SYNOPSIS

Forty-four year-old ICE detainee Jose Javier HERNANDEZ-Valencia, a citizen and national of the Republic of Mexico, died on April 12, 2014, at Ben Taub Hospital, Houston, Texas. The Harris County Institute of Forensic Sciences determined HERNANDEZ-Valencia's cause of death to be complications of disseminated pulmonary tuberculosis. The manner of death was natural.

DETAILS OF REVIEW

HERNANDEZ-Valencia was in ICE custody at the Houston Contract Detention Facility (HCDF) at the time of his death. HCDF opened in April 1984, and is owned and operated by Corrections Corporation of America (CCA). HCDF houses ICE detainees of all classification levels for periods exceeding 72 hours. ICE Health Service Corps (IHSC) provides medical care at HCDF. IHSC contracts with InGenesis Aurora (InGenesis) to supplement their medical staffing at HCDF. HCDF was required to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 at the time of HERNANDEZ-Valencia's death.

From May 20 to 22, 2014, Inspections and Compliance Specialist Supervisory Inspections and Compliance Specialist and Inspections and Compliance all assigned to the ICE Office of Professional Responsibility (OPR), Specialist Office of Detention Oversight (ODO), visited HCDF to examine the circumstances of a subject matter HERNANDEZ-Valencia's death. Registered Nurse (RN) expert (SME) in correctional health care, assisted ODO with the death review. SME is employed by Creative Corrections, a national management and consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards of health care. ODO interviewed individuals employed by CCA at HCDF, as well as employees of IHSC, InGenesis, and the ICE Office of Enforcement and Removal Operations (ERO). ODO also reviewed immigration, medical, and detention records pertaining to HERNANDEZ-Valencia.

During this review, ODO staff took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee, and documented those deficiencies herein for information purposes only. Their inclusion in the report should not be construed in any way as meaning the deficiency contributed to the death of the detainee.

ODO determined the following timeline of events, from the time of HERNANDEZ-Valencia's release from the Texas Department of Criminal Justice (TDCJ) to his arrival at HCDF.

On February 13, 2014, Immigration Enforcement Agent (IEA) encountered HERNANDEZ-Valencia at the TDCJ,¹ where he was serving five years and six months² for indecency with a child by contact. IEA served HERNANDEZ-Valencia with notice that his prior order of removal, dated December 16, 1998, would be reinstated upon completion of his sentence.³

On February 21, 2014, reinstatement of HERNANDEZ-Valencia's prior order of removal was approved, and HERNANDEZ-Valencia was released from the TDCJ and turned over to ICE custody. At 6:59 p.m., HERNENDEZ-Valencia was booked and processed into HCDF to await his removal⁴

At 7:09 p.m., IHSC Lieutenant RN, conducted an initial medical prescreening of HERNANDEZ-Valencia.⁵ During the screening process, HERNANDEZ-Valencia was asked about his current illness and health status. HERNANDEZ-Valencia stated he was taking medication for both diabetes and hypertension. A medical consent form was signed and dated and a chest X-ray to screen for tuberculosis (TB) was performed by IHSC Lieutenant Commander RN.⁶

Lieutenant completed HERNANDEZ-Valencia's intake medical screening which consisted of medical, dental and mental health screenings.⁷ Documentation in the medical record indicates a Texas Uniform Health Status Update Form accompanied the detainee from TDCJ. The form documented that he spoke English, was diabetic and hypertensive; and, that he tested negative for TB by way of purified protein derivative (PPD) skin test on February 22, 2013.⁸ Lieutenant took the detainee's vital signs and the results were within normal limits. HERNANDEZ-Valencia's weight was recorded as 91 pounds and his height as five feet and nine inches. Lieutenant documented HERNANDEZ-Valencia's blood sugar as 340 mg/dl,⁹ which Creative Corrections advises is considered high.¹⁰ During his intake medical screening, HERNANDEZ-Valencia told Lieutenant he had not had any diabetic medication for three days. Lieutenant offered the detainee insulin to lower his blood glucose level, but HERNANDEZ-Valencia refused it, stating he preferred to take Metformin, a

¹ I-213 signed by IEA

² Release document from TDCJ, February 21, 2014.

³ Form I-871, Notice of Intent/Decision to Reinstate Prior Order, dated February 13, 2014; approved and signed on February 21, 2014.

⁴ Booking form.

⁵ Medical prescreen form.

⁶ Medical consent form.

⁷ Exhibit 1: Intake Medical Screening.

⁸ Texas Uniform Health Status Update form, February 20, 2014.

 ⁹ Medical progress report by Lieutenant February 21, 2014.
¹⁰ Exhibit 2, page 4: Creative Corrections Medical Compliance Analysis.

drug used to treat type 2 diabetes.¹¹ HERNANDEZ-Valencia answered no to all the TB screening questions; however, his chest X-ray came back positive but inconclusive as to whether he had TB.¹² Documentation on the X-ray indicated that HERNANDEZ-Valencia should undergo further screening for TB.¹³ Lieutenant gave HERNANDEZ-Valencia a face mask and informed the detainee he would be placed in respiratory isolation in a negative pressure room until TB was ruled out as a diagnosis. The detainee was moved to a negative pressure room in the medical housing unit,¹⁴ and scheduled for a complex history and physical examination with the nurse practitioner the following morning. At no time did HERNANDEZ-Valencia make contact with any other detainee while at HCDF.

