), (b)(7)(c) M.D. In the autopsy report, Dr. (b)(6), (b)(7)(c) states that RIVERA died from disseminated cryptococcosis. Per open source information, cryptococcosis is an infection caused by inhaling the fungus Cryptococcus Neoformans. It is a disease that often affects AIDS patients. Cryptococcosis may be limited to the lungs, but frequently spreads throughout the body (www.medical-dictionary.com). Dr. (b)(6), (b)(7)(c) determined RIVERA's manner of death as natural (Exhibit 09).

On November 3, 2011, the State of Texas Department of State Health Services, Vital Statics Unit issued a death certificate, File Number 142-11-136553, pertaining to RIVERA (Exhibit 10). The cause of death listed on RIVERA's death certificate is identified as disseminated cryptococcosis.

MEDICAL COMPLIANCE REVIEW

Creative Corrections LLC (CC), a national management and consulting firm contracted by ICE to provide subject matter expertise in detention management with an emphasis on health care, reviewed the medical treatment of Detainee RIVERA at EPC (Exhibit 11). CC found EPC was not compliant with the ICE PBNDS for Medical Care. Specifically, CC concluded EPC medical staff failed to review relevant information in RIVERA's medical record, failed to refer RIVERA to a higher level provider, and failed to properly document RIVERA's medical encounters.

MORTALITY REVIEW

Dr. (b)(6), (b)(7)(c), CC Chief Medical Officer, conducted a mortality review as part of the investigation of RIVERA's death. Dr. (b)(6), (b)(7)(c) prepared a report detailing his findings and conclusion. Dr. (b)(6), (b)(7)(c) report concurs with the cause of death (disseminated cryptococcosis) cited by the Medical Examiner. Dr. (b)(6), (b)(7)(c) concluded RIVERA's death may have been preventable if RIVERA had accepted medical care from the U.S. Border Patrol and had been forthright with EPC medical staff about his HIV positive status. Dr. (b)(6), (b)(7)(c) stated that medical staff should have completed a more thorough intake assessment to obtain additional information from RIVERA. Policies and guidelines should have been followed for providing a higher level of care, and a physician should have examined RIVERA in a timely manner. Dr. (b)(6), (b)(7)(c) mortality review is attached to this report (Exhibit 12).

IMMIGRATION AND DETENTION HISTORY

RIVERA was a citizen of El Salvador and entered the U.S. in January 1991 without being admitted



DEPARTMENT OF HOMELAND SECURITY

**REPORT OF INVESTIGATION
CONTINUATION**

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201200186

PREPARED BY

(b)(6), (b)(7)(c)

2. REPORT NUMBER

002

10. NARRATIVE

or paroled.

On June 17, 1991, Officers from the former Immigration and Naturalization Service in Las Vegas, NV, arrested RIVERA and charged him with Illegal Entry. The charge was dismissed, and RIVERA was granted Temporary Protected Status.

On March 2, 2001, RIVERA renewed his Temporary Protected Status (TPS).

On February 6, 2005, RIVERA's TPS was denied after he missed a scheduled appointment with an Asylum Officer from U.S. Citizenship and Immigration Services (USCIS). USCIS determined RIVERA had abandoned his application and declared RIVERA to be out of status.

On October 1, 2011, RIVERA was encountered by U.S. Border Patrol Agents while onboard a Greyhound bus at the Border Patrol checkpoint West of Sierra Blanca, TX. RIVERA was issued a Notice to Appear charging removability pursuant to section 212(a)(6)(A)(i) of the INA, as an alien present in the U.S. without being admitted or paroled.

On October 2, 2011, RIVERA was detained at EPC, El Paso, TX, pending removal proceedings.

CRIMINAL HISTORY

No criminal history.

INVESTIGATIVE FINDINGS

ICE took custody of RIVERA on October 2, 2011, and RIVERA was housed at EPC pending removal proceedings. This review determined that RIVERA complained of ailments while in ICE custody, but did not receive healthcare in a timely and efficient manner. This review also determined that RIVERA did not disclose important medical history information while in ICE custody. Dr. (b)(6), (b)(7)(c) states that RIVERA's death may have been preventable if RIVERA had accepted medical care from the U.S. Border Patrol or had been forthright with EPC medical staff about his HIV positive status.

ICE PBNDS, Medical Care, section (II)(2), requires health care needs will be met in a timely and efficient manner. ODO verified IHSC officials at EPC failed to comply with the PBNDS Medical Care standard.

DEPARTMENT OF HOMELAND SECURITY

1. CASE NUMBER

201200186

PREPARED BY

(b)(6), (b)(7)(c)

**REPORT OF INVESTIGATION
CONTINUATION**

HB 4200-01 (37), Special Agent Handbook

2. REPORT NUMBER

002



10. NARRATIVE

On October 3, 2011, there is no documentation that RN (b)(6), (b)(7)(c) reviewed the electronic medical record and noted that RIVERA reported during intake screening that he was hospitalized in September 2011 for reported gastritis. RN (b)(6), (b)(7)(c) also failed to refer RIVERA to a higher level provider, such as a physician assistant, a medical doctor, or a nurse practitioner, after documenting that RIVERA had an elevated heart rate of 129.

On October 3, 2011, and October 4, 2011, RIVERA complained on three separate occasions regarding his ailments. A period of approximately 24 hours passed between RIVERA's first complaint on October 3, 2011, until RIVERA was seen for treatment on October 4, 2011.

AREAS OF CONCERN

On October 1, 2011, RIVERA advised Border Patrol Agents that he had been released from the Los Angeles County Medical Center on September 29, 2011, after being diagnosed with a stomach infection. At the time of his apprehension, RIVERA was experiencing stomach pain and nausea. RIVERA refused medical attention and signed a Declination of Medical Treatment Form. The information regarding RIVERA's stomach pain and nausea was located in RIVERA's Alien Registration File; however, there is no documentation that the information was provided to EPC.

On October 2, 2011, for unknown reasons, RIVERA did not provide an accurate medical history to EPC medical staff during his medical intake screening. RIVERA stated he was hospitalized in September 2011 for gastritis, but could not remember the medication he was prescribed. At the time of the intake screening, RN (b)(6), (b)(7)(c) failed to ask follow-up questions about RIVERA's hospitalization in September 2011.

DEPARTMENT OF HOMELAND SECURITY

1. CASE NUMBER

201200186

PREPARED BY

(b)(6), (b)(7)(c)

2. REPORT NUMBER

002






**REPORT OF INVESTIGATION
Exhibit List**

HB 4200-01 (37), Special Agent Handbook

EXHIBITS

- 01- DHS Form I-213, Record of Deportable/Inadmissible Alien
- 02- DHS Form I-862, Notice to Appear
- 03- Los Angeles County USC Medical Center Patient Discharge Instructions
- 04- Border Patrol Declination of Medical Treatment Form
- 05- Division of Immigration Health Services, In-Processing Health Screening Form
- 06- IHSC Sequence of Events Form
- 07- Event Listing ((b)(6), (b)(7)(c) RN)
- 08- Event Listing ((b)(6), (b)(7)(c) PA)
- 09- County of El Paso Autopsy Report
- 10- State of Texas Death Certificate
- 11- Creative Corrections Medical Compliance Review
- 12- Creative Corrections Mortality Review by Dr. (b)(6), (b)(7)(c)

| | | | | | | | |
|--|--------------------------------------|---|---|--|----------------------|---|--------------------------|
| Family Name (CAPS) RIVERA-ROMERO, MAURO ANTONIO | | First | Middle | Sex M | Hair BLK | Eyes BRO | Complexion MED |
| Country of Citizenship EL SALVADOR | Passport Number and Country of Issue | Case No. (b)(7)(C) (b)(7)(D) | | Height 66 | Weight 150 | Occupation LABORER | |
| U.S. Address See Narrative | | | | Scars and Marks See Narrative | | | |
| Date, Place, Time, and Manner of Last Entry 05/15/1992, 0930, 15 mile(s) E of SYS, Without Inspection | | | Passenger Boarded at | | | | |
| Number, Street, City, Province (State) and Country of Permanent Residence See Narrative | | | | FBI Number (b)(7)(C) (b)(7)(D) | | | |
| Date of Birth 02/08/1968 | Age: 43 | Date of Action 10/01/2011 | Location Code MAR/SBT | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated | | | |
| City, Province (State) and Country of Birth PUERTO EL TRIUNFO, USulután, EL SALVADOR | | AR <input checked="" type="checkbox"/> Form: (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/> | | Method of Location/Apprehension (b)(7)(C) | | | |
| NIV Issuing Post and NIV Number | | Social Security Account Name | | At/Near Sierra Blanca, TX | | Date of Tour 10/01/2011 1638 | |
| Date Visa Issued | | Social Security Number (b)(7)(C) (b)(7)(D) | | By (b)(7)(C) (b)(7)(D) | | | |
| Immigration Record POSITIVE - See Narrative | | | Criminal Record None Known | | | | |
| Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate) | | | | | | Number and Nationality of Minor Children NONE CLAIMED | |
| Father's Name, Nationality, and Address, if Known See Narrative | | | Mother's Present and Maiden Names, Nationality, and Address, if Known See Narrative | | | | |
| Monies Due Property in U.S. Not in Immediate Possession None Claimed | | Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Systems Checks See Narrative | | Charge Code Word(s) (b)(7)(C) | |
| Name and Address of (Last/Current) U.S. Employer | | Type of Employment | | Salary | | Employed from/to HR | |
| Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior) PINS #: 1124279047 | | | | | | | |
|  | |  | |  | | | |
| ARREST COORDINATES: | | | | | | | |
| Latitude: 31.1911 | | | | | | | |
| Longitude: -105.4296 | | | | | | | |
| CONSEQUENCE DELIVERY SYSTEM: | | | | | | | |
| Classification: SOTA | | | | | | | |
| Alien has been advised of communication privileges | | 10/01/2011 (b)(7)(C) (b)(7)(D) [Date/Initials] | | BORDER PATROL AGENT | | (b)(7)(C) (b)(7)(D) | |
| Distribution | | Received (Subject and Documents) (Report of Interview) | | | | | |
| SIO SBT-12-10 | | Officer: (b)(7)(C) (b)(7)(D) | | | | | |
| | | on: October 01, 2011 at 1638 (time) | | | | | |
| | | Disposition: Warrant of Arrest/Notice to Appear | | | | | |
| | | Examining Officer: (b)(7)(C) (b)(7)(D) | | | | | |

