



## **U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: CHAVEZ Alvarez, Cipriano**

### General Demographic/Background Information

- **Date of Birth:** June 28, 1959
- **Date of Death:** September 21, 2020
- **Age:** 61
- **Gender:** Male
- **Country of Citizenship:** Mexico
- **Marital Status:** N/A
- **Children:** N/A

### Immigration History

- On an unknown date in 1981, Mr. CHAVEZ entered the U.S. near San Ysidro, California (CA), without admission or parole by an immigration official.
- On March 8, 1993, the Arizona (AZ) U.S. District Court (USDC) in Tucson, AZ convicted and sentenced Mr. CHAVEZ for conspiracy to possess with intent to distribute cocaine.
- On July 6, 2020, Enforcement and Removal Operations (ERO) Atlanta encountered Mr. CHAVEZ at the Edgefield Federal Correction Institution (FCI) in Edgefield, South Carolina, and lodged an Immigration Detainer, Notice of Action, form I-247A.
- On July 31, 2020, FCI released Mr. CHAVEZ to ERO Atlanta. ERO Atlanta transferred Mr. CHAVEZ to the Irwin County Detention Center (ICDC) in Ocilla, GA.
- On August 5, 2020, ERO Atlanta transferred Mr. CHAVEZ to SDC for housing.

### Criminal History

- On February 23, 1983, the Superior Court of California, County of Los Angeles (SCC) in Los Angeles, CA, convicted CHAVEZ of possession of narcotic controlled substance and sentenced him to six months of confinement and three years of probation.
- On December 23, 1986, SCC convicted CHAVEZ of possession of heroin for sale and sentenced him to two years of confinement.
- On May 6, 1987, SCC convicted CHAVEZ of possession of narcotic controlled substance for sale and sentenced him to two years of confinement
- On October 7, 1991, a Probation Officer in Los Angeles, CA, arrested and transferred CHAVEZ to CASDOC for violation of probation
- On March 8, 1993, the United States District Court of Arizona (USDC) in Tucson, AZ convicted CHAVEZ of conspiracy to possess with intent to distribute cocaine, and sentenced CHAVEZ to life in prison.



## Medical History

### Medical Records from Stewart Detention Center (SDC)

**On August 5, 2020**, Mr. CHAVEZ's intake screening and review of his medical transfer summary and current medication list were completed. During the visit, it was noted Mr. CHAVEZ had negative coronavirus (COVID-19) symptom screening, and normal vital signs (VS). Mr. CHAVEZ reported a history of lymphoma (cancer of the lymphatic system, which is the body's disease fighting network), treated in 2006, and taking medications for the following medical conditions: hypertension [(HTN); high blood pressure], hyperlipidemia (high levels of fat in the blood), gout (a form of arthritis characterized by severe pain, redness, and tenderness in the joints), and hypothyroidism (underactive thyroid gland). Mr. CHAVEZ was referred to a provider for further evaluation. As a new arrival, SDC housed Mr. CHAVEZ in a 14-day cohort group for COVID precautions.

**On August 6, 2020**, an advanced practice provider (APP) completed Mr. CHAVEZ's physical exam, reviewed his intake screening, and acknowledged his medical history. The APP noted Mr. CHAVEZ's VS as normal, enrolled him into the chronic care clinic, continued his medications for HTN, gout, hyperlipidemia, hypothyroidism, and requested his medical records from ICDC, which included his recent laboratory studies.

**On August 11, 2020**, SDC medical staff completed facility-wide COVID-19 nasal swab testing. [*results received on August 19, 2020 - positive*].

**On August 15, 2020 at approximately 5:28 p.m.**, Mr. CHAVEZ ambulated to the medical clinic, reported decreased appetite, chills, productive cough for three days, and right shoulder pain. Mr. CHAVEZ denied chest pain, shortness of breath, body aches, or sore throat. An RN evaluated Mr. CHAVEZ, documented the following abnormal VS: temperature (T) 100.1 degrees (°) Fahrenheit (F) [normal range 97.8 - 99.1°F], respirations (R) 36 breaths per minute [(bpm); normal range 12 - 20 bpm], and low oxygen saturation (SpO<sub>2</sub>) of 76 - 80 percent [(%); normal 95 – 100%]. The RN notified the APP, received a verbal order to transfer Mr. CHAVEZ to Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA, via emergency medical services (EMS), applied supplemental oxygen at three liters per minute (L/m) via nasal cannula, and continued to monitor his condition.