On February 22, 2014, at 10:53 a.m., IHSC Lieutenant Commander Nurse Practitioner (NP), conducted HERNANDEZ-Valencia's history and physical examination.¹⁵ Documentation by Lieutenant Commander described HERNANDEZ-Valencia as a pleasant male in no apparent distress, who was well-developed and well-nourished.¹⁶ The detainee reported a history of diabetes, hypertension, and hyperlipidemia, and answered no to all other medical, dental, and mental health questions. Lieutenant Commander ordered a 1,800 calorie diabetic diet, a lower bunk, and the following medications: Aspirin every day, Metformin twice a day (for diabetes), Pravastatin Sodium every day (to lower cholesterol and fats in the blood), and two types of insulin twice a day. Lieutenant Commander ordered three sputum samples (mucus coughed up from the lower airways) be tested for acid fast bacteria (the bacteria identified with TB), as well as monitoring of the detainee's blood glucose and blood pressure twice per day, and an electrocardiograph (ECG) which measures electrical activity of the heart.¹⁷ She also ordered laboratory tests to be done on March 8, 2014.¹⁸ The

¹¹ Medical progress report by Lieutenant February 21, 2014. ODO notes that throughout his detention at HCDF, HERNANDEZ-Valencia sporadically refused his insulin. In Exhibit 2, Creative Corrections provides a detailed timeline of HERNANDEZ-Valencia's medical care throughout his detention at HCDF, including administrations of medications. Creative Corrections notes on page 4 that unless otherwise indicated in the timeline, HERNANDEZ-Valencia was given all medications as ordered throughout his detention, including insulin. ¹² Although HERNANDEZ-Valencia's chest X-ray came back positive, showing nodules on his lungs, the

radiologist who reviewed the X-ray determined the nodules could not be definitively diagnosed as TB.

¹³ Chest X-Ray signed by Radiologist, February 22, 2014.

¹⁴ Housing history report.

¹⁵ Exhibit 3: Physical examination.

¹⁶ ODO notes the apparent contradiction between HERNANDEZ-Valencia's documented weight and height, and Lieutenant Commander observation that he appeared well developed and well nourished. Additionally, it is unknown whether Dr. and this contradiction after his own observation, two days later, that HERNANDEZ-Valencia was ill-appearing and malnourished (discussed on page four of this report) and discussed it with Lieutenant Commander Although Dr. signed off on Lieutenant Commander physical examination of HERNANDEZ-Valencia, his signature only signifies that the physical examination was reviewed, not that he concurred with all findings. See also, Exhibit 2, page 5.

¹⁷ Medical progress report by Lieutenant Commander February 22, 2014.

¹⁸ Lab Corp test form.

detainee was to remain housed in a negative pressure room until TB was either confirmed or ruled out.¹⁹

During the afternoon of February 22, 2014, IHSC Lieutenant Commander **Commander** RN, took HERNANDEZ-Valencia's vital signs during nursing rounds and documented that all were within normal limits. Lieutenant Commander **Commander** explained to HERNANDEZ-Valencia why he was being tested for TB, and the detainee verbalized understanding of the TB treatment process. HERNANDEZ-Valencia provided the first of three sputum samples to test for acid fast bacteria.²⁰

At 9:00 p.m., InGenesis RN **Constant and the conducted** her nursing rounds and took HERNANDEZ-Valencia's vital signs. She documented that his temperature was elevated and that she gave him Tylenol; all other vital signs were within normal limits.²¹

RN **Constant** documented that during rounds conducted in the early morning hours of February 23, 2014, HERNANDEZ-Valencia provided the second and third sputum samples for acid fast bacteria testing,²² and recorded his temperature as 97.8. RN **Constant** - **Constant** documented HERNANDEZ-Valencia had no complaints and denied having night sweats, chills, a decreased appetite, or coughing up blood which are all signs and/or symptoms of TB.²³ All three sputum samples were sent to LabCorp for testing.²⁴

HERNANDEZ-Valencia was evaluated throughout the day and remained stable. His medical record documents that his temperature elevated during the late afternoon and evening, and that he was treated with Ibuprofen and Tylenol. HERNANDEZ-Valencia remained housed in the negative pressure room.²⁵

On February 24, 2014, at 2:37 a.m., Lieutenant Commander placed an order for InGenesis Licensed Vocational Nurse (LVN) for the todraw HERNANDEZ-Valencia's blood for several lab tests. HERNANDEZ-Valencia's vital signs were also taken and were within normal limits, but his weight had decreased by two pounds since three days prior.²⁶

At 9:49 a.m., IHSC Captain Valencia for suspected TB.²⁷ Dr. Medical Doctor (MD), examined HERNANDEZdocumented HERNANDEZ-Valencia appeared ill

¹⁹ Exhibit 2, page 4.

²⁰ Medical progress report by Lieutenant Commander February 22, 2014.

²¹ Medical progress report by RN February 22, 2014.

²² Sputum sample history.

²³ Medical progress report by Lieutenant Commander February 23, 2014.

²⁴ Lab Corp request form, February 23, 2014.

²⁵ Medical progress report by Lieutenant Commander February 23, 2014.

²⁶ Medical progress report by Lieutenant Commander February 24, 2014.