| | | | |
|---|-------------------------------------|---|---------------------------|
| Alien's Name RIVERA-ROMERO, MAURO ANTONIO | | File Number (b)(6), (b)(7)(c) | Date 10/01/2011 |
| | | Event No: (b)(7)e | |
| US ADDRESS: ----- EL PASO PROCESSING CENTER 8915 MONTANA AVENUE EL PASO, TEXAS, 79925 | | | |
| SCARS, MARKS, AND TATTOOS: ----- SCAR CALF, LEFT SCAR ANKLE, RIGHT | | | |
| FOREIGN ADDRESS: ----- (b)(6), (b)(7)(c) PUERTO EL TRUINTO, USULUTAN, EL SALVADOR EL TRIUNFO, USULUTAN, EL SALVADOR | | | |
| FATHER NAME AND ADDRESS: ----- Nationality: EL SALVADOR (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) PUERTO EL TRUINTO, USULUTAN, EL SALVADOR | | | |
| MOTHER NAME AND ADDRESS: ----- Nationality: EL SALVADOR (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) PUERTO EL TRUINTO, USULUTAN, EL SALVADOR | | | |
| FUNDS IN POSSESSION: ----- United States Dollar 160.00 (b)(6), (b)(7)(c) | | | |
| RECORDS CHECKED: ----- (b)(7)(E) | | | |
| NARRATIVE: ----- The subject claims to be a native and citizen of El Salvador by virtue of birth. The subject states that he last entered the United States illegally as a passenger onboard a | | | |
| Signature (b)(6), (b)(7)(c) | Title BORDER PATROL AGENT | | |

| | | |
|--|---|---------------------------|
| Alien's Name RIVERA-ROMERO, MAURO ANTONIO | File Number (b)(6), (b)(7)(c) | Date 10/01/2011 |
| <p>Event No (b)(7)e</p> <p>vehicle that was driven across the International Boundary Line at the San Ysidro, California Port of Entry on or about 05/15/1992. At the time of entry, the subject claims that nobody onboard the vehicle was inspected or admitted by a Customs and Border Protection Officer with the Department of Homeland Security.</p> <p>The subject, later identified as Rivera, Mauro Antonio (EWI; DOB: 02/08/1968) was apprehended on 10/01/2011 at the United States Border Patrol checkpoint west of Sierra Blanca, Texas onboard Greyhound bus #85626. The subject was en route to Dallas, Texas where he intended to live and seek employment for an indefinite period of time. At the time of inspection, the subject presented an expired Employment Authorization Document with A# (b)(6), (b)(7)(c). At this time, agents escorted the subject into the checkpoint for further questioning.</p> <p>The subject's fingerprints and photo were enrolled into the IAFIS/ IDENT database revealing no prior immigration and one prior criminal apprehension. The subject was apprehended by the United States Immigration and Naturalization Services in Las Vegas, Nevada on 06/17/1991, was charged with one count of Illegal Entry and was issued (b)(7)e. Disposition of the case was dismissed.</p> <p>Record Checks utilizing Marfa Radio Communication revealed that the subject last entered the United States on or about 01/01/1989. The subject was then apprehended by the United States Immigration and Naturalization Services on 06/17/1991 and was given Temporary Protective Status and was issued A# (b)(6), (b)(7)(c). The subject was then given an Employment Authorization Card on 07/26/1991 and social security (b)(6), (b)(7)(c).</p> <p>The subject stated that in April of 1992, he freely traveled to his native country of El Salvador without consent from INS. The subject stated that his visit to El Salvador was only to visit family. The subject stated that he then re-entered the United States illegally and continued working using his Employment Authorization Card. The last issued Employment Authorization Card for the subject was on 03/02/2001 and expired on 03/01/2002. The subject did not re-new his Employment Authorization Card nor did he file any petitions with the Department of Homeland Security on his behalf.</p> <p>The subject has no wants or warrants.</p> <p>The subject was advised of his right to speak to the consulate of El Salvador, but declined to exercise his right.</p> <p>The subject stated that he was just released from the Los Angeles County Medical Center on 09/29/2011, and had been diagnosed with a stomach infection. At the time of apprehension, subject was having stomach pains and feeling nauseated. The subject refused medical attention at this time. Declination of Medical Treatment form was signed by the subject.</p> <p>The subject did not meet Marfa Sector Prosecutions guidelines, Sierra Blanca Prosecutions guidelines, nor did he meet guidelines for an Expedited Removal, therefore subject was processed as a WA/NTA and was sent to the El Paso Processing Center to await removal proceedings. Camp Space was approved by SIRA (b)(6), (b)(7)(c).</p> | | |
| Signature (b)(6), (b)(7)(c) | Title BORDER PATROL AGENT | |

| | | |
|--|----------------------------------|--------------------|
| Alien's Name RIVERA-ROMERO, MAURO ANTONIO | File Number (b)(6), (b)(7)(c) | Date 10/01/2011 |
| | Event No (b)(7)e | |

The subject's personal property was tagged with I-77 #4183339 (Personal Property Tag).

The subject claimed and retained possession of his currency totaling \$161.00 USD.

The subject and his personal property were turned over to G48 for transportation to El Paso Processing Center.

WA/NTA was issued by Acting PAIC (b)(6), (b)(7)(c) on 10/01/2011.

WA/NTA was served by BP Agent (b)(6), (b)(7)(c) on 10/01/2011.

The subject was served with forms I-826, I-200, I-286, I-848 (El Salvadorian Rights), Attachment C and I-618 (List of Legal Services).

(b)(7)e

Signature

(b)(6), (b)(7)(c)

Title

BORDER PATROL AGENT

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: (b)(6), (b)(7)(c)

PINS #: 1124279047

File No: (b)(6), (b)(7)(c)

DOB: 02/08/1968

Event No: (b)(7)e

In the Matter of:

Respondent: MAURO ANTONIO RIVERA-ROMERO

currently residing at:

(b)(6), (b)(7)(c)

EL PASO, TEXAS, UNITED STATES 79925

(915) 225 (b)(6), (b)(7)(c)

(Number, street, city and ZIP code)

(Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of EL SALVADOR and a citizen of EL SALVADOR ;
3. You arrived in the United States at or near SAN YSIDRO, CALIFORNIA, on or about May 15, 1992;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to: 8CFR 208.30(f)(2) 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: EXECUTIVE OFFICE OF IMMIGRATION REVIEW 8915 MONTANA AVENUE EL PASO, TEXAS 79925

(Complete Address of Immigration Court, including Room Number, if any)

on a date to be set at a time to be set to show why you should not be removed from the United States based on the charge(s) set forth above.

(Date)

(Time)

(b)(6), (b)(7)(c)

AGENT IN CHARGE

(Signature and Title of Issuing Officer)

Date: October 01, 2011

Sierra Blanca, Texas

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241.16(a). Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at <http://www.ice.gov/about/dfo/contact.htm>. You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

Date:

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on October 01, 2011, in the following manner and in compliance with section 239(a)(1)(F) of the Act.

- [X] in person [] by certified mail, returned receipt requested [] by regular mail
[] Attached is a credible fear worksheet.
[] Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the Spanish language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act

(Signature of Respondent if Personally Served)

(b)(6), (b)(7)(c)

BORDER PATROL AGENT

(Signature and Title of officer)

DEBE SER LLENADA POR EL DOCTOR AL DAR DE ALTA CON TERMINOS QUE EL PACIENTE ENTIENDA.

Lo siguiente es su plan de tratamiento al ser dado de alta. Por favor lleve esta forma cuando vaya a todas sus citas de las clínicas.

