



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: GUILLEN Vega, Jose Freddy**

General Demographic/Background Information

- **Date of Birth:** August 10, 1950
- **Date of Death:** August 10, 2020
- **Age:** 70
- **Gender:** Male
- **Country of Citizenship:** Costa Rica
- **Marital Status:** Single
- **Children:** One (1)

Immigration History

- On December 16, 1999, U.S. Customs and Border Protection admitted Mr. GUILLEN into the U.S. as a B2 non-immigrant with authorization to remain in the U.S. for a temporary period, not to exceed June 15, 2000; however, he remained beyond the date without authorization.
- On August 9, 2008, ICE Enforcement and Removal Operations (ERO) Atlanta encountered Mr. GUILLEN at the North Carolina Department of Correction in Marshall, North Carolina (NC), and served an Immigration Detainer – Notice of Action (Form I-247).
- On February 18, 2020, ERO Atlanta encountered Mr. GUILLEN at the Warren Correctional Institute (WCI) in Manson, NC, and served an Immigration Detainer – Notice of Action (Form I-247).
- On July 10, 2020, WCI released Mr. GUILLEN to ERO Atlanta at Alamance County Detention Facility in Graham, NC. ERO Atlanta served Mr. GUILLEN a Final Administrative Removal Order (Form I-851), charging removability as an alien convicted of an aggravated felony.
- On July 15, 2020, ERO Atlanta transferred Mr. GUILLEN to Stewart Detention Center (SDC) for housing.

Criminal History

- On March 15, 2001, the Lincoln County Superior Court, in Lincolnton, NC, convicted Mr. GUILLEN of statutory rape and indecent liberties with a child and sentenced him to 240 to 297 months' incarceration.

Medical History

SDC Medical Records

- **On July 15, 2020**, a registered nurse (RN) completed Mr. GUILLEN's intake screening, documented a negative coronavirus (COVID-19) symptom screening, and normal vital signs (VS) except for an elevated blood sugar level of 210 (mg/dl). The RN reviewed Mr. GUILLEN's accompanying transfer summary, which noted a history of diabetes mellitus (DM), hypertension (HTN), hyperlipidemia, chronic kidney disease, and hypothyroidism, as well as his current medications.
- **On July 16, 2020**, an advanced practice provider (APP) completed Mr. GUILLEN's physical exam, reviewed his intake screening, acknowledged his medical history, documented additional medical findings of hemosiderin staining and trace pitting edema to his lower extremities. The APP noted Mr. GUILLEN's VS as normal, except for an elevated blood pressure (BP) of 171/86 mmHg, and enrolled him into the chronic care clinic. The APP continued Mr.



GUILLEN's medications for DM, HTN, hyperlipidemia, and hypothyroidism, and ordered laboratory studies and an electrocardiogram.

- **On July 31, 2020** at approximately 1:05 p.m., an RN evaluated Mr. GUILLEN during sick call for fatigue, chills, and poor appetite. Mr. GUILLEN denied having a cough, shortness of breath, nausea, vomiting, or loss of smell. The RN observed Mr. GUILLEN as alert and oriented, and documented the following abnormal VS: BP of 150/79 mmHg, temperature (T) of 100.6 degrees Fahrenheit (°F), blood sugar level of 221 mg/dl, and low oxygen saturation (SpO₂) of 90 percent (%). The RN notified the APP and received a verbal order to transfer Mr. GUILLEN to Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA, via emergency medical services (EMS).
 - At approximately 2:23 p.m., EMS personnel arrived at SDC and transported Mr. GUILLEN to PCRH's emergency department (ED).
 - At approximately 3:46 p.m., a PCRH medical doctor (MD) evaluated Mr. GUILLEN and ordered a chest x-ray and laboratory studies, which included a COVID-19 test. The chest x-ray results showed bilateral infiltrates and he tested positive for COVID-19.
 - At approximately 7:25 p.m., an MD reassessed Mr. GUILLEN, documented his steady SpO₂ range of 95 - 96%, noted he remained hemodynamically stable while in the ED, diagnosed him with pneumonia, and ordered amoxicillin and azithromycin (antibiotics).
 - At approximately 11:12 p.m., Mr. GUILLEN returned to SDC. An RN evaluated him and documented normal VS, except for an elevated BP of 141/84 mmHg. The RN notified the MD and received a verbal order to admit Mr. GUILLEN to the medical observation unit for monitoring.
- **On August 1, 2020** at approximately 9:55 a.m., an RN evaluated Mr. GUILLEN for weakness, fatigue, decreased appetite, dizziness, nausea with one episode of vomiting, and a low SpO₂ level of 86%, on room air. He denied having shortness of breath, chest pain, palpitations, muscle pain, headache, sore throat, cough, or fever. The RN notified the MD, received a verbal order to administer supplemental oxygen at 3 liters per minute (L/m), re-evaluate Mr. GUILLEN in thirty minutes, and provide the MD an update of his condition. Mr. GUILLEN's oxygen saturation increased to 89 - 91%.
 - At approximately 10:30 a.m., the RN provided the MD with an update of Mr. GUILLEN's status and SpO₂ levels. The MD gave a verbal order to transfer Mr. GUILLEN to PCRH ED, via EMS.
 - At approximately 11:35 a.m., EMS personnel arrived at SDC and transported Mr. GUILLEN to PCRH for further evaluation.
 - At approximately 3:59 p.m., a PCRH MD evaluated and admitted Mr. GUILLEN for COVID-19 and decreased SpO₂ levels. Mr. GUILLEN presented with a low-grade fever of 99.3°F, elevated BP of 165/76 mm/Hg, low SpO₂ of 90% on 3 L/m, via nasal cannula, but no other symptoms. The MD ordered laboratory studies, a chest x-ray, supplemental oxygen, plasma transfusion, and intravenous remdesivir every 24 hours.
- **On August 2, 2020**, Mr. GUILLEN remained "stable" and received oxygen supplementation at 2 L/m via nasal cannula, plasma transfusion, and remdesivir.
- **On August 6, 2020**, the medical staff increased Mr. GUILLEN's oxygen supplementation to 40 L/m via nasal cannula with an SpO₂ of 90%, transferred him to the step-down intensive care unit (ICU), and placed him on a bi-level positive airway pressure (BiPAP) machine.
- **On August 8, 2020**, Mr. GUILLEN presented with an elevated pulse (P) of 130 - 140 beats per minute (bpm) and a respiratory rate (RR) of 32 breaths per minute (bpm). Mr. GUILLEN



received antihypertensive and antiarrhythmic medication, which temporarily decreased his P to 102 bpm. Mr. GUILLEN's chest x-ray results showed a collapsed right lung requiring placement of a right-sided chest tube.

- **On August 9, 2020**, Mr. GUILLEN's P and RR remained elevated; however, his BP decreased. The MD transferred Mr. GUILLEN to the ICU, where he required intubation and antibiotics.

Synopsis of Death

- **On August 10, 2020**, from approximately 9:44 a.m. to 5:29 p.m., Mr. GUILLEN went into cardiopulmonary arrest five times and required advanced life-saving measures, with successful resuscitation.
 - At approximately 11:27 p.m., Mr. GUILLEN went into cardiopulmonary arrest. PCRH's medical staff initiated advance life support; however, Mr. GUILLEN did not respond to the life-saving measures. The echocardiogram showed asystole (no electrical activity of the heart) and a PCRH MD pronounced Mr. GUILLEN deceased at 11:37 p.m.