²⁷ Medical progress report by Dr. February 24, 2014.

and malnourished. Although the sputum sample results were not back yet, Dr. wrote an order to begin RIPE TB treatment protocol²⁸ based on HERNANDEZ-Valencia's abnormal chest X-ray, his significant weight loss, and a moderate degree of malnutrition, which are all possible signs and symptoms of TB.²⁹ Dr. also reviewed and signed Hernandez-Valencia's history and physical examination.³⁰

At 11:38 a.m., InGenesis RN Tran conducted an ECG on HERNANDEZ-Valencia and appeared to be normal.³¹ The RIPE treatment protocol which was reviewed by Dr. was initiated and the medications were administered by LVN

On February 25, 2014, a PPD was injected in HERNANDEZ-Valencia's right forearm by LVN .³³ During his interview, Dr. stated that injecting a PPD was standard procedure, especially since HERNANDEZ-Valencia's chest X-ray was abnormal but inconclusive for TB.³⁴

evaluated HERNENDEZ-Valencia's vital signs and laboratory At 9:22 a.m., Dr. results which disclosed numerous abnormalities.³⁵ The abnormal test results indicated some type of infectious process as well as an electrolyte imbalance. Based on the abnormal lab results and the abnormal chest X-ray, Dr. decided to transfer HERNANDEZ-Valencia to the local hospital for further evaluation.³⁶

At 11:30 a.m., HERNANDEZ-Valencia was transferred to Lyndon B. Johnson (LBJ) General Hospital in Houston, Texas, by facility van. Detention Officers (DOs) and

escorted HERNANDEZ-Valencia to the hospital. The detainee wore a face mask while leaving the facility and during transit to limit the possibility of infecting other detainees or staff members.³⁷

On February 28, 2014, Dr. received test results from LBJ Hospital indicating serious abnormalities of HERNANDEZ-Valencia's lungs, ribs, liver, and spine.³⁸ Dr. also noted the sputum samples collected at HCDF were negative for acid fast bacteria.³⁵

²⁸ RIPE refers to TB treatment consisting of the administration of four medications: Rifampin 600 mg after each meal, Isoniazid 300 mg daily, Pyrazinamide 500 mg daily, and Ethambutol 400 mg daily.

²⁹ Exhibit 2, page 7.

³⁰ Complete physical form by Dr. February 22, 2014.

³¹ ECG report reviewed by Dr. February 24, 2014. ³² Medical progress report by LVN

February 24, 2014.

³³ Medical progress report by LVN February 25, 2014.

³⁴ ODO interview with Dr. June 26, 2014.

³⁵ Lab Corp results of test, February 25, 2014.

³⁶ Medical progress report by Dr. February 25, 2014.

³⁷ HCDF log form, February 25, 2014.

³⁸ LBJ test results, February 28, 2014. See also, Exhibit 2, page 8-9.

³⁹ Medical progress report by Dr. February 28, 2014.

Documentation by the LBJ Hospital physician indicated HERNANDEZ-Valencia's likely diagnosis was disseminated TB (*TB that has spread throughout the body*) and Pott's disease (*a form of TB located in the spinal vertebrae*).⁴⁰ During ODO's interview with Dr. **Mathematical Second Second** he stated that although hospital physicians documented a likely diagnosis of disseminated tuberculosis, there was not any confirmed positive test result for tuberculosis.⁴¹

From March 2 to 8, 2014, IHSC Lieutenant **Control** RN, along with other staff members conducted follow-ups with LBJ Hospital on HERNENDEZ-Valencia's condition. LBJ Hospital reported that he was being monitored.⁴²

On March 9, 2014, Dr. **Constitution** received additional test results from a computerized tomography (CT) scan and magnetic resonance imaging (MRI) which showed bony lesions (*anomalies in the growth or structure of a bone*) of the ribs and the cervical/thoracic/lumbar spine, including a compression fracture in the sacrum iliac (*the triangular bone at the base of the spine that forms the rear section of the pelvis*). A CT scan of the abdomen and pelvis showed significant abnormalities. Although the MRI of the brain, hepatitis panel, HIV screen, and the PPD were negative, the other test results suggested evidence of disease throughout the detainee's body.⁴³

On March 11, 2014, after being discharged from LBJ Hospital, HERNANDEZ-Valencia returned to HCDF and was re-admitted to a negative pressure room by IHSC Lieutenant Commander **1000** RN.⁴⁴ Documentation indicates the detainee said he felt fine and denied any pain as long as he wore a back and neck brace provided by the hospital. Dr. **1000** was notified of HERNANDEZ-Valencia's return, and ordered all medications discontinued until he re-evaluated the detainee in the morning.⁴⁵ The LBJ Hospital discharge summary listed diabetes, hypertension, hyperlipidemia, and disseminated cavity lung disease with metastasis (*spreading of a disease from one part of the body to another*) consistent with a tuberculin infection as HERNANDEZ-Valencia's discharge diagnoses. The hospital physician's documentation indicated the detainee had some type of lung disease that had spread throughout the body, and the suspected cause was tuberculin bacteria. There was no definitive diagnosis at

⁴⁰ Medical diagnosis report by LBJ Hospital, February 28, 2014.

⁴¹ ODO interview with Dr. June 26, 2014.

⁴² Medical Progress reports from LBJ.

⁴³ Test results from LBJ dated March 9, 2014.

⁴⁴ Housing history report.