Diagnóstico: Cutaneous cleft ulcer Disposición: Casa Casa con visitas de enfermera.
 Establecimiento de cuidado médico continuo Contra ordenanza médica
 Hospital (otro) _____


Alergias: Ninguna Sí, enlístelas: _____ Fecha de la hospitalización 9/21/11 A 9/29

Citas:

| Nombre | Para ser visto en # días, semanas, meses | Una cita fue hecha para el día (fecha, hora, lugar) | Por favor llame para una cita (número de teléfono para llamar) |
|--|--|---|--|
| Doctor de su Atención Primaria | | | <input type="checkbox"/> |
| <u>Must follow up with primary care doctor</u> | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| Terapia de paciente externo | | | <input type="checkbox"/> |
| Cuidado de Salud en Casa | | | <input type="checkbox"/> |

| Medicamento/ Potencia | Vía | Instrucciones | Cantidad | Volver a surtir | Instrucciones especiales |
|---------------------------------|-----|------------------|----------|-----------------|--------------------------|
| <u>Clonazepam 1/2 cream pie</u> | | | | 1 2 3 | |
| <u>Clarithromycin</u> | | <u>10/3/2011</u> | | 1 2 3 | |
| <u>Bactrim</u> | | | | 1 2 3 | |
| <u>Levothyroxine</u> | | | | 1 2 3 | |
| | | | | 1 2 3 | |
| | | | | 1 2 3 | |
| | | | | 1 2 3 | |

Continuidad de pruebas: _____ Instrucciones especiales: _____
 Laboratorio: _____
 Rayos X: _____
 Otro: _____

 Instrucciones de cuidado en Casa (provisiones, aparato, fórmula, equipo, etc.)





Cuidado de la herida: Cambio de gasas: Mantenga limpia y seca
 Baño: Restricciones _____
 Otro per wound care

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)


7A 136

RIVERA, NAURO A
 FEB 08 1968
 650 13 88
 XAU/GI W/PC



| | |
|--|---|
|  | Dieta: <u>Regular</u> Restricciones: _____ |
|  | Actividad: <input type="checkbox"/> Reposo en cama <input type="checkbox"/> Aumentar actividad gradualmente <input type="checkbox"/> El paciente está incapacitado <input type="checkbox"/> Restricciones: Levantar (número de libras) _____ Doblarse: _____ |
|  | <input type="checkbox"/> Regreso al trabajo/escuela sin restricciones <input type="checkbox"/> Regreso al trabajo/escuela con las siguientes restricciones _____ |
|  | <input type="checkbox"/> No maneje hasta que el doctor se lo permite en su cita siguiente. |

Vacunas administradas: No se aplica Pneumocócico Gripe Otra

 Vaya a la sala de emergencia para: fiebre >100.4, dolor en el pecho, problemas con respirar, o cualquier otra condición que le preocupe
Si tiene otros problemas o preguntas llame: _____

Médico Interno _____ (b)(6), (b)(7)(c) ID _____ (b)(6), (b)(7)(c) Fecha/Hora 9/29/11
Imprima Nombre/Firma

Médico Residente _____ ID _____ Fecha/Hora _____
Imprima Nombre/Firma

Médico Principal al dar de alta Politano

Salió de la sala vía: Caminando Silla de ruedas Camilla Transporte de Condado Otro
Salió de la sala con: _____ Fecha dado/a de alta: 9/29/11 Hora dado/a de alta: _____
(b)(6), (b)(7)(c) 9/29/11 Pertenencias devueltas: N/A Sí No

Enfermera Titulada _____ Fecha/Hora _____ Artículos de Valor devueltos: N/A Sí No
Me instruyeron y entiendo lo de arriba Medicamentos devueltos: N/A Sí No

Por medio de la presente entiendo y reconozco el recibo de estas instrucciones


Paciente/Miembro de la Familia/Tutor legal

Fecha/Hora 9/29/11 Número de Teléfono 213 658 (b)(6), (b)(7)(c)
Dirección _____

Ciudad/Estado L.A. Ca. Zona Postal 90029

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)

RIVERA, MAURO A
FEB 08 1968
650 13 88
XHII/GI W/PC



Instrucciones para El Paciente

Si sus síntomas recurren o persisten, llame a su médico o regrese a la sala de emergencias; si su vida está en peligro, llame al 911.

Instrucciones Adicionales:

Para Pacientes Diagnosticados con Insuficiencia Cardíaca

1. Una dieta baja en sal, grasa/colesterol, y restringir la ingestión de líquidos como le haya recomendado su médico.
2. Aumente su actividad gradualmente, como lo haya recomendado su médico, descanse cuando sea necesario.
3. No falte a sus citas de seguimiento.
4. Pésese diariamente todas las mañanas usando la misma pesa; traiga los apuntes de su peso a las citas de seguimiento. Si aumenta 2 o más libras en un día o más de 5 libras en una semana, regrese al hospital.
5. Si siente dolor en el pecho, aumento del sangrado o moretones, inflamación en sus piernas o tobillos, dificultad para respirar, regrese al hospital. Si su vida está en peligro, llame al 911.
6. Tómese los medicamentos como se los haya recetado su médico.

Para Pacientes Diagnosticados con un Ataque al Corazón

1. Una dieta baja en sal, grasa/colesterol, y restringir la ingestión de líquidos como le haya recomendado su médico.
2. Aumente su actividad gradualmente, como lo haya recomendado su médico, descanse cuando sea necesario.
3. No levante objetos de más de 20 libras hasta su cita de seguimiento.
4. Si siente dolor en el pecho que no desaparece, llame al 911.

Para Pacientes Diagnosticados con Neumonía

1. La dieta y actividad que le haya recomendado su médico.
2. Si desarrolla fiebre de 101°F, aumento de la tos con flemas verdes, amarillas, café oscuro o rojas o si tiene dificultad para respirar, llame a su médico o regrese al hospital. Si su vida está en peligro, llame al 911.

Instrucciones de Alta Después de una Operación

1. Pudiera sentir náusea o vomito en el periodo inmediato después de una operación.
2. Si tiene problemas para respirar, sangrado excesivo, fiebre, o se le desarrollan otros problemas inquietantes después de salir del hospital; regrese a la sala de emergencias. Si su vida está en peligro llame al 911.
3. No maneje ni tome decisiones importantes durante las próximas 24 horas.
4. Después de ser dado de alta consulte a su médico de cabecera para recibir instrucciones sobre los medicamentos que tomó antes de la cirugía.

Para pacientes que Requieren Asistencia Psiquiátrica

1. Línea de emergencia las 24 horas para el centro de prevención de suicidios: 1-877-727-4747
2. Línea de emergencia para acceso a los centros del Departamento de Salud Mental: 1-800-845-7771
3. Servicios de emergencia: 911

DECLINATION OF MEDICAL TREATMENT

I, _____, was born in _____ on _____ (date). I have not been injured while in the custody of the U.S. Border Patrol and received my injuries prior to being arrested. I have been advised that medical treatment is available to me; however, I do not desire medical attention.

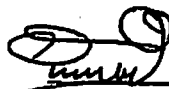
Subject's Signature

Date

Witness Signature

NEGATIVA DE ATENCIÓN MÉDICA

Yo, RIVERA, MAURO ANTONIO, que naci el 02/02/1968 (fecha) en EL SALVADOR (lugar), afirmo que no he recibido herida ninguna durante el periodo en que estuve en custodia de la Patrulla Fronteriza y que mis heridas ocurrieron antes de que me arrestaran. Yo he sido avisado que atención médica me está disponible, sin embargo, no deseo ninguna.



Firma del afirmante

10/1/11

Fecha

(b)(6), (b)(7)(c)

Firma del testigo

(b)(6), (b)(7)(c)

0445/0450



Division of Immigration Health Services

In-Processing Health Screening Form

Event #: (b)(7)e

FINS #: 1124279047

| | | | |
|---|--------------------------|----------------------------------|--|
| IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW: | | | |
| 1. Name: RIVERA-ROMERO, MAURO ANTONIO AKA: | Classification: 1 | Subject ID: (b)(7)e | |
| 2. DOB: 01/10/1968 | 3. A # (b)(6), (b)(7)(c) | | |
| 4. Nationality: EL SALVADOR | 5. Sex: M | | |
| DIHS LOCATION: EL PASO SPC | | 6. Today's Date: October 2, 2011 | |

SECTION I: ASK THE DETAINEE: (Check the appropriate box)

Y/N Have you seen a doctor in the last year?
If YES, for what?

Y/N Are you having any pain?
If YES, where?

Y/N Have you been hospitalized in the past 6 months?
If YES, for what? *See EMR*

Y/N Have you ever been treated for problems with drugs or alcohol?
If YES, when, where, and for what?

Do you now have or have you ever had any of the following?

Y/N Your skin break out in bumps, or trouble breathing after taking Medication?

Y/N Sores on your privates, or a drip from your privates?

Hege Y/N The whites of your eyes or your nails turn yellow?

Y/N Fits or seizures?

Y/N Trouble breathing? *See EMR*

Y/N Persistent cough (of more than 3 weeks duration)?

Y/N Hemoptysis (coughing up blood)?

Y/N Not been able to eat with a significant weight loss?

Y/N A persistent fever?

