



## **U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: BATEN-Oxlaj, Santiago**

### General Demographic/Background Information

- **Date of Birth:** July 13, 1985
- **Date of Death:** May 24, 2020
- **Age:** 34
- **Gender:** Male
- **Country of Citizenship:** Guatemala
- **Marital Status:** Married
- **Children:** Three (3)

### Immigration History

- In 2005, Mr. BATEN entered the United States (U.S.) without inspection via the Arizona-Mexico border.
- On March 2, 2020, ICE Enforcement and Removal Operations (ERO) Atlanta arrested Mr. BATEN at the Marietta Municipal Probation Office in Marietta, Georgia (GA), pursuant to his driving under the influence (DUI) conviction. ERO Atlanta served Mr. BATEN with a Notice to Appear (Form I-862), charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the U.S. without admission or parole by an immigration officer.
- On March 5, 2020, ERO transferred Mr. BATEN from the Irwin County Detention Center (ICDC) in Ocilla, GA, and housed him at the Stewart Detention Center (SDC).
- On March 18, 2020, an immigration judge (IJ) denied Mr. BATEN's request for release on an immigration bond.
- On March 26, 2020, an IJ granted Mr. BATEN voluntary departure under safeguards to Guatemala on or before April 27, 2020.

### Criminal History

- On June 18, 2019, the Kennesaw Municipal Court convicted Mr. BATEN of driving without a valid license and sentenced him to 48 hours of confinement.
- On February 19, 2020, the Marietta Municipal Court convicted Mr. BATEN of DUI and sentenced him to one (1) day of confinement and 11 months and 28 days of probation.

### Medical History

#### *SDC Medical Records*

- **On March 5, 2020**, a registered nurse (RN) completed Mr. BATEN's intake medical screening. Mr. BATEN's ICDC transfer summary outlined Mr. BATEN's history of diabetes mellitus - Type II and taking metformin and regular insulin (sliding scale) to treat his diabetes. The RN documented Mr. BATEN's blood sugar level of 341 mg/dL (normal range: 80 - 130 mg/dL), gave Mr. BATEN his evening medication, and cleared him for general population. The RN scheduled him for a follow-up appointment with an advanced practice provider (APP).
- **On March 6, 2020**, an APP completed Mr. BATEN's health exam. Mr. BATEN reported a history of diabetes mellitus - Type II and taking metformin. He denied any medical concerns, past surgeries, or hospitalizations. The APP documented normal examination findings, ordered



- baseline laboratory studies, cleared Mr. BATEN for regular housing placement, and ordered a chronic care follow-up appointment.
- **On April 8, 2020**, an APP completed Mr. BATEN's chronic care evaluation, documented his history and poor control of diabetes (since 2016), new hyperlipidemia (an abnormally high concentration of fats or lipids in the blood) diagnosis, normal vital signs (VS), and an elevated hemoglobin A1C level of 10.2% (normal range: 4 - 5.6%). The APP continued Mr. BATEN's gemfibrozil (lipid-lowering medication), metformin HCL, regular insulin (sliding scale), and increased his Lantus Insulin to 31 units, daily.
  - **Between April 13-15, 2020**, SDC housed Mr. BATEN in the medical observation unit (MOU) for fever and flu-like symptoms. The medical staff evaluated and monitored Mr. BATEN daily, documented his initial symptom of fever, with subsequent headaches, dry cough, and sore throat. Mr. BATEN did not present in any acute distress and his VS remained relatively normal, except for elevated temperature readings. Mr. BATEN received intravenous fluid resuscitation, fever reducing medication, and an antibiotic. The medical doctor (MD) documented Mr. BATEN's cohort status, due to exposure to a person with possible COVID-19. Mr. BATEN remained cohorted from April 13-17, 2020.
  - **On April 16, 2020**, an RN evaluated Mr. BATEN and documented his reports of continued headache, sore throat, and dry cough, calm and cooperative state, and even and non-labored breathing pattern. His VS were: blood pressure (BP) – 100/60 (normal: 115-120/75-80 mmHg), pulse (P) – 96 (normal 60-100 beats per minute), respiratory rate (RR) – 18 (normal 12-20 breaths per minute), temperature (T) – 100.9 (normal 97.6-99.6 degrees in Fahrenheit (F), and oxygen saturation (SpO<sub>2</sub>) level – 93% (normal 96-100%), on room air.
    - At approximately 5:36 p.m., an RN evaluated Mr. BATEN and documented his inability to breath and decreased oxygen saturation of 88%. The RN initiated supplemental oxygen and contacted the on-call APP, who gave a verbal order to contact emergency medical services (EMS) for transport to the local emergency department (ED). SDC's MD called the RN and requested a repeat check of Mr. BATEN's oxygen saturation, with use of another monitor. Mr. BATEN's oxygen saturation increased to 91 - 92%, on room air. The MD gave a verbal order to cancel Mr. BATEN's transfer to the ED, continued monitoring of Mr. BATEN's oxygen saturation levels, continued supplemental oxygen, via nasal canula, and to contact EMS if Mr. BATEN's symptoms worsened.
    - At approximately 11:30 p.m., during an RN evaluation, Mr. BATEN became restless, experienced shortness of breath, while on supplemental oxygen, which impaired his ability to verbally communicate without pausing to catch his breath. Mr. BATEN remained in SDC's MOU with continued monitoring.
  - **On April 17, 2020**, an RN documented Mr. BATEN's oxygen desaturation in the mid 80's with ambulation and tachypnea (rapid breathing).
    - During an MD evaluation, Mr. BATEN's SpO<sub>2</sub> level continued low at 91%, despite supplemental oxygen via nasal cannula. Mr. BATEN's VS were BP - 102/63, P – 102, RR – 22, and T – 101.4. As a result, the MD ordered Mr. BATEN's transfer to Piedmont Columbus Regional Hospital (PCRH) ED in Columbus, GA, via EMS, and he was admitted.
  - **Between April 18 - May 23, 2020**, a PCRH provider diagnosed Mr. BATEN with COVID-19. Mr. BATEN remained in a hospital cohort unit until his symptoms worsened, requiring his



transfer to the intensive care unit. Mr. BATEN required intubation, pressure control ventilation, and became critically ill.

**Synopsis of Death**

- **On May 24, 2020**, at approximately 4:45 a.m., Mr. BATEN went into cardiopulmonary arrest and the PCRH medical staff initiated advance life support.
  - At 5:03 a.m., PCRH pronounced Mr. BATEN deceased. The preliminary cause of death was complications related to COVID-19.