⁴⁵ Medical progress report by Dr. March 11, 2014. ODO notes that several of HERNANDEZ-Valencia's medications were administered once per day, and were given to HERNANDEZ-Valencia prior to his discharge from the hospital. His other medications were for diabetes and pain, and protocols were in place for HCDF medical staff to obtain orders for those medications, should they be needed prior to Dr. evaluation of the detainee the following morning.

that time, as all test results for tuberculosis, including the February 25, 2014 PPD injection, were negative.46

On March 12, 2014, at 3:53 a.m., HERNANDEZ-Valencia's vital signs were taken by RN and they were normal except for an elevated temperature of 102.6, and an elevated blood glucose level of 293 mg/dl. RN called Dr. to report the elevated temperature and glucose level, and was given telephone orders to medicate the detainee with Tylenol and regular insulin.⁴⁷

Later that morning, Dr. evaluated HERNANDEZ-Valencia, took his vital signs which were within normal limits, and recorded his weight as 92.4 pounds. Dr. documented the detainee was in no acute distress and was wearing the back and neck brace issued by the hospital.⁴⁸ Dr. wrote new orders for HERNANDEZ-Valencia including taking vital signs every shift, checking blood glucose twice per day, adhering to a 2,500 calorie diabetic diet, consumption of nutritional supplements three times per day, daily weight checks, and consumption of no more than eight glasses of water per day. Dr. prepared new medication orders for HERNANDEZ-Valencia, and also ordered that the detainee receive follow-up appointments for infectious disease and neurosurgery.⁴⁹

an infection control nurse, notified the At 5:30 p.m., Lieutenant Commander Houston Health Department and the Migrant Clinician Network, also known as TB Net, of a possible case of TB at HCDF.⁵⁰ During her interview with ODO, Lieutenant Commander stated she notified the Houston Health Department, who then notified the Texas Department of Health and the CDC (Centers for Disease Control). Lieutenant Commander also telephonically notified ERO. When asked about follow up with the Texas Department of Corrections, Lieutenant Commander stated either the City of Houston or the Texas Department of Health would follow up, if needed.

On March 13, 2014, an infectious disease report from LBJ Hospital confirmed that all of HERNANDEZ-Valencia's sputum samples were negative for acid fast bacteria and indicated the sputum cultures were still pending. The report also documented that the disease in the detainee's spine should be managed with a brace instead of surgically; that a bronchoscopy (a test to view the airways and diagnose lung disease, performed via a scope passed through the mouth or nose) should be deferred due to the compression of vertebrae in the cervical spine, and the risk of central nervous system compromise; and, that HERNANDEZ-Valencia was likely experiencing

⁴⁶ Medical discharge summary sheet by LBJ.

⁴⁷ Medical progress report by RN March 12, 2014. March 12, 2014.

⁴⁸ Medical progress report by Dr.

⁴⁹ Medical progress report and order by Dr. March 12, 2014. See also, Exhibit 2, page 10.

⁵⁰ Medical progress report by Lieutenant Commander March 12, 2014.

a widely disseminated TB infection affecting the lung, bone, and kidney. The report recommended continuation of RIPE therapy.⁵¹

At 3:24 a.m., LVN documented HERNANDEZ-Valencia's weight with the back brace as 92.4 pounds. Although documentation on the medication administration record (MAR) indicates HERNANDEZ-Valencia was given insulin at 4:30 a.m., there is no documentation indicating the detainee's blood glucose level was checked. LVN also documented HERNANDEZ-Valencia's pain level as a five on a scale of zero to ten, with ten being the worst, and that she gave the detainee Tylenol.⁵² There is no documentation on the MAR that Tylenol was administered.53

At 11:16 a.m., Dr. evaluated HERNANDEZ-Valencia during his rounds and found the detainee was feeling better, enjoying his food, and was happy to be back at HCDF.⁵⁴ HERNANDEZ-Valencia remained housed in the medical housing unit negative pressure room.

Afternoon nursing rounds were made by Lieutenant Commander who documented HERNANDEZ-Valencia was wearing his neck and back braces.⁵⁵ An order was written by Dr. to take vital signs every four hours when the detainee was awake.⁵⁶

On March 14, 2014, at 2:58 a.m., morning vital signs were taken by LVN LVN recorded HERNANDEZ-Valencia's weight as 94.4 pounds, and his blood glucose as 121 mg/dl. Documentation indicates the detainee was wearing the back brace and was complaining of low back pain. Although LVN notation states Tylenol was given for pain,⁵⁷ there is no corresponding documentation on the MAR.⁵⁸

evaluated HERNANDEZ-Valencia and documented LBJ Hospital's At 6:09 a.m., Dr. diagnosis of a widely disseminated TB infection,⁵⁹ as well as test results from the hospital.⁶⁰ Based on the infectious disease consultant's recommendations, Dr. updated the treatment plan to include continuing the RIPE treatment protocol, obtaining weekly weight, and infectious disease follow-up. Dr. also documented there was no definitive diagnosis at

⁵¹ LBJ Hospital medical discharge summary recommendation. See also, Exhibit 2, page 11.

⁵² Exhibit 4: Medical progress report by LVN March 13, 2014.

⁵³ Exhibit 5: Medication Administration Record

 ⁵⁴ Medical progress report by Dr. March 13
⁵⁵ Medical progress report by Lieutenant Commander March 13, 2014.

March 13, 2014.

⁵⁶ Medical progress report and order by Dr. March 13, 2014.

⁵⁷ Exhibit 6: Medical progress report by LVN March 14, 2014.

⁵⁸ See Exhibit 5.

⁵⁹ Medical progress report by Dr. March 14, 2014.

⁶⁰ LBJ Hospital test results.

that time and that he would continue to house HERNANDEZ-Valencia in a negative pressure room.⁶¹

That evening, RN received a telephone order from Dr. changing the frequency of vital signs to every shift rather than every four hours.⁶² HERNANDEZ-Valencia did not have any complaints and no acute distress was noted during the evening rounds.

On March 15, 2014, medical housing unit rounds were made by Lieutenant Commander Medical notes document that HERNANDEZ-Valencia stated he was doing well, that he understood he had a bad TB infection and needed to wear a brace to keep his bones from breaking, and that he indicated his energy level was very low. No changes were made to his treatment plan.63

Later that afternoon, RN checked HERNANDEZ-Valencia's blood glucose level and determined it was low. He was given nutritional supplements along with his evening meal to increase his blood glucose level.⁶⁴ Insulin was offered to HERNANDEZ-Valencia which he refused.⁶⁵ After HERNANDEZ-Valencia consumed his meal and nutritional supplement, his blood glucose level returned to normal.