Y/N Night sweats?

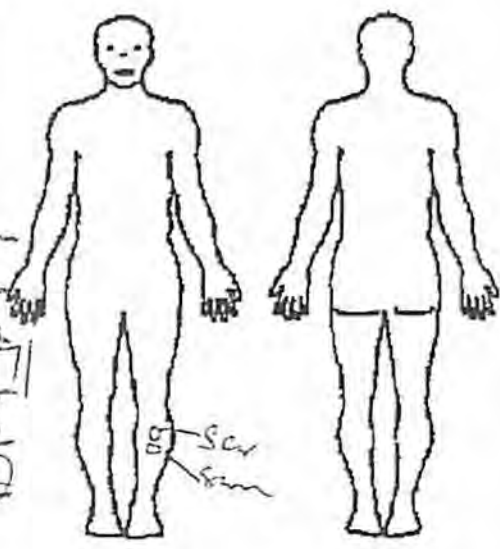
Y/N Weakness / lethargy (tired)?

Y/N Are you afraid you might loose your mind or go crazy?

Y/N Are you afraid you might hurt or kill yourself or others?

Y/N If female, are you pregnant?

Please mark any bruises, scars, cuts, or other marks or distinguishing physical characteristics in the diagrams below, and notify the DIHS medical officer if you feel that the detainee needs any kind of medical evaluation.



SECTION II: YOUR OBSERVATIONS OF THE DETAINEE (Check the appropriate box)

| | |
|---|--------------------------------------|
| Does the detainee appear to be: | Does the detainee appear to be: |
| Y/N Not doing what you tell him to do? | Y/N Shaking / Tremors? |
| Y/N Acting crazy or strange? <i>See EMR</i> | Y/N Skin broken out in bumps / rash? |
| Y/N Sweating a lot? | Y/N Cuts or bruises? |
| Y/N Malnourished? | Y/N Needle tracks? |
| | Y/N A handicap? |

SECTION III: DETAINEE SENT TO (Check appropriate number)

- General population
- General population with *referral EMR* to medical care
- Referral for immediate medical care
- Isolation until medically evaluated

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c) *completing the form*

Printed name of individual completing the form

Event Listing

Related Case 201110020624INT00000
Event Type Encounter
Create Date 10/2/2011

Author (b)(6), (b)(7)(c) RN
Signed (b)(6), (b)(7)(c) RN on 10/2/2011
Patient Mauro Antonio RIVERA-Romero at EL PASO SPC
Alien# (b)(6), (b)(7)(c)
Address Mauro Antonio RIVERA-Romero
Birthdate 1/10/1968 **Sex** Male **Nationality** EL SALVADOR
Classification Blue **ICE Status**

Status Complete
Description Intake Assessment

Event Codes and Related Parties

Invisible

Weight 148
Temperature 36.7
Scheduled Date 10/02/2011
Respiration 20
Pulse 106
Pain Level 0
Height 68
Encounter Type Intake Assessment
Encounter Date 10/02/2011
Completed When 10/02/2011
Blood Pressure 100 71

Invisible

Assigned To (b)(6), (b)(7)(c) RN DIHS (915) 225- (b)(6), (b)(7)
System (b)(6), (b)(7)(c)
Performed By (b)(6), (b)(7)(c) RN DIHS (915) 225- (b)(6), (b)(7)

Event Text

S:Patient was identified by PictureVerbally

If detainee was transferred from another facility, did a medical transfer summary accompany the detainee? N/A N/A picked up by the Border patrol

Time of arrival in camp: 0430

Time of initial screening: 22:14

What language do you speak? Spanish

How do you feel today (explain in his/her own words)? Bien

Are you currently having any pain? If yes, complete pain assessment below No

Do you have any significant medical problems? No

Do you take any medication on a regular basis, including over the counter and herbal? No

Do you have any allergies to medication or food? No

Are you now or have you ever been treated by a doctor for a medical condition to include hospitalizations? No Sept. 2011

Event Listing

California for Gastritis

Have you ever had a persistent cough for more than three weeks, coughed up blood, had a persistent fever, night sweats or unexplained weight loss? No

Are you pregnant? N/A male

Have you had any recent acute changes with your vision? No

Are you having any significant dental problems? No

Have you ever tried to kill yourself? No

Suicide Method

Are you currently thinking about killing or harming yourself? No

Do you have a history of assaulting or attacking others or have you ever been locked up for fighting while in jail/prison? No

Do you know of someone in this facility whom you wish to attack? No

Do you now or have you ever heard voices that other people don't hear; seen things or people that other's don't see; or felt others were trying to harm you for no logical or apparent reason? No

Have you ever received counseling, medication, hospitalization or any other form of treatment for mental health difficulties? No

Have you been a victim of physical or sexual abuse? No

Do you feel that you are currently in danger of being physically or sexually assaulted? No

Have you ever sexually assaulted anyone? No

Is there anything important for us to know about your religious or cultural beliefs that are of concern to you while in detention? No

Have you ever had difficulties learning or understanding written information? No can read and write in Spanish

Have you ever been treated for drug or alcohol problems or suffered withdrawal symptoms from drug use? No

Do you now or have you ever used tobacco products, drank alcohol or used drugs? No

O:Patient appears to have normal physical/emotional characteristics and no barriers to communication. Yes

Patient appears to have the following abnormalities none

Patient appears oriented to person, place and time Yes

Patient appears not oriented to

Select any of the following you observe None observed

HCG Results NA (male)

A:

Initial Medical/Mental Health Screening? Normal

P:

Detainee Disposition? General Population

Tuberculosis and CXR explained to detainee and process completed with appropriate shielding

Access to medical/dental/mental health care, grievance process explained to patient

Patient given the Medical Orientation and Health Information and Dealing with Stress Brochure in patient's language

Patient verbalized understanding of any teaching and instruction

Patient was asked if he or she had any additional questions, and any questions were addressed

Physical exam scheduled for patient

Additional Comments:

denies any medical condition except for Gastritis; was hospitalized in Sept 2011 but not taking medications as to time of screening

| Date | Time | Sequence of Events |
|------------|-------------|--|
| 09/29/2011 | unknown | Discharged from hospital in Los Angeles. Unable to decipher diagnosis. Medication ordered included "clotrimazole cream, azithromycin, bactrim, and levaquin." Orders to "follow up with primary care doctor." |
| 10/01/2011 | unknown | Apprehended by Border patrol. Reported having been "released" from hospital on 9/29/2011 and having "stomach pains and feeling nauseated" but refused medical attention. |
| | | <i>Above information was not available to medical personnel until 10/6/2011</i> |
| 10/02/2011 | 0610 | Arrived at El Paso Processing Center |
| 10/02/2011 | 2214 | Intake screening completed. Reported history of hepatitis C and having been hospitalized in September 2011 for "gastritis." Denied taking medication and stated he felt "bien" (fine). Cleared to General Population |
| 10/03/2011 | 1136 | Received call from barracks with report that detainee had medical complaints. Nurse cannot recall the specific complaints. He walked to the clinic and was seen as a walk-in. Complaints included "nausea, headache and just not feeling well." He reported being treated for "unknown abdominal infection months ago." Assessment was normal with the exception of elevated pulse of 129. He was treated with Tylenol and bismuth and, "Kept in clinic for evaluation", and released back to GP. Reevaluation to include vitals signs was not documented. However, per registered nurse he was kept in the clinic for approximately two hours and reevaluation revealed a pulse of 98 and blood pressure remained in the 90s / 60s. |
| 10/03/11 | 1315 | Entry in barracks security officer log, "detainee complaining of weakness, high blood pressure." No documentation of actions taken in the clinic officer log or detainee medical record. |
| 10/04/2011 | 0725 | Entry in barracks officer log, complained of feeling "to weak to walk" in barracks. Entry states clinic security officer returned his call and per medical staff to have detainee fill out a "medical slip." |
| 10/04/2011 | approx 0810 | While in barracks for another reason, medical staff was informed that detainee was not feeling well. Detainee did not appear to be in acute distress. Upon returning to the clinic charge nurse was asked to have detainee brought to clinic and evaluated. |
| 10/04/11 | approx 1345 | Transported from barracks to the clinic via cart with complaint of, "fatigue and not being able to walk." He did not require assistance to walk. Evaluation by PA. Vitals obtained, 87/60, pulse 57, respirations 20, temp 97.3. Continued to be evaluated and was hydrated. |
| 10/04/2011 | 1455 | EKG obtained. BP 92/42, pulse 111, O2 sat 91% |
| 10/04/2011 | approx 1520 | O2 started, IV access obtained, started on IV fluids, EMS activated. For the 1st time admits to history of HIV + |
| 10/04/2011 | 1531 | EMS entered facility |
| 10/04/2011 | 1538 | EMS departed facility |
| 10/04/2011 | 1609 | Seen in ER |
| 10/04/2011 | approx 2200 | Admitted to hospital. |
| 10/05/2011 | 0435 | Transferred to ICU. Reported as being stable. |
| 10/05/2011 | 12230 | Hospital report. Admission diagnosis absolute hyponatremia and hypotension. |
| 10/05/2011 | 1249 | Hospital report. In ICU, stable on following medications neosynephrin IV drip, bactrim DS PO, solumedrol IV, rocephin IV, avelox and protonix. |
| | 1834 | Hospital report Mr. Rivera's rhythm initially converted to Vfib, at which time a code was called. Per hospital records, "the patient required orotracheal intubation and, at the time of his intubation, the patient developed bradycardia and arrested." |
| 10/05/2011 | 1851 | Pronounced dead. Expiration diagnosis, "Acute respiratory failure, possible Pneumocystis carinii pneumonia (PCP) with metabolic acidosis and probable sepsis |

