



**U.S. Immigration and Customs Enforcement (ICE)  
Detainee Death Report: FARIAS-Farias, Edixon Del Jesus**

General Demographic/Background Information

- **Date of Birth:** November 26, 1997
- **Date of Death:** April 18, 2024
- **Age:** 26
- **Gender:** Male
- **Country of Citizenship:** Venezuela
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

On December 25, 2023, the U.S. Border Patrol encountered Mr. FARIAS-Farias near Eagle Pass, TX, and charged him with inadmissibility pursuant to Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA), as a noncitizen not in possession of a valid document required for entry.

On December 28, 2023, Enforcement and Removal Operations (ERO) Houston received Mr. FARIAS-Farias into ICE custody and housed him at IAH Polk Adult Detention Facility (PADF), in Livingston, TX.

On January 26, 2024, ERO Houston transferred Mr. FARIAS-Farias to Joe Corley Processing Center (JCPC), in Conroe, Texas (TX).

Synopsis of Events

IAH PADF Medical Records

**On December 28, 2023**, using interpreter services, a registered nurse (RN) completed Mr. FARIAS-Farias's intake screening and documented normal vital signs, and his denial of any past medical, mental health, or dental history. The RN cleared him for general population.

**On January 4, 2024**, an RN evaluated Mr. FARIAS-Farias for a complaint of "throat infection and a cold," completed his initial health assessment, documented Mr. FARIAS-Farias's denial of any past medical or mental health history, a normal exam, and vital signs, except for runny nose with clear drainage and sore throat, and provided medication for cough, pain, and nasal congestion, and educated him on warm, saltwater gargles.

**Between January 5 to 25, 2024**, Mr. FARIAS-Farias did not submit any sick call complaints.

**On January 26, 2024**, ICE transferred Mr. FARIAS-Farias to JCPC.

JCPC Medical Records



**On January 27, 2024**, an RN reviewed Mr. FARIAS-Farias's IAH PADF transfer summary and, using interpreter services, completed his medical intake screening, documented normal vital signs and his denial of any past medical, mental health, or dental history, and cleared him for general population.

**On February 3, 2024**, an RN completed Mr. FARIAS-Farias's initial health assessment, documented a normal exam and vital signs, and his denial of any past medical, mental health, or dental history.

**On February 13 and 20, and March 3, 2024**, nursing staff triaged Mr. FARIAS-Farias's sick call requests for cold, cough, diarrhea, stomach pain, body pain, dizziness, weakness, and poor appetite.

**On March 4, 2024**, an advanced practice provider (APP) ordered complete blood count, complete metabolic panel, and infectious disease tests.

**On March 8, 2024**, a physician evaluated Mr. FARIAS-Farias, reviewed laboratory results, and documented his complaints of poor appetite, nausea, and lack of motivation for two months. The physician documented normal vital signs, except for an elevated pulse, weight loss, and abnormal lab results. The physician ordered an urgent infectious disease (ID) referral (scheduled for March 27, 2024), treatment for infectious diseases, anti-nausea medication, a nutritional supplement, a daily multivitamin, and follow-up laboratory tests, and scheduled a follow-up in two weeks.

**On March 16, 2024**, an RN triaged Mr. FARIAS-Farias's sick call request for complaint of malaise, diarrhea, weakness, poor appetite, documented a routine referral for nursing sick call, and noted a physician appointment on March 18, 2024.

**On March 18, 2024**, a physician evaluated Mr. FARIAS-Farias for complaint of weakness and diarrhea and ordered Mr. FARIAS-Farias transfer to Conroe Regional Hospital (CRH) emergency department (ED) via emergency medical services (EMS) for further evaluation. Upon ER arrival, an APP evaluated Mr. FARIAS-Farias, documented a normal exam and vital signs except for an elevated pulse, low body weight., ordered a chest x-ray, intravenous antibiotics, laboratory tests, stool culture, cardiac monitoring, and a consult with a sepsis coordinator. A physician admitted Mr. FARIAS-Farias with the following diagnoses: intractable diarrhea, infectious diseases, sepsis, hypotension, latent syncope, and leukopenia.

