



## U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: HILL, James Tomas

### General Demographic/Background Information

- **Date of Birth:** August 21, 1947
- **Date of Death:** August 5, 2020
- **Age:** 72
- **Gender:** Male
- **Country of Citizenship:** Canada
- **Marital Status:** Single
- **Children:** None

### Immigration History

- On July 1, 1982, the former Immigration and Naturalization Service admitted Mr. HILL to the United States (U.S.) in Buffalo, New York, as a lawful permanent resident.
- On June 14, 2017, U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) New Orleans lodged an immigration detainer (Notice of Action Form I-247A) with the Adams County Detention Center in Natchez, Mississippi.
- On March 3, 2020, ERO Washington encountered Mr. HILL at the Rivers Correctional Institute (RCI) in Winton, North Carolina, and confirmed the lodged I-247A remained valid.
- On April 15, 2020, Mr. Hill was released from RCI and taken into ERO custody.
- On May 12, 2020, an immigration judge in Arlington, Virginia (VA) ordered Mr. HILL's removal from the U.S. Mr. HILL waived his right to appeal.

### Criminal History

- On January 31, 2006, the Federal Bureau of Investigation arrested Mr. HILL and charged him with health care fraud and distributing a controlled substance in violation of 18 USC 1347 and 21 USC 841(a)(1). On March 21, 2007, Mr. HILL was found guilty on both charges and sentenced to serve 320-months in prison.

### Medical History

#### *Immigration Centers of America – Farmville (ICAF) Medical Records*

- **On April 15, 2020**, a registered nurse (RN) completed Mr. HILL's health assessment. He reported a history of significant hearing loss, use of bilateral hearing aids, tonsillectomy, left inguinal and left knee surgery, but denied any chronic conditions. The RN documented normal vital signs (VS) and a normal health assessment and cleared Mr. HILL for housing in general population. The RN did not refer Mr. HILL for a higher-level evaluation.
- **April 16 - 29, 2020**, Mr. HILL received COVID-19 symptom screening, twice daily. During the 14-day period, Mr. HILL denied having any COVID-related symptoms (i.e., fever, body aches, shortness of breath, severe headache, chills, sore throat, new frequent cough, nausea, vomiting, or diarrhea).
- **On May 2, 2020**, Mr. HILL submitted an urgent sick call request to discuss his concerns of developing COVID-19 and requested an alternate housing assignment (i.e. other than general population). A licensed practical nurse (LPN) referred Mr. HILL to a medical doctor (MD) for evaluation.



- **On May 4, 2020**, the MD evaluated Mr. HILL regarding his housing concerns and risk(s) for COVID-19 exposure. The MD documented Mr. HILL was not in acute distress, recognized his increased risk of developing COVID-19 complications if he contracted the virus, and the MD planned to speak with the operation team to identify a more conducive placement in his dorm.
- **On May 14, 2020**, Mr. HILL submitted a second sick call request to discuss his housing concerns and risk (s) for COVID-19 exposure. He requested to be housed within the medical department or released from the facility.
- **On May 19, 2020**, an MD again evaluated Mr. HILL for his concerns related to COVID-19 exposure and his continued housing assignment in general population. Mr. HILL reported he would leave “soon in days,” and no longer felt the need for an alternate housing assignment. The MD educated Mr. HILL on increased handwashing and social separation.
- **On May 26 and 31, 2020**, Mr. HILL submitted sick call requests for frontal headaches worst at night, myalgia (muscle pain), fever, persistent nasal congestion, and a dry cough.
- **On June 1, 2020**, a nurse evaluated Mr. HILL and documented no acute distress. His VS were: blood pressure (BP) – 128/70 mmHg, pulse (P) – 78 beats per minute, respiratory rate (RR) – 18 breaths per minute, and temperature (T) – 98.8 degrees Fahrenheit (F). The nurse also scheduled Mr. HILL a routine medical evaluation within seven days.
- **On June 4, 2020**, an LPN documented that Mr. HILL refused his sick call evaluation.
- **On June 18, 2020**, an LPN evaluated Mr. HILL for irritation and mild ear pain, documented normal VS, and the MD gave a verbal order to start triple antibiotic ointment for five days.
- **On July 2, 2020**, Mr. HILL submitted a sick call request for low grade fever, nasal congestion, chest tightness, wheezes, body aches, and a productive cough.
- **On July 3, 2020**, Mr. HILL’s dorm officer contacted the medical department, reported Mr. HILL’s complaints of shortness of breath, body aches, headaches, and generalized weakness. A nurse evaluated Mr. HILL and his VS were: BP – 102/68, P – 86, T – 99.1, RR – 20, and oxygen saturation (SpO2) level – 97 percent (%) on room air. The nurse noted diminished breath sounds bilaterally and fine crackles, upon auscultation with a stethoscope. The MD gave a verbal order to transfer Mr. HILL to Centra Southside Community Hospital (CSCH), for further evaluation.
- **On July 4, 2020**, CSCH diagnosed Mr. HILL with bronchospasm, shortness of breath, suspected COVID-19 viral infection, and thrombocytopenia. Mr. HILL was discharged back to ICAF with a prescription order for a steroid and inhaler to treat his bronchospasm. CSCH also requested Mr. Hill be placed into respiratory isolation until his COVID-19 test results returned.
- **July 5 - 9, 2020**, Mr. HILL’s symptoms fluctuated. He reported having multiple symptoms that included not feeling well, nosebleeds during the night, weakness, fever, shortness of breath, diarrhea, chest tightness, and he presented with an episode of unsteadiness while standing.
  - On July 7, 2020, the MD ordered Mr. HILL benzonatate (cough suppressant), and acetaminophen (pain and fever reducing) medications.
- **On July 10, 2020**, Mr. HILL reported feeling “weak” and having mild hallucinations. The MD evaluated Mr. HILL and documented his low SpO2 level (between 85 – 90%), “symptoms concerning for COVID-19,” and ordered Mr. HILL’s transfer to the hospital if his SpO2 level remained below 90%.
  - Later that day, ICAF transferred Mr. HILL to CSCH, due to his SpO2 level range of 80 – 83%.



- **On July 11, 2020**, CSCH transferred Mr. HILL to Centra Lynchburg General Hospital (CLGH) in Lynchburg, VA, for higher-level of care due to low oxygen saturation levels, positive test for COVID-19, and worsening respiratory symptoms.
- **July 12 - 29, 2020**, Mr. HILL’s symptoms worsened, and he developed a left apical pneumothorax and extensive subcutaneous emphysema, which required admission into the intensive care unit (ICU), intubation, chest tube placement, and ventilation assistance.
- **On July 29, 2020**, CLGH medical staff notified ERO Washington that Mr. HILL’s prognosis remained poor, but stable. A CLGH MD spoke to Mr. HILL’s family (niece and nephew), who authorized a “Do Not Resuscitate” order.
- **On August 1, 2020**, CLGH medical staff notified ERO Washington that Mr. HILL had multiorgan system failure, and his prognosis was very poor.

#### Synopsis of Death

- **On August 5, 2020**, at approximately 10:56 p.m., CLGH removed Mr. HILL’s ventilator support per his family’s request.
  - At approximately 11:42 p.m., a CLGH attending physician pronounced Mr. HILL deceased. The preliminary cause of death is due to COVID-19 complications.