Event Listing

Related Case 201110020624INT00000
Event Type Encounter
Create Date 10/4/2011

Author CDR (b)(6), (b)(7)(c) RN
Signed CDR (b)(6), (b)(7)(c) RN on 10/4/2011
Patient Mauro Antonio RIVERA-Romero at EL PASO SPC
Alien# (b)(6), (b)(7)(c)
Address Mauro Antonio RIVERA-Romero
Birthdate 1/10/1968 **Sex** Male **Nationality** EL SALVADOR
Classification Blue **ICE Status**

Status Complete
Description Nursing

Event Codes and Related Parties

Invisible

Encounter Type Nursing
Scheduled Date 10/04/2011
Encounter Date 10/04/2011
New Allergies? No
Med/Psych Alerts? No

Vitals

Weight 149
Blood Pressure 87 60
Pulse 57
Respiration 20
Temperature 97.5
Pain Level 0

Next Encounter

Chart Review Required? No
Chart Review Type Standard

Invisible

Assigned To CDR (b)(6), (b)(7)(c) RN DIHS

Event Text

S: Detainee seen in barracks #3 due to complaints of fatigue and not being able to walk since this morning and did not eat breakfast or lunch. Detainee ambulated without assistance to medical cart and brought to clinic for further evaluation. Detainee denies pain, abdominal discomfort, or other complaints at this time. Detainee states he drinks 1 bottle of water daily.

O: Alert and oriented to person, place and time. Ambulates with steady gait. BP 87/60, other vital signs normal.

A: Mild dehydration.

P: Detainee rested in medical clinic for 30 minutes and drank 800 ml of water. BP 92/42, pulse 111, oxygen saturation 91% per pulse oximeter. EKG done, sinus tachycardia. Mr. (b)(6), (b)(7)(c) PA notified of detainee condition and received EKG report. Detainee instructed to increase fluid intake to eight 8 ounce glasses of water daily. Detainee also instructed to eat all meals to avoid low blood sugar and fatigue. Detainee verbalized understanding of all instructions given. Detainee seen by Mr. (b)(6), (b)(7)(c) PA for further evaluation and treatment.

Event Listing

Related Case 201110020624INT00000
Event Type Encounter
Create Date 10/4/2011

Author (b)(6), (b)(7)(c) PA
Signed (b)(6), (b)(7)(c) PA on 10/4/2011
Patient Mauro Antonio RIVERA-Romero at EL PASO SPC
Allen# (b)(6), (b)(7)(c)
Address Mauro Antonio RIVERA-Romero
Birthdate 1/10/1968 **Sex** Male **Nationality** EL SALVADOR
Classification Blue **ICE Status**

Status Complete
Description Medical

Event Codes and Related Parties

Invisible

Encounter Type Medical
Scheduled Date 10/04/2011
Encounter Date 10/04/2011
New Allergies? No
Med/Psych Alerts? No

Next Encounter

Chart Review Required? No
Chart Review Type Standard

Invisible

Assigned To (b)(6), (b)(7)(c) PA DIHS (915) 225-(b)(6), (b)(7)(c)

Event Text

Late entry.

S: Pt was referred to me by RN (b)(6), (b)(7)(c) due to pt being brought in by him from his barracks on the mobile cart because pt was c/o feeling weak and light headed and unable to walk to the clinic. Pt states he has been feeling this way for about 4 days and today was his worse day. Pt has a hx of dx with HIV positive in 1996 was on meds but stopped 5 yrs ago. Pt was admitted to L.A. memorial hospital slightly over 1 wk ago due to pt having similar sx's and was told he had an ulcer. Pt was in the hospital for 1 wk and was given IV meds which he states made him feel worse. Pt was then discharge with f/u instructions but he took a bus to El Paso at which time he was caught by the border patrol and brought here. Pt now feels SOB, no CP, light headed, with abdominal discomfort and states he noticed some blood tinge emesis earlier today. Pt denies any coffee ground emesis.

O: V.S. - See screener's note. Pt's BP decrease to 87/60, pulse of 109 to 120, was short of breath with resp-20 to 25 MSE- pt was AOX3, in distress feeling sick, cooperative
CV- EKG revealed Q waves in III and AVF, no murmurs noted, Normal S1/S2 and pt was SOB but no CP.
Lungs- CTAB with rapid breathing slightly shallow. Pt was having o2 sats of 88 on rm air and increased to 91 with 4 liters of O2.
Abd- nondistended, Pos. TTP to the RUQ and epigastric region, no rebound, decrease BS, non rigid at this time.
Skin- pt had cool temperature not clammy at this time with 3-4 sec. cap refill. An IV was started of NS .9% 1 liter bolus on the Lt. antecubital.

A: 1. R/O bleeding gastric ulcer vs. possible early AIDS

Event Listing

- P: 1. EMS was called and the pt was taken to the Del Sol ED via ambulance for further work up and tx. Pt was explained in Spanish what was going on and that he needed to be taken for further care and evaluation. Pt verbalized understanding.
2. D[REDACTED] the CD was made aware of the situation.



COUNTY OF EL PASO
OFFICE OF THE MEDICAL EXAMINER
AND FORENSIC LABORATORY

Post Mortem Report
Case 11-0483
October 6, 2011
On the body of

MAURO ANTONIO RIVERA-ROMERO

Cause of Death: Disseminated Cryptococcosis
Manner of Death: Natural

(b)(2)(q) (g)(9)

Interim Chief Medical Examiner for El Paso County, Texas

MEDICAL EXAMINER'S AUTOPSY # 11-0483

Time: 3:00 p.m.

October 6, 2011

MAURO ANTONIO RIVERA-ROMERO (43)

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished, Latin male, measuring 69 inches in height and weighing 158 pounds. He is wearing a hospital gown. The hair is brown, measuring up to 1 ½ inches in length. The irides are brown. The pupils are mid-dilated and equal. The conjunctivae are injected but reveal no hemorrhages. The corneas are transparent. The nose and ears reveal nothing remarkable. The teeth are in good repair. The neck presents no masses or marks. The chest is symmetrical. The abdomen is slightly prominent. The extremities reveal no gross deformities or edema. The external genitalia, perineum, anus and back reveal nothing remarkable. Rigor mortis is present throughout. Lividity is present on the posterior aspect of the body.

IDENTIFYING MARKS AND SCARS:

Three round well healed burn scars lateral aspect of the left leg with the largest measuring about ¼ of an inch in length.

EXTERNAL EVIDENCE OF INJURY:

None.

EXTERNAL EVIDENCE OF THERAPY:

Endotracheal tube in place in the mouth. IV line in place dorsal aspect of right wrist. IV line in place left antecubital fossa. IV line in place flexor surface of left forearm. Three lumen catheter medial aspect of right arm.

ME 11-0483

RIVERA-ROMERO (43)

PAGE 2

INTERNAL EXAMINATION

The body is opened in by the usual Y shaped incision. Each pleural cavity contains about 100cc of clear fluid. Small amount of fluid is also present in the peritoneal cavities. No fluid is identified in the pericardial sac. All the serosal surfaces are smooth and glistening. There is no evidence of injury to the neck, thorax or abdomen. The hyoid bone is intact.

CARDIOVASCULAR SYSTEM:

The HEART weighs 360 grams. The epicardium is smooth and glistening. The heart is opened in the direction of the blood flow. The measurements of the valves rings circumferences are as follows: pulmonary is 6.5 centimeters; tricuspid is 12.0 centimeters; mitral is 10.0 centimeters and aortic is 7.0 centimeters. The pulmonary mitral and aortic valves reveal nothing remarkable. The tricuspid leaflets are slightly thickened, redundant and corrugated. All of the chambers have the usual configuration. The atrial and ventricular septa are intact. The left ventricular wall measures 1.4 centimeters in thickness at the level of the outflow tract. The right ventricular wall measures 0.3 centimeters below the pulmonary conus. The ventricular septum measures 1.0 centimeters below the aortic valve. The papillary muscles and trabeculae carneae reveal nothing remarkable. The chordae tendineae are thin and delicate. The myocardium has a reddish-brown color.

ME 11-0483

RIVERA-ROMERO (43)

PAGE 3

No necrosis or fibrosis noted. The coronary ostia are widely patent. The coronary arteries reveal minimal atherosclerosis and are free of thrombi and emboli. The venous system is of normal appearance. The aorta and large vessels arising from it reveal minimal atherosclerosis. Nothing remarkable is seen in the large abdominal, thoracic or neck veins.