- **At approximately 6:20 p.m.**, EMS personnel arrived at SDC and transported Mr. CHAVEZ to PCRH's emergency department (ED).
- **At approximately 8:48 p.m.**, a PCRH medical doctor (MD) evaluated Mr. CHAVEZ, noted severely decreased breath sounds in his left lung base, decreased pulse (P) – 52 beats per minute [(bpm); normal 60 – 100 bpm] and SpO<sub>2</sub> at 94% on 15 L/m via a non-rebreather mask (a mask used to deliver higher concentrations of oxygen). The MD ordered a chest x-ray, electrocardiogram (EKG), and laboratory studies, which included a COVID-19 test. The chest x-ray results showed infiltrates and he tested positive for COVID-19. The MD admitted Mr. CHAVEZ for positive COVID-19 with hypoxia (an absence of adequate oxygen in the tissues to sustain bodily function), and pneumonia.
- **At approximately 11:10 p.m.**, an MD ordered intravenous (IV) antibiotics, blood cultures, and continued supplemental oxygen.



**On August 17, 2020**, Mr. CHAVEZ reported having chest pain with coughing. An MD observed Mr. CHAVEZ's SpO<sub>2</sub> levels in the 60s despite receiving supplemental oxygen via a non-rebreather mask.

**On August 18, 2020**, a nurse intensivist intubated (insertion of an endotracheal tube in the trachea to maintain an open airway) Mr. CHAVEZ, placed him on ventilatory support, and transferred him to the intensive care unit (ICU) due to continuous low SpO<sub>2</sub> levels. The MD evaluated Mr. CHAVEZ, and ordered IV remdesivir (anti-viral medication), plasma transfusion, vasopressors (medication used to stabilize low blood pressure levels), continued IV antibiotics, and consulted a nutritionist for enteral feedings (nutrition delivered directly to the stomach or small intestines).

**On August 19, 2020**, SDC medical staff received Mr. CHAVEZ's COVID-19 positive test results.

**On August 27, 2020**, Mr. CHAVEZ remained febrile and attempted to breath over the ventilator. The MD adjusted the ventilator settings, and sedated Mr. CHAVEZ to assist with maintaining his oxygen level.

**On August 28, 2020**, Mr. CHAVEZ became hypoxic (an abnormally low concentration of oxygen in the blood), hypotensive (low blood pressure), and bradycardic (abnormally slow heart rate), due to thick secretion accumulation in his endotracheal tube. The MD also replaced Mr. CHAVEZ's endotracheal tube. These interventions improved Mr. CHAVEZ's SpO<sub>2</sub> level and blood pressure.

**On August 29, 2020**, Mr. CHAVEZ remained heavily sedated.

**On August 30, 2020**, a nephrologist evaluated Mr. CHAVEZ due to renal failure and metabolic acidosis (condition where too much acid accumulates in the body) and ordered hemodialysis (a treatment to filter wastes and water from the body). During the hemodialysis initiation, Mr. CHAVEZ became hemodynamically unstable, and suffered a cardiac arrhythmia (atrial fibrillation). The MD administered albumin (used to treat low albumin levels and low blood volume) to control his heart rate, and successfully re-initiated hemodialysis therapy, removing excess fluid from Mr. CHAVEZ's body.

**On September 13, 2020**, the MD continued Mr. CHAVEZ's treatment plan, and considered his prognosis poor due to multi-organ failure, and hypoxia.

**On September 18, 2020**, a chest x-ray showed Mr. CHAVEZ had developed a right basilar (situated at the base) pneumothorax, and subcutaneous emphysema (a lung condition involving damaged air sacs in the lungs, which causes shortness of breath). The MD inserted a third chest tube to resolve the pneumothorax. Mr. CHAVEZ continued to receive hemodialysis, enteral feedings, and antibiotic therapy. His prognosis remained poor.

**On September 20, 2020**, Mr. CHAVEZ's heart rate decreased to the 30s, and the MD ordered medication, which increased his heart rate to the 50s.

**On September 21, 2020 at approximately 3:52 a.m.**, Mr. CHAVEZ went into cardiopulmonary arrest. PCRH's medical staff initiated advance life support; however, Mr. CHAVEZ did not respond to the life-saving measures. The echocardiogram (a test that uses ultrasound to show the heart beating and pumping blood) showed asystole (no electrical activity of the heart), and a PCRH MD pronounced Mr. CHAVEZ deceased at 4:06 a.m.