



U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: MIRIMANIAN, Gourgen

General Demographic/Background Information

- **Date of Birth:** March 16, 1964
- **Date of Death:** April 10, 2018
- **Age:** 54
- **Sex:** Male
- **Country of Citizenship:** Armenia
- **Marital Status:** The deceased reported that his spouse is a lawful permanent resident of the United States who lives in Glendale, California.
- **Children:** None reported

Immigration History

- Mr. MIRIMANIAN entered the United States via the Los Angeles, CA Port of Entry (POE) on April 27, 1994 as a B2 visitor for pleasure.
- Mr. MIRIMANIAN submitted an application for adjustment of status to that of a Lawful Permanent Resident prior to his Federal criminal sentence.
- On December 12, 2017, ICE Enforcement and Removal Operations (ERO) encountered Mr. MIRIMANIAN in Bureau of Prisons (BOP) custody and lodged an immigration detainer.
- On February 6, 2018, Mr. MIRIMANIAN entered ERO custody and was housed at Bedford City Jail in Dallas, TX.
- On February 7, 2018, ERO transferred Mr. MIRIMANIAN to Prairieland Detention Center in Alvarado, TX.
- On March 6, 2018, Mr. MIRIMANIAN was issued a Final Order of Removal.
- On March 26, 2018, ICE requested travel documents from the Armenian consulate.

Criminal History

- On September 30, 2010, the Federal Bureau of Investigations (FBI) arrested Mr. MIRIMANIAN as part of a large FBI operation, "Diagnosis Dollars." He was indicted for Racketeering Conspiracy (Racketeer Influenced and Corrupt Organizations Act (RICO)).
- Mr. MIRIMANIAN was convicted on July 30, 2013, and sentenced to a term of 60 months in federal prison.

Medical History

- The BOP transfer summary, dated **January 29, 2018**, noted Mr. MIRIMANIAN had a history of essential hypertension (high blood pressure). His daily medications were aspirin 81 mg and lisinopril (anti-hypertensive) 20 mg. His last chest x-ray on August 13, 2017, was negative.
- **On February 8, 2018**, a registered nurse (RN) completed Mr. MIRIMANIAN's ICE intake screening. Based on this screening, the RN referred Mr. MIRIMANIAN for a chronic care evaluation and provided him medication (aspirin and lisinopril, an anti-hypertensive) to keep on his person in general population housing. At his chronic care evaluation, the advanced practice provider (APP) noted that Mr. MIRIMANIAN's vital signs were stable, and ordered his medications to continue. Mr. MIRIMANIAN reported a three pack-per-day history of



smoking with frequent consumption of alcohol. The APP educated Mr. MIRIMANIAN on exercise, diet, and blood pressure control, and ordered a heart healthy diet, an EKG, and laboratory work.

- **On February 14, 2018**, a physician (MD) again evaluated Mr. MIRIMANIAN for hypertension and hyperlipidemia, among other minor conditions. The doctor noted Mr. MIRIMANIAN's blood pressure had been well controlled, and added a prescription for simvastatin to treat the hyperlipidemia. The doctor further ordered additional laboratory tests, encouraged Mr. MIRIMANIAN to exercise, and scheduled a one-month follow up.
- **On March 7, 2018**, an APP evaluated Mr. MIRIMANIAN as a walk-in for what Mr. MIRIMANIAN described as "burning, squeezing chest pain that started 10 days ago, and lasts 30 to 40 seconds." Mr. MIRIMANIAN denied a history of heart disease. The APP documented no abnormal physical findings or acute distress, but noted that an EKG was minimally abnormal and referred Mr. MIRIMANIAN to cardiology.
- **On March 21, 2018**, an APP evaluated Mr. MIRIMANIAN for complaints of "runny nose, chills, fever, and cough starting yesterday." Vital signs were stable and the exam was within normal limits. The APP diagnosed Mr. MIRIMANIAN with a common cold and treated him with cold relief, cold and flu, two tablets, by mouth, twice daily for five days.
- **On March 22, 2018**, Mr. MIRIMANIAN refused his daily medications.
- **On April 6, 2018**, an APP evaluated Mr. MIRIMANIAN for a follow-up chronic care appointment for hypertension, hyperlipidemia, and atypical chest pain. The APP noted Mr. MIRIMANIAN "denies further chest pain; however, has an upcoming cardiology consult [appointment date of April 13, 2018]. His blood pressure had been normal and has tolerated his meds well." The APP continued the current regimen, encouraged diet and exercise, and scheduled a two-month follow up or as necessary.

Synopsis of Death

- **On April 10, 2018**, at approximately 7:45 a.m., medical staff responded to a code blue for Mr. MIRIMANIAN. An APP noted Mr. MIRIMANIAN was found unresponsive, not breathing, and without a pulse. PDC staff initiated cardio-pulmonary resuscitation (CPR) and notified emergency medical services (EMS). After approximately 15 minutes, EMS arrived, continued CPR, and undertook advanced cardiac life support measures and medications. EMS departed with Mr. MIRIMANIAN. At approximately 9:15 a.m., Mr. MIRIMANIAN was pronounced dead.
- The preliminary cause of death is hypertensive and atherosclerotic cardiovascular disease, and the manner of death was natural.