RESPIRATORY SYSTEM:

The right LUNG weighs 1,040 grams and the left 1,090 grams. The pleural surfaces are red-purple and are smooth and glistening. The cut surfaces exude a large amount of pinkish, frothy fluid and have a carneous appearance. No contusions, nodularities or emphysema noted. The BRONCHI, TRACHEA, and LARYNX contain a small amount of clear fluid. The tracheobronchial mucosa is pink. The larynx reveals no injury. The pulmonary arteries and veins contain no emboli or thrombi.

ALIMENTARY SYSTEM:

The TONGUE, PHARYNX and ESOPHAGUS reveal nothing remarkable. The STOMACH is empty. The gastric mucosa reveals a small scattered hemorrhagic area. No ulcerations or erosions noted. The SMALL BOWEL contains a few small pockets of partially digested blood. The LARGE BOWEL contains a moderate of soft feces.

HEPATO-BILLIARY SYSTEM:

The LIVER weighs 2,490 grams. The capsular surface is translucent revealing a reddish-brown parenchyma. There is no evidence of cirrhosis or fatty metamorphosis.

ME 11-0483

RIVERA-ROMERO (43)

PAGE 4

The **GALLBLADDER** contains a yellowish-green granular calculus, measuring about 1.5 x 1.2 x 1.2 centimeters. The extrahepatic biliary ducts reveal nothing remarkable.

PANCREAS:

The **PANCREAS** has a pinkish, lobulated appearance with no evidence of necrosis, contusion, hemorrhage or cysts.

GENITO-URINARY SYSTEM:

The right **KIDNEY** weighs 140 grams and the left 150 grams. The capsules strip with ease revealing smooth surfaces. The cut surfaces reveal the cortices and medullae to be of normal appearance. The **CALYCES, PELVES, URETERS** and **URINARY BLADDER** reveal nothing remarkable. The latter contains about 100cc of urine. The prostate is of normal size. The testicles are in the scrotum and appear normal.

ENDOCRINE SYSTEM:

The **THYROID** is of normal size and configuration. The **ADRENALS** reveal nothing remarkable.

HEMATOPOIETIC SYSTEM:

The **SPLEEN** weighs 680 grams. The parenchyma is very soft. The cut surfaces reveal scattered ill defined grayish nodules, the largest measuring 1 centimeter in diameter. The bone marrow is of normal appearance.

LYMPHATIC SYSTEM:

All the lymph nodes are of normal size and configuration.

ME 11-0483

RIVERA-ROMERO (43)

PAGE 5

MUSCULOSKELETAL SYSTEM:

All the muscles are well developed. There are no skeletal injuries or diseases identified.

CENTRAL NERVOUS SYSTEM:

The scalp is reflected and the skull is opened in the usual manner. There is no evidence of injury to the scalp. The **BRAIN** weighs 1,320 grams. The dura, sinuses and leptomeninges reveal nothing remarkable. There is no evidence of increased intracranial pressure. The vessels of the Circle of Willis reveal no discernable atherosclerosis. They contain no emboli or thrombi. The cranial nerves are intact. Multiple coronal sections of the cerebral hemispheres, mid-brain, cerebellum and medulla oblongata reveal no evidence of contusion, hemorrhage or infarction. The ventricular system is of normal size. The spinal fluid is clear. The choroid plexus has a normal configuration. The pituitary gland appears normal. No fractures or dislocations of the cranial bones or the cervical spine can be identified.

MICROSCOPIC EXAMINATION

Lungs and spleen: sections reveal innumerable cryptococcus neoformans organisms.

Many of them with gelatinous capsules. Minimal inflammatory reaction noted.

Brain, heart, pancreas, stomach, thyroid, prostate, adrenals, kidneys and bone marrow reveal nothing remarkable.

ME 11-0483

RIVERA-ROMERO (43)

PAGE 6

FINDINGS

- 1. Disseminated cryptococcosis**
- 2. Tricuspid valve prolapse**
- 3. Cholelithiasis**

OPINION

It is the opinion of this examiner that this man died from disseminated cryptococcosis.

This condition is more commonly seen in immuno-suppressed individuals. The manner of death is natural.

(b)(7)(c) (b)(7)(d)

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 NOV 03 2011
 STATE OF TEXAS **CERTIFICATE OF DEATH** STATE FILE NUMBER **142-11-136553**

| | | | |
|---|---|--|---|
| 1. LEGAL NAME OF DECEASED (include initials, if any) (Print Middle, Last) | | 2. DATE OF DEATH (ACTUAL OR PRESUMED) | |
| MAURO ANTONIO RIVERA | | 10/05/2011 | |
| 3. SEX | 4. DATE OF BIRTH | 5. AGE (Last Birthday) | 6. BIRTH PLACE (City & State or Foreign Country) |
| MALE | 02/08/1968 | 43 | EL SALVADOR |
| 7. SOCIAL SECURITY NUMBER | 8. MARITAL STATUS AT TIME OF DEATH | | 9. SURVIVING SPOUSE, OR NAME (if wife, give name prior to first marriage) |
| ? | <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | |
| 10a. RESIDENCE STREET ADDRESS | | 10b. APT. NO. | 10c. CITY OR TOWN |
| (b)(2)(q) (b)(9)(q) | | | ROANOKE |
| 10d. COUNTY | 10e. STATE | 10f. ZIP CODE | 10g. INSIDE CITY LIMITS? |
| DENTON | TEXAS | 76262 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. FATHER'S NAME | | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE | |
| UNKNOWN | | (b)(2)(q) (b)(9)(q) | |
| 13. PLACE OF DEATH (ENTER ONLY ONE) | | 14. COUNTY OF DEATH | |
| <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> COA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | EL PASO | |
| 15. CITY/TOWN/ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) | | 16. FACILITY NAME (if not inpatient, give street address) | |
| EL PASO, 79925 | | DEL SOL MEDICAL CENTER | |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED | | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) | |
| (b)(2)(q) (b)(9)(q) BROTHER | | (b)(2)(q) (b)(9)(q) ROANOKE, TX 76262 | |
| 19. METHOD OF DISPOSITION | | 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | |
| <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) | | (b)(2)(q) (b)(9)(q) BY ELECTRONIC SIGNATURE (b)(2)(q) (b)(9)(q) | |
| 21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) | | 22. LOCATION (City, Town, and State) | |
| PUERTO EL TRIUNFO | | PUERTO EL TRIUNFO, ES | |
| 23. NAME OF FUNERAL FACILITY | | 24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) | |
| SUNSET FUNERAL HOME - WEST | | 480 NORTH RESLER, EL PASO, TX 79912 | |
| 25. CERTIFIER (Check only one) | | | |
| <input type="checkbox"/> Certifying physician To the best of my knowledge death occurred due to the cause(s) and manner stated | | | |
| <input type="checkbox"/> Medical Examiner Outside of the Jurisdiction On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated | | | |
| 26. SIGNATURE OF CERTIFIER | | 27. DATE CERTIFIED (Mo./Day/Yr) | 28. LICENSE NUMBER |
| (b)(2)(q) (b)(9)(q) BY ELECTRONIC SIGNATURE | | 11/01/2011 | (b)(2)(q) (b)(9)(q) |
| 29. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) | | 30. TITLE OF CERTIFIER | |
| (b)(2)(q) (b)(9)(q) EL PASO, TX 79905 | | MD | |
| 31. PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. | | 32. APPROXIMATE INTERVAL ONSET TO DEATH | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | |
| a. DISSEMINATED CRYPTOCOCCOSIS | | | |
| Due to (or as a consequence of) | | | |
| b. _____ | | | |
| Due to (or as a consequence of) | | | |
| c. _____ | | | |
| Due to (or as a consequence of) | | | |
| d. _____ | | | |
| 33. PART 2 ENTER OTHER CAUSE GIVEN IN PART 1 | | 34. WAS AN AUTOPSY PERFORMED? | |
| (b)(2)(q) (b)(9)(q) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 36. MANNER OF DEATH | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? | 38. IF FEMALE | |
| <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown | <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 39. DATE OF INJURY (Mo./Day/Yr) | | 40a. TIME OF INJURY | 40b. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 41. LOCATION (Street and Number, City, State, Zip Code) | | 42. COUNTY OF INJURY | |
| | | | |
| 43. DESCRIBE HOW INJURY OCCURRED | | | |
| | | | |
| 44a. REGISTRAR FILE NO | 44b. DATE RECEIVED BY LOCAL REGISTRAR | 44c. REGISTRAR | |
| 0104118 | 11/03/2011 | REGISTRAR - EL PASO COUNTY CLERK, ELECTRONICALLY FILED | |
| EDR NUMBER 00091029643 | | | |

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Detainee Death Review

Mauro Antonio RIVERA-Romero, (b)(6), (b)(7)(c)
El Paso Service Processing Center, El Paso, TX

Section 1: Medical Compliance Review

As requested by the ICE Office of Professional Responsibility, Office of Detention Oversight, Creative Corrections (CC) participated in a review of the death of detainee Mauro Antonio RIVERA-Romero at the El Paso Services Processing Center (EPSPC). CC accompanied Special Agent (b)(6), (b)(7)(c) on a site visit during the week of November 28, 2011, and participated in interviews of correctional and medical staff. Additionally, CC reviewed the medical record of detainee RIVERA and relevant policies and procedures.