At 9:45 p.m., evening rounds were conducted and HERNANDEZ-Valencia's vital signs were taken by RN HERNANDEZ-Valencia complained of back pain and rated the pain level as a seven.⁶⁶

On March 16, 2014, at 04:12 a.m., RN documented HERNANDEZ-Valencia continued to complain of back pain which he rated as a level eight. He was given Tylenol which reduced his pain level to a zero. No changes were made to his treatment plan.⁶⁷

Later that day, HERNANDEZ-Valencia was offered insulin but refused to take it. RN documented the detainee's refusal, as well as his refusal to sign a refusal form. During evening rounds, HERNANDEZ-Valencia stated he was having low back pain that he rated as a level six. noted HERNANDEZ-Valencia was not wearing his back brace. RN RN

⁶¹ Medical progress report by Dr. March 14, 2014.

March 14, 2014.

 ⁶² Medical progress report by RN
⁶³ Medical progress report by Lieutenant Commander March 15, 2014.

⁶⁴ Medical progress report by RN March 15, 2014.

⁶⁵ Exhibit 2, page 13. The medical progress report by RN documented the detainee's refusal of NPH insulin on the MAR, but no refusal form was found in the March 15, 2014 medical record.

⁶⁶ Medical progress report by RN March 15, 2013. ODO notes there is no documentation indicating pain medication was offered or given. See also, Exhibit 2, page 14.

⁶⁷ Medical progress report by RN March 16, 2014.

Edwards took HERNANDEZ-Valencia's vital signs which were within normal limits, and administered Tylenol for his pain.⁶⁸

On March 17, 2014, at 09:27 a.m., Lieutenant documented that HERNANDEZ-Valencia stated he was having intermittent pain in his left hip and lower back when he moved around in bed. HERNANDEZ-Valencia also stated that he sometimes removed both his neck and back brace in order to sleep. Lieutenant documented HERNANDEZ-Valencia was wearing his neck and back braces during the encounter as well as a face mask, and that he walked around the medical unit without difficulty.⁶⁹

At 11:38 a.m., HERNANDEZ-Valencia told IHSC Commander **Physician** Physician Assistant (PA), that he was pain free while wearing the back brace, but his pain level increased when he took it off to sleep. The detainee also stated he did not know how he got TB, but that he had back pain for two years before arriving at HCDF. Commander **Wears** wrote orders to start Tramadol (*used to treat moderate to severe pain*) at bedtime as needed, and to weigh the detainee daily without the neck and back brace.⁷⁰

On March 18, 2014, RN **Constant** documented HERNANDEZ-Valencia complained of lower back pain and stated his back brace was painful when lying in bed. She also documented HERNANDEZ-Valencia weighed 94 pounds with the neck and back brace on.⁷¹ ODO notes the detainee was weighed with his braces on in spite of Commander **Commander** order that he be weighed without braces. RN **Constant** did not document a pain scale rating, but noted HERNANDEZ-Valencia seemed reluctant to communicate.⁷²

On March 19, 2014, during morning rounds by RN **Figure** HERNANDEZ-Valencia complained of lower back pain and rated the pain as a level eight. His weight was 92.8 pounds, but the record does not document whether he was weighed with or without the neck and back braces.⁷³ In response to HERNANDEZ-Valencia's reported pain level, Commander ordered an increased dosage of Tramadol.⁷⁴

On March 20, 2014, at 3:02 a.m., HERNANDEZ-Valencia reported his pain as a level seven. LVN documented HERNANDEZ-Valencia had a low grade temperature which she treated with Tylenol. She also documented his weight as 92 pounds including his neck and back

⁶⁸ Medical progress report by RN March 16, 2014.

⁶⁹ Medical progress report by Lieutenant March 17, 2014.

⁷⁰ Exhibit 7: Medical progress report and orders by Commander March 17, 2014.

 ⁷¹ Exhibit 8: Medical progress report by RN
⁷² Medical progress report by RN
⁷³ March 18, 2014.

 ⁷² Medical progress report by RN
⁷³ Medical progress report by RN

March 19, 2014.

⁷⁴ Medical progress report and orders by Commander March 19, 2014.

braces.⁷⁵ ODO notes HERNANDEZ-Valencia was again weighed with his braces on in spite of March 17, 2014 order. Commander

Commander saw HERNANDEZ-Valencia later that day and documented the detainee confirmed that taking Tramadol twice per day was helpful in controlling his pain.⁷⁶ ODO notes that HERNANDEZ-Valencia's blood glucose was not checked, and his insulin was not given until after 7:00 p.m.,⁷⁷ which contravenes the physician's orders that both be done at approximately 4:30 a.m. and 4:30 p.m. daily.⁷⁸

On March 21, 2014, during morning nursing rounds, IHSC Lieutenant RN. documented HERNANDEZ-Valencia was complaining of muscle aches and feeling weak. The detainee's temperature was taken and was normal.⁷⁹ That afternoon, HERNANDEZ-Valencia reported to Commander that he felt fine and did not have any pain.⁸⁰

During evening nursing rounds by RN HERNANDEZ-Valencia complained of low back pain and described the pain as a level six. RN gave the detainee Tylenol.⁸¹

took HERNANDEZ-Valencia's vital signs and noted he had a On March 22, 2014, LVN high temperature. LVN also observed the detainee walking around the medical housing unit unassisted but with an unsteady gait.⁸²

On March 23, 2014, at 7:07 a.m., HERNANDEZ-Valencia was seen by Lieutenant who documented the detainee's temperature as 103 and his weight as 90.8 pounds. The on-call provider was notified and an order was given to administer Ibuprofen and check HERNANDEZ-Valencia's temperature in one hour.⁸³ ODO notes the medical record does not show the detainee's temperature was checked as directed.