**Between March 19 and 21, 2024**, an ID physician evaluated Mr. FARIAS-Farias, documented one episode of diarrhea and vomiting, and persistent high temperature, reviewed his laboratory results, noted the likelihood that Mr. FARIAS-Farias had lived with the infectious diseases for a prolonged period of time, and ordered acetaminophen and two antibiotics for prophylactic treatment.

**Between March 22 and April 2, 2024**, RNs documented Mr. FARIAS-Farias remained in stable condition with persistent fevers, normal vital signs except for elevated pulse, and noted the physician ordered an antibiotic and anti-fungal medication.

**On April 3, 2024, at 4:48 a.m.**, an APP evaluated Mr. FARIAS-Farias for new onset seizures, documented unresponsiveness, no cough or gag reflex, and inability to protect airway, ordered a transfer to the intensive care unit, administered sedative and anticonvulsant medications, and



emergently intubated and placed him on a ventilator. The APP submitted consults for nutrition, cardiology, and neurology, ordered transesophageal echocardiogram (TEE) to check for endocarditis, blood cultures, lumbar puncture, and a head computed tomography (CT) scan (diagnostic imaging that provides greater detail than x-rays), which showed normal results.

- **At 1:16 p.m.**, a physician evaluated Mr. FARIAS-Farias and documented chronically ill appearing patient on respiratory support; patient is obtunded (dull to sensitivity), does not open eyes or follow commands; intubated not sedated (sedation removed due to previous low blood pressure), pupils 4 mm bilaterally reactive, no spontaneous involuntary eye movement, no facial asymmetry, no withdrawal to painful stimuli, and no involuntary and rhythmic muscle contractions bilaterally to lower extremities, with hyperreflexia. The physician also documented diagnoses of new onset breakthrough seizures, sepsis, acute respiratory failure, and acute encephalopathy.

**On April 4, 2024**, CRH staff performed Mr. FARIAS-Farias's brain magnetic resonance imaging [(MRI); results: interval development of high T2 signal with mildly restricted diffusion and mild enhancement in the periventricular white matter; the supratentorium (upper part of the brain) bilaterally consistent with history of cryptococcus infection, without evidence of abscess].

**Between April 5 to 14, 2024**, Mr. FARIAS-Farias's condition remained stable with a poor prognosis. A physician recommended possible hospice care through a palliative care consult. Mr. FARIAS-Farias's chest x-ray showed bilateral lower lobe consolidation, and his head CT scan showed interval increase in low density with periventricular and deep white matter space concern for either underlying ischemia or progressing infection.

**On April 15 and 16, 2024**, two physicians and an ID specialist evaluated Mr. FARIAS-Farias, documented significant brain injury making management difficult, ordered an electroencephalogram (measures brain activity), which showed results consistent with moderate diffuse disturbance of brain function as seen in encephalopathy, and a TEE (results: negative for endocarditis with the appearance of a moderate size pericardial effusion). The physicians recommended consulting risk management and ethics for determination of futility of care. The ID specialist documented abnormal lumbar puncture results and ordered an antifungal and antibiotic.

**On April 16, 2024, at 7:21 p.m.**, Mr. FARIAS-Farias experienced cardiac arrest. The staff initiated cardiopulmonary resuscitation and provided advanced life supporting measures for 30 minutes before successfully stabilizing him.

**On April 17, 2024**, a physician evaluated Mr. FARIAS-Farias and documented loss of weight and muscle mass, no cough or gag reflex, and no pupillary response or response to painful stimuli, which can be an indication of severe brain injury or brain death. An APP palliative consultant initiated advanced care planning and documented his family members' request to implement all treatment and maintain a full code (if an individual's heart stop and/or stop breathing, all resuscitation procedures will be provided to keep them alive) status.

- **On the same date**, a physician documented brain herniation seen on brain CT study with a plan to confirm brain death.



**On April 18, 2024, at 1:40 p.m.**, a physician documented Mr. FARIAS-Farias underwent an anoxic injury evaluation, diagnosed with significant brain damage, and declared brain dead shortly after 1:40 p.m. The physician informed the next of kin, and Mr. FARIAS-Farias's family authorized withdrawing him from life support.

- **At: 5:15 p.m.** a physician pronounced Mr. FARIAS-Farias's death caused by advanced infectious diseases.