The following chronicles detainee RAMIREZ' period of detention based on documented and reported information. CC's observations and findings with respect to compliance with the ICE Performance Based National Detention Standards governing medical services appear in commentary. Medical terminology is defined in parentheses and brackets.

Background

According to information provided to CC by ODO, detainee RIVERA was taken into custody on October 1, 2011 by Customs and Border Protection (CBP) officers. He reported having been released from a hospital on September 29, 2011 and "having stomach pains and feeling nauseated." He refused medical attention.

October 2, 2011

6:10 am

Per ICE, detainee arrived at EPSPC.

6:24 am

Per Chronological Record of Medical Care note and entry to the electronic medical record (EMR), intake medical screening was completed by Registered Nurse (RN) (b)(6), (b)(7)(c). On the Immigration Health Services Corp (IHSC) In-Processing Health Screening Form she documented temperature as 36.7, pulse 106 (*normal heart rate is between 60-100 beats per minute*), respirations 20, blood pressure 100/71 (*normal blood pressure is 120/80*), weight 148, and pain at zero on a one to ten pain scale, with ten being highest. In addition, she circled "Yes" to the question: "The whites of your eyes or your nails turn yellow?", noting Hepatitis C. "See EMR" was stamped on all other questions. RN (b)(6), (b)(7)(c) made a corresponding entry in the EMR documenting Detainee RIVERA stated he was feeling "Bien" (fine), and noting "denies any medical condition except for Gastritis; was hospitalized in Sept 2011 but not taking medications as to time of screening." Negative responses were documented to all screening questions. Detainee was approved for general population housing.

COMMENT: Though not documented in the medical record, ICE personnel informed CC intake and subsequent medical encounters were completed in Spanish.

COMMENT: The recorded temperature of 36.7 is presumably an error.

COMMENT: Detainee RAMIREZ reported he was hospitalized in September 2011, the month ending the day before his admission to EPSPC. There is no documentation RN (b)(6), (b)(7)(c) asked any follow up questions, including more specific information on the dates, hospital name, and medications. As learned after his death, he had been discharged from the Los Angeles County Hospital just two days earlier with medications frequently prescribed for patients who could be HIV positive or who might have respiratory involvement secondary to being immuno-suppressed. The purpose of the intake screening is to identify any medical conditions requiring immediate medical evaluation and/or urgent treatments. If detainees are not forthcoming with complete information, it is incumbent upon the screener to ask follow up questions as may be necessary or appropriate.

Medical Consent Form signed.

Radiology report documents chest x-ray negative for tuberculosis.

7:00 am

Per Chronological Record of Medical Care, RN (b)(6), (b)(7)(c) reviewed intake screening, concurring with findings and noting "routine appointment" for 14-day physical.

October 3, 2011

11:36 am

According to information provided by ICE and reviewed during interviews, the barracks officer called medical to report the detainee had medical concerns. EMR Urgent Care entry by RN (b)(6), (b)(7)(c) documents, "Detainee seen as walk in with complaints of nausea, headache, and just not feeling well... States was treated for unknown abdominal infection months ago."

RN (b)(6), (b)(7)(c) evaluated the patient and documented the assessment as normal except for an elevated heart rate of 129 (*normal heart rate is between 60-100 beats per minute*).

Assessment: Alteration in comfort; Plan, "Detainee pulse elevated at 129. Kept in clinic for evaluation and hydrated detainee in clinic." Detainee given with Bismuth (*for upset stomach/nausea/indigestion*) and Tylenol.

Per information provided by ICE and reviewed during interviews, detainee RIVERA was observed for approximately two hours and re-evaluated. His heart rate was found to be 98 (*normal*) with a blood pressure in the 90s/60s (*low*).

COMMENT: Re-evaluation of the detainee was not documented in the medical record, including vital signs and decision to return him to general population.

COMMENT: There is no documentation RN (b)(6), (b)(7)(c) reviewed the EMR and noted detainee RIVERA reported at intake he was hospitalized in September 2011, reportedly for gastritis. Given the detainee's complaint of nausea, this information was particularly relevant and may have led to an alternative course of action, including pursuit of hospital records. Regardless, according to the El Paso Processing Center health services clinic guidelines, the RN should have referred the detainee to a higher level provider, (nurse practitioner, physician assistant, and/or medical doctor) due to the marked elevation of his heart rate. The need to refer detainee RIVERA to a provider was heightened by the fact the blood pressure reading in the 90s/60s was lower than that taken at intake: 100/71. CC cites deficiency in ICE PBNDS, Medical Care, section (II)(2) requiring that health care needs be met in a timely manner.

1:15 pm

An entry in the barracks security officer log documented, "detainee complaining of weakness, high blood pressure."

COMMENT: There is no documentation medical was informed of the detainee's complaint, and during interview, medical staff indicated they do not recall being notified.

October 4, 2011

7:25 am

An entry in the barracks security officer log documented, the detainee complained of being too weak to walk. The entry reflected this complaint was conveyed to the security officer in the medical clinic, who returned his call stating medical staff's instructions were to have the detainee fill out a medical slip.

COMMENT: This contact is not documented in the medical record. Given the nature of the complaint, medical personnel should have reviewed his record and had him brought to the clinic.

8:10 am

According to information provided by ICE and reviewed during interviews, while in the detainee's housing unit for another reason, medical staff was informed detainee RIVERA was not feeling well. The staff person indicated the detainee did not appear to be in any acute distress. Upon the return to the clinic, the clinic charge nurse requested detainee be transported to the clinic for medical evaluation.

1:45 pm

According to information provided by ICE and reviewed during interviews, detainee RIVERA was brought to the clinic via cart for complaint of "fatigue and not being able to walk."

COMMENT: The timing of the detainee's complaints vis-à-vis his being seen in the clinic are not clearly documented. However, despite three documented complaints of feeling progressively weak, it appears he was unable to access care from the time of his release following a short monitoring period in the clinic early in the afternoon of October 3, 2011 and 1:45 pm October 4, 2011. CC again cites deficiency in ICE PBNDS, Medical Care, section (II)(2) requiring that health care needs be met in a timely manner.

EMR Nursing Encounter entry by RN (b)(6), (b)(7)(c) timed 3:07 pm documents the above two events and subsequent evaluation as follows: "Detainee seen in barracks #3 due to complaints of fatigue and not being able to walk since this morning and did not eat breakfast or lunch. Detainee ambulated without assistance to medical care and brought to clinic for further evaluation. Detainee denies pain, abdominal discomfort, or other complaints at this time. Detainee states he drinks 1 bottle of water daily." Blood pressure 87/60; other vital signs normal. Assessment: Mild dehydration. Plan: "Detainee rested in medical clinic for 30 minutes and drank 800 ml of water. BP 92/42, pulse 111, oxygen saturation 91% per oximeter. EKG done [time 2:55 pm], sinus tachycardia [*fast heart rate*]. Mr. (b)(6), (b)(7)(c) PA notified of detainee condition and received EKG report. Detainee instructed to increase fluid intake to eight 8 ounce glasses of water daily. Detainee also instructed to eat all meals to avoid low blood sugar and fatigue. Detainee verbalized understanding of all instructions given. Detainee seen by Mr (b)(6), (b)(7)(c) PA for further evaluation and treatment.

EMR Late Entry timed 4:32 pm by PA (b)(6), (b)(7)(c) documented, "[Patient] was referred to me by RN (b)(6), (b)(7)(c) due to [patient] being brought in by him from his barracks on the mobile cart because [patient] was [complaining of] feeling weak [*sic*] and light headed and unable to walk to the clinic. [Patient] states he has been feeling [*sic*] this way from about 4 days and today was his worse day. [Patient] has a [history] of [diagnosis] with HIV positive in 1996 was on meds but stopped 5 years ago. [Patient] was admitted to L.A. memorial hospital slightly over 1 wk ago due to [patient] having similar [symptoms] and was told he had an ulcer. [Patient] was in the hospital for 1 wk and was given [intravenous] meds which he states made him feel worse. [Patient] was then discharge with [follow up] instructions but he took a bus to El Paso at which time he was caught by the border patrol and brought here. [Patient] now feels [short of breath], no [chest pain], light headed with abdominal discomfort and states he noticed some blood tinge emesis [*vomit*] earlier today. [Patient] denies any coffee ground emesis [*discoloration of vomit which is similar in appearance to coffee grounds*]." PA (b)(6), (b)(7)(c) observed detainee was in distress (*short of breath*) and noted blood pressure decrease to 87/60, pulse 109 to 120, short of breath with respirations 20 to 25, O2 saturation 88% (*markedly decreased*). Cardiac examination was normal, abdominal

examination revealed decreased bowel sounds, though the abdominal wall was not rigid and skin was cool to touch. Oxygen and IV fluids started. Assessment: Rule out bleeding gastric ulcer versus possible early AIDS. Plan: "EMS was called and the [patient] was taken to the Del Sol [Emergency Department] via ambulance for further work up and [treatment]."