HERNANDEZ-Valencia was seen that afternoon by IHSC Lieutenant PA, who documented that the detainee stated he felt hot and feverish earlier in the day, but felt better after taking the Ibuprofen. Lieutenant documented HERNANDEZ-Valencia's reported pain was a level three out of ten.⁸⁴ Lieutenant also notified Dr. that the detainee's ordered an immediate complete temperature was elevated earlier in the day, and Dr.

⁷⁵ Exhibit 9: Medical progress report by LVN March 20, 2014.

⁷⁶ Medical progress report by Commander March 20, 2014.

⁷⁷ Exhibit 2, page 16-17.

⁷⁸ Exhibit 10: Medication Administration Record, March 2014. Dr. only noted this order in HERNANDEZ-Valencia's MAR.

⁷⁹ Medical progress report by Lieutenant March 21, 2014.

⁸⁰ Medical progress report by Commander March 21, 2014.

⁸¹ Medical progress report by RN March 21, 2014.

 ⁸² Medical progress report by LVN March 22, 2014.
⁸³ Exhibit 11: Medical progress report by Lieutenant ⁸² Medical progress report by LVN

March 23, 2014.

⁸⁴ Medical progress report by Lieutenant March 23, 2014.

blood count, a comprehensive metabolic panel, and a urinalysis. Lieutenant drew HERNANDEZ-Valencia's blood for the laboratory request.⁸⁵ Dr. also ordered that HERNANDEZ-Valencia's temperature be checked every four hours when awake, and that he be notified if the detainee's temperature reached 102 or above.⁸⁶ LVN documented HERNANDEZ-Valencia refused his evening dose of Tramadol for pain.⁸⁷

documented she received a call from LabCorp reporting Later that evening, RN numerous abnormal lab values on HERNANDEZ-Valencia's complete blood count and comprehensive metabolic panel drawn earlier in the day. RN documented HERNANDEZ-Valencia's temperature was 100.2 and his blood glucose was 120 mg/dl. RN PA, of the abnormal test results and notified IHSC Lieutenant instructed her to continue to monitor the detainee.⁸⁸ HERNANDEZ-Lieutenant Valencia had no complaints during the night.⁸⁹

On March 24, 2014, at 3:28 a.m., RN documented HERNANDEZ-Valencia complained of low back pain which he described as a level eight. She noted the detainee had not taken his nighttime pain medication and was refusing to eat. She also noted his temperature was 102.4, and his weight was 88.4 pounds without his neck and back braces. She documented HERNANDEZ-Valencia was not given his morning insulin because he was not eating. Dr.

was notified of the detainee's condition and telephone orders were given to monitor the detainee's temperature but to not medicate him until he was seen in the morning.⁹⁰

At 8:25 a.m., Dr. documented HERNANDEZ-Valencia's temperature as 101 and his informed the detainee he would be transferred to the LBJ pain as a level eight. Dr. Hospital that day because of the persistent fever. At 8:30 a.m., HERNANDEZ-Valencia was transported to the hospital.⁹¹ He was admitted at 9:59 a.m.⁹²

On March 25, 2014, Commander called LBJ Hospital for a status update on HERNANDEZ-Valencia. LBJ Hospital reported the detainee was housed in the Intensive Care Unit (ICU) and that additional information on the detainee's plan of care would be provided.⁹³

On March 26, 2014, Commander received another status update from a physician at LBJ Hospital who stated the detainee was in stable condition, and was housed in an isolation room on

⁸⁵ Medical progress report by Lieutenant March 23, 2014.

⁸⁶ Medical progress report and order by Dr. March 23, 2014.

⁸⁷ Exhibit 2, page 18. Though documented in the MAR, there is no refusal form in the medical record.

⁸⁸ Medical progress report by RN March 23, 2014.

⁸⁹ Medical progress report by LVN March 23, 2014.

⁹⁰ Medical progress report by RN -March 24, 2014. March 24, 2014.

⁹¹ Medical progress report by Dr.

⁹² LBJ Hospital admission record.

⁹³ Medical progress report by Commander March 25, 2014.

the medical floor. The physician reported HERNANDEZ-Valencia's medical team suspected the detainee had a TB infection, but could not confirm the diagnosis without a bronchoscopy which could not be performed due to the fragile nature of the detainee's cervical spine. The physician also reported HERNANDEZ-Valencia's blood cultures were negative, there was no obvious source of infection, and the detainee did not have an elevated temperature. The physician stated HERNANDEZ-Valencia would be discharged if they decided not to do a lung biopsy.⁹⁴

On March 27, 2014, Commander spoke to HERNANDEZ-Valencia's case manager at LBJ Hospital who indicated there was no real change in the detainee's condition.⁹⁵

On March 28, 2014, Commander documented HERNANDEZ-Valencia had not had a fever since his admission to LBJ Hospital. Additionally, although a TB diagnosis could not be confirmed, RIPE therapy was restarted, and HERNANDEZ-Valencia was kept in neck and back informed hospital staff that HCDF was trying to coordinate braces. Commander HERNANDEZ-Valencia's deportation to a Mexican hospital once he was discharged.⁹⁶

On March 29 and 30, 2014, HERNANDEZ-Valencia's condition remained unchanged and his discharge plan was still pending.⁹⁷