COMMENT: The encounter with PA (b)(6), (b)(7)(c) was the first in which detainee RIVERA provided his medical history, including diagnosis of HIV in 1996 and more detailed information on his hospitalization the week prior to his detention.

3:32 pm

According to information provided by ICE, EMS entered the facility and departed at 3:38 pm.

4:09 pm

Detainee RAMIREZ was seen in the Emergency Department.

10:00 pm (approximate)

Detainee RAMIREZ was admitted to the Del Sol Medical Center.

October 5, 2011

4:35 am

Detainee RAMIREZ transferred to the Intensive Care Unit.

12:23 pm

Per hospital report, admission diagnosis absolute hyponatremia and hypotension.

12:49 pm

Per hospital report, detainee RAMIREZ in ICU and stable on medications.

6:34 pm

Per hospital report, code called. "The patient required orotracheal intubation and, at the time of his intubation, the patient developed bradycardia and arrested."

6:51 pm

Detainee RAMIREZ was pronounced dead. Expiration diagnosis, "Acute respiratory failure, possible Pneumocystis carinii pneumonia (PCP) with metabolic acidosis and probable sepsis syndrome in a patient with noncompliance with treatment of acquired immunodeficiency syndrome (AIDS)."

October 6, 2011

Medical obtained detainee RAMIREZ' discharge instructions from Los Angeles County and USC Medical Center for his hospitalization September 23 – 29, 2011. The

instructions reflected the detainee was to follow up with his primary provider and was prescribed Clotrimazole cream, Axithromycin, Bactrim, and Levaquin (medications frequently prescribed for patients who could be HIV positive or who might have respiratory involvement secondary to being immuno-suppressed).

MEDICAL COMPLIANCE REVIEW CONCLUSIONS

The ICE PBNDS, Medical Care, requires that detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by IHSC so that their health care needs are met in a timely and efficient manner. As discussed in the above timeline, CC cites the deficiency in the following component:

- Section (II)(2) requiring that detainees' healthcare needs be met in a timely and efficient manner.
 - The documentation suggests the RN who evaluated detainee RIVERA for his first complaint of nausea failed to review relevant information in his medical record, failed to refer him to a higher level provider, and failed to properly document the encounter disposition.
 - Detainee RIVERA was not provided with medical care over a 24-hour period in which he complained he was feeling increasingly worse and weak. It is noted when finally brought to the clinic, he could not ambulate on his own and within two hours, was sent to the emergency room.

In addition, though not a technical deficiency, CC cites as an area of concern failure to perform adequate intake screening. The screener did not ask pertinent follow up questions when the detainee reported he had been hospitalized the previous month, missing an opportunity to obtain more accurate medical history critical to his care.

Detainee Death Review

Mauro Antonio RIVERA-Romero, A# (b)(6), (b)(7)(c)
El Paso Service Processing Center, El Paso, TX

Section 2: Mortality Review

This mortality review is based on a review of medical records from the El Paso Service Process Center (EPSPC), Del Sol Medical Center, and Los Angeles County and USC Medical Center.

Autopsy Findings

The autopsy report performed on October 6, 2011 revealed RIVERA was a forty-three year old Hispanic male who died from disseminated cryptococcosis. This condition is most commonly seen in immuno-suppressed individuals. Detainee had a history of Auto Immune Deficiency disease, (AIDS). The pathology report revealed tricuspid valve prolapse as well as cholelithiasis.

Narrative Summary

September 29, 2011: According to Los Angeles County Hospital and the University of Southern California Medical Center, Rivera-Romero was discharged on Clotrimazole cream, azithromycin, Bactrim, and Levaquin, medications frequently prescribed for patients who could be HIV positive or who might have respiratory involvement secondary to being immuno-suppressed. Orders on the discharge instructions indicated to the Rivera-Romero to "follow up with primary care doctor." As indicated below, (EPSPC) came into possession of this documentation and was unaware of detainee RIVERA's hospitalization until October 6, 2011, after his death.

October 1, 2011: According to ICE, detainee RIVERA was apprehended by the Border Patrol. Their records indicate detainee reported "stomach pains and feeling nauseated" but refused medical attention.

October 2, 2011, 6:10 am: Detainee arrived at EPSPC. Intake medical screening was completed by the RN during which detainee indicated that he had a history of "Hepatitis C" and was hospitalized in September of 2011 for "gastritis". There is no documentation the screener attempted to gain additional information concerning the details of his hospitalization, including dates, location, and medications. Detainee informed the screener he was feeling "Bien" (fine). Detainee was released to the general population following completion of the medical screening.

October 3, 2011, 11:36 am: Detainee RIVERA complained to the barrack officer he had medical concerns. He ambulated to the health clinic informing the nurse of nausea, headache, and "just not feeling well." He reported to the nurse he was treated for "unknown abdominal infections months ago." The nurse evaluated the patient and documented the assessment as normal except for an elevated heart rate of 129. Detainee was treated with Bismuth and Tylenol

for upset stomach and pain. RIVERA-Romero was observed for two hours in the clinic released to the general population after he presented with normal vital signs except for low blood pressure, though this disposition is not documented in the medical record. The detainee was not referred to a higher level provider as required by facility protocols.

October 3, 2011, 1:15 pm: Detainee RIVERA returned to his barrack and complained to the barrack officer of having "weakness and high blood pressure." There is no documentation indicating medical was informed of and evaluated these complaints.

October 4, 2011, 7:25 am: Detainee RIVERA stated to the barrack officer "he was too weak to walk" in the barrack. This complaint was conveyed to the security officer located in the medical clinic with instructions given by medical personnel to have Rivera-Romero "fill out a medical slip."

October 4, 2011, 8:10 am: Detainee RIVERA informed a medical provider present on the housing unit he "was not feeling well," and the medical provider noted detainee "did not appear to be in any acute distress." Upon the provider's return to the clinic, the clinic charge nurse requested detainee be transported to the clinic for medical evaluation.

October 4, 2011, 1:45 pm: Detainee RIVERA was transported to the clinic via a cart with complaint of "fatigue and not being able to walk." He was evaluated by and RN and referred to the Physician Assistant (PA). The evaluation performed by the PA revealed the detainee had the unstable vital signs and an abnormal EKG. Subsequently, EMS was activated and the patient was transported to the local community hospital via ground ambulance for further evaluation and treatment.

October 5, 2011, 4:35 am: According to local community hospital records, patient was transferred to ICU and his condition was reported as stable.

October 5, 2011, 6:34 pm: According to local community hospital records, detainee RIVERA's heart rhythm became irregular and fast, and a code (cardiac arrest) was called. Detainee RIVERA expired at 6:51 pm.

Findings and Conclusion:

1. Initial Assessment of Patient

Intake screening did not serve the critical purpose of determining detainee RIVERA's medical history and needs. For unknown reasons, detainee RIVERA did not provide a full and complete medical history when asked about his past medical history. However, by reporting he was hospitalized the month before, he opened the door for pursuit of additional information. The screener failed to ask follow up questions that could have led to the uncovering of detainee's true medical history and initiation of proper treatment protocols. The screener should emphasize to detainees prior to performing the intake

screening the importance of answering questions as thoroughly and honestly as possible because it may have a significant impact on their medical treatment and care.

2. Failure to Follow Policy Guidelines

The RN who evaluated detainee RIVERA upon his first complaint of feeling poorly failed to follow facility protocol and refer him to a higher level provider; i.e. nurse practitioner, physician assistant (PA), or medical doctor due to the marked elevation of his heart rate. This abnormal heart rate can reflect various medical conditions which could require immediate medical intervention. An individual with an elevated heart rate should have a thorough physical exam and various other tests performed such as EKG and labs, to identify the medical conditions which could lead to having an abnormal heart rate. All medical providers should work within clinical practice guidelines as established by the Clinical Medical Authority. It is imperative to consult with the MD and/or CD in a timely manner if a detainee appears to be medically unstable.

3. Timeliness of Medical Care

Detainee RIVERA did not receive medical attention over a 24-hour period despite voicing complaints of feeling progressively worse to the barrack officer. It is imperative the barrack officer notify a medical provider in a timely manner of detainees' medical complaints, and that medical staff take necessary and appropriate action to determine if treatment is necessary.

Conclusion

I concur with the medical examiner's cause of death. This death may have possibly been preventable if Mauro Antonio Rivera-Romero had accepted medical care from the border patrol and had been forthright with El Paso Service Processing Center medical staff about being HIV positive. Appropriate assessments and treatments for this condition could then have been considered. Also, medical staff should have completed a more thorough intake assessment to obtain additional information from the detainee. Policies and/or guidelines should have been followed for providing a higher level of care. A physician should have examined the patient in a timely manner. Had these actions been taken, laboratory tests and physical examinations would likely have prompted the provider to seek outside consultation and/or transferred the detainee to the local community hospital for further evaluation and treatment.

Review was performed on site at the El Paso Service Processing Center, December 6, 2011 to December 7, 2011 by Dr. (b)(6), (b)(7)(c)