On April 1, 2014, at 5:55 a.m., a late medical record entry was made by Commander documenting the previous day's hospital update for HERNANDEZ-Valencia. Commander documented the detainee had developed an iliopsoas abscess (an abscess is a localized collection of pus that develops in response to an infection; an iliopsoas abscess originates in the vertebrae of the spine and extends through the muscle at the front of the hip). The abscess cultures were positive for acid fast bacteria and a drain was inserted.⁹⁸

documented HERNANDEZ-Valencia remained housed at LBJ On April 2, 2014, Dr. Hospital due to disseminated tuberculosis. Dr. also documented the detainee underwent drainage of the iliopsoas abscess on March 28, 2014, and that an MRI of his lumbar spine was ordered.99

IHSC Commander On April 4, 2014, Commander Health Services Administrator (HSA), and Dr. went to LBJ Hospital to meet with HERNANDEZ-Valencia's treatment team. The treatment team stated HERNANDEZ-Valencia had the worst case of Pott's disease they had ever seen, and confirmed the detainee required emergency

⁹⁴ Medical progress update by Commander from LBJ Hospital, March 26, 2014. ⁹⁵ Medical progress update by Commander

from LBJ Hospital, March 27, 2014.

⁹⁶ Medical correspondence between Commander and LBJ Hospital.

⁹⁷ Medical progress reports by Lieutenant March 29 and 30, 2014.

⁹⁸ Exhibit 12: Medical progress report by Commander April 1, 2014.

⁹⁹ Medical progress report by Dr. April 2, 2014.

neurosurgery on his spine. The treatment team also advised against moving or deporting HERNANDEZ-Valencia.¹⁰⁰

On April 7, 2014, Lieutenant documented HERNANDEZ-Valencia was to be transferred to Ben Taub Hospital, Houston, Texas, on Wednesday, April 9, 2014, and a neurosurgical procedure was scheduled for Thursday, April 10, 2014.¹⁰¹

On April 9, 2014, at 8:06 p.m., HERNANDEZ-Valencia was admitted to Ben Taub Hospital. He received his neurosurgical procedure the following morning.

On April 11, 2014, Commander and Dr. visited HERNANDEZ-Valencia in the ICU at Ben Taub Hospital. Commander noted the detainee was alert, and was aware of his surroundings and the procedure that had been performed. Commander documented HERNANDEZ-Valencia was expected to remain in the ICU for a few days.¹⁰²

On April 12, 2014, at approximately 12:20 a.m., hospital staff issued a "code blue" for HERNANDEZ-Valencia, indicating that he needed immediate resuscitation. According to DO who was on duty at the hospital with DO four code blues were called for HERNANDEZ-Valencia between 12:20 a.m. and 4:42 a.m.¹⁰³ DO stated that during the fourth code, HERNANDEZ-Valencia was no longer responding to any of the resuscitation at 4:42 a.m.¹⁰⁴ DO efforts, and was pronounced dead by Dr. stated he and immediately notified their supervisor, Captain who instructed them to DO remain with the detainee's body until they were relieved at 6:00 a.m.¹⁰⁵ Captain then immediately notified Assistant Warden David Price, and ICE DO of HERNANDEZ-Valencia's death.¹⁰⁶

reported to Ben Taub Hospital at 6:00 a.m., to relieve DOs DO and DO ¹⁰⁷ DO and DO were instructed by their supervisor, Captain and to remain with the body until the coroner arrived. The DOs stated that HERNANDEZ-

¹⁰⁰ Exhibit 13: Medical progress report by Dr. April 4, 2014.

¹⁰¹ Medical progress report and update from LBJ Hospital by Lieutenant April 7, 2014.

¹⁰² Exhibit 14: Medical progress report and update from LBJ Hospital by Commander April 11, 2014. on May 21, 2014.

¹⁰³ ODO interview with DO

¹⁰⁴ Exhibit 15: Certificate of Death.

¹⁰⁵ ODO interview with DO on May 21, 2014. This was also documented in incident statements prepared by and DO dated April 12, 2014. DO

¹⁰⁶ ODO interview with Captain May 21, 2014, and incident statement prepared by Captain dated April 12, 2014.

^{10[†]} ODO interview with DOs and and and on May 21, 2014. This is also reported in incident statements prepared by these DOs on April 12, 2014.

Valencia's body was moved to the morgue between 9:00 a.m. and 10:00 a.m., and after it was moved, they returned to HCDF where they prepared their incident reports.¹⁰⁸

At 11:04 a.m., the Houston ERO Field Office reported HERNANDEZ-Valencia's death to the Joint Intake Center (JIC).¹⁰⁹

On April 12, 2014, at 11:04 a.m., ERO Houston notified the Mexican Consulate of HERNANDEZ-Valencia's death via email.¹¹⁰

On April 13, 2014, Assistant Medical Examiner Alex John performed an external examination of HERNANDEZ-Valencia's body, and documented his cause of death as complications of disseminated pulmonary tuberculosis.¹¹¹

HEALTHCARE REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise in detention management including healthcare, reviewed the medical care HERNANDEZ-Valencia received while he was housed at HCDF. Creative Corrections found HCDF did not fully comply with the ICE PBNDS 2011, Medical Care. The Creative Corrections Healthcare Compliance Analysis is included as an Exhibit to this report.¹¹²

IMMIGRATION AND DETENTION HISTORY

In November of 1997, HERNANDEZ-Valencia, a citizen and national of Mexico, entered the United States at Laredo, Texas, without being inspected or paroled by an Immigration Officer.

On December 11, 1998, the 3rd District Court, Tarrant County, Texas, convicted HERNANDEZ-Valencia for indecency with a child by contact, and sentenced him to ten years of community supervision.

On December 16, 1998, the TDCJ released HERNANDEZ-Valencia into the custody of the former Immigration and Naturalization Service (INS). INS served HERNANDEZ-Valencia with a Notice of Intent to Issue a Final Administrative Removal Order, Form I-851 pursuant to Section 238(b) of the Immigration and Nationality Act (INA) as an alien who has not been admitted for permanent residence and has been convicted of an aggravated felony.

On December 17, 1998, INS removed HERNANDEZ-Valencia to Mexico.

¹⁰⁸ ODO interview with DOs and along with incident statements dated April 12, 2014.

¹⁰⁹ April 12, 2014 email from Deportation Officer **109** to Supervisory Deportation Officer **109** on April 12, 2014.

Email notification to the Mexican Consulate of HERNANDEZ death.

¹¹¹ Exhibit 16: Autopsy Report published on May 29, 2014.

¹¹² Exhibit 2, page $2\hat{2}$.

In September, 2008, HERNANDEZ-Valencia entered the United States at Hidalgo, Texas, without being inspected or paroled by an Immigration Officer.

On January 22, 2009, the 3rd District Court, Tarrant County, Texas, convicted HERNANDEZ-Valencia for indecency with a child by contact, and sentenced him to five years and six months confinement in the TDCJ.

On February 21, 2014, the TDCJ released HERNANDEZ-Valencia into ICE custody in Houston, Texas, and ERO Houston reinstated HERNANDEZ-Valencia's prior order of removal

On February 24, 2014, HERNANDEZ-Valencia was scheduled for removal to Mexico, but IHSC placed a medical hold on the detainee due to his possible TB diagnosis.

CRIMINAL HISTORY

According to the National Crime Information Center (NCIC), HERNANDEZ-Valencia was assigned an FBI number, and a Texas state identification (SID) number. On December 11, 1998, HERNANDEZ-Valencia was convicted in the 3rd District Court, Tarrant County, Texas, for indecency with a child by contact, and was sentenced to 10 years community supervision. Subsequently, on January 22, 2009, HERNANDEZ-Valencia was again convicted in 3rd District Court, Tarrant County, Texas, for indecency with a child by contact, and was sentenced to 10 years again convicted in 3rd District Court, Tarrant County, Texas, for indecency with a child by contact and was sentenced to five years and six months of confinement.

INVESTIGATIVE FINDINGS

ODO measured HCDF against the ICE 2011 PBNDS, Medical Care, which requires detainees to have access to appropriate and necessary medical, dental, and mental health care, including emergency services. ODO found that HCDF was in substantial compliance with the standard.

Upon admission to HCDF, HERNANDEZ-Valencia's known medical conditions were promptly evaluated and medications were given. When the intake chest X-ray showed possible TB, he was immediately isolated, underwent diagnostic testing, and was placed on TB medications. He was followed closely by facility providers, including the Clinical Director, and comprehensive laboratory testing was completed. HERNANDEZ-Valencia was sent to LBJ Hospital twice for evaluation and treatment, and pursuant to the recommendation of the treatment team at LBJ Hospital, he underwent a neurosurgical procedure at Ben Laub Hospital.

ODO determined HCDF did not fully comply with the ICE 2011 PBNDS, Medical Care, section (V)(G)(12), which states, "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders."

Specifically, medical documentation on March 13 and March 14, 2014, indicates the detainee was given Tylenol for pain; however, there is no documentation on the corresponding MAR for those dates of Tylenol being given. Also, physician's orders stated HERNANDEZ-Valencia's blood glucose level would be checked and insulin given before meals (at approximately 4:30 a.m. and 4:30 p.m.); however, on March 20, 2014, his blood glucose level was not checked and his insulin was not given until 7:00 p.m.

Additionally, ODO notes that provider orders were not consistently carried out by nursing staff, as follows:

- HERNANDEZ-Valencia's medical record contains no documentation indicating the detainee's blood glucose level was checked on March 13, 2014, prior to receiving insulin as ordered by the physician.
- Orders written by Commander **Constant** on March 17, 2014, specifically state HERNANDEZ-Valencia was to be weighed without the neck and back brace. Documentation on March 18 and March 20, 2014, indicates the detainee was weighed with the braces on.
- On March 23, 2014, the on-call provider was notified that HERNANDEZ-Valencia's temperature was 103 degrees and an order was given to medicate the detainee with Ibuprofen and to re-check his temperature in one hour. The medication was administered but there is no documentation indicating the temperature was re-checked within an hour.

EXHIBIT LIST

- 1. Intake Medical Screening Form
- 2. Creative Corrections Medical Compliance Analysis
- **3.** Physical Examination
- 4. Medical Progress Report by LVN March 13, 2014
- **5.** MAR, March 2014
- 6. Medical Progress Report by LVN March 14, 2014
- 7. Medical Progress Report and Orders by Commander March 17, 2014
- 8. Medical Progress Report by RN March 18, 2014
- 9. Medical Progress Report by LVN March 20, 2014
- **10.** Physician Orders by Dr. March 12, 2014
- 11. Medical Progress Report by Lieutenant March 23, 2014
- **12.** Medical Progress Report by Commander April 1, 2014
- **13.** Medical Progress Report by Dr. April 4, 2014
- **14.** Medical Progress Report and Update from LBJ Hospital by Commander April 11, 2014
- 15. Certificate of Death, April 29, 2014
- 16. Autopsy Report, published on May 29, 2014