



U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: SANCHEZ-Perez, Luis (a.k.a. HERNANDEZ-Cabrera, Mauricio)

General Demographic/Background Information

- **Date of Birth:** September 3, 1973
- **Date of Death:** July 15, 2020
- **Age:** 46
- **Gender:** Male
- **Country of Citizenship:** Guatemala
- **Marital Status:** Married
- **Children:** One (1)

Immigration History

- On June 24, 1998, the U.S. Border Patrol encountered Mr. SANCHEZ near McAllen, Texas (TX) and issued him a Notice to Appear – Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act (INA). On July 29, 1998, U.S. Immigration and Naturalization Service (INS) removed Mr. SANCHEZ to Guatemala.
- On October 19, 2001, INS encountered Mr. SANCHEZ at Hamilton County Jail (HCJ) in Chattanooga, TN and took him into custody. On November 8, 2001, INS removed Mr. SANCHEZ to Guatemala.
- On January 25, 2020, ICE Enforcement and Removal Operations (ERO) encountered Mr. SANCHEZ at the Hamilton County Sheriff's Office (HCSO), subsequent to his arrest. ERO lodged an immigration detainer – Form I-247 to assume custody of Mr. SANCHEZ upon release from HCSO.
- On January 29, 2020, ERO served Mr. SANCHEZ with a Notice to Reinstate Prior Order – Form I-871, booked him into ICE custody, and transferred him to Etowah County Jail (ECJ).

Criminal History

- On October 10, 2001, Mr. SANCHEZ was arrested, charged with a traffic offense (NCIC Code – 5499), and held at HCJ in Chattanooga, TN.
- On January 25, 2020, Mr. SANCHEZ was arrested and charged with Driving Under Influence (NCIC Code – 5404) and driving without a license.

Medical History

ECJ Medical Records

- **On January 30, 2020**, an emergency medical technician completed Mr. SANCHEZ's intake screening. Mr. SANCHEZ denied a history of medical or mental health conditions.
- **On February 6, 2020**, ERO New Orleans transferred Mr. SANCHEZ from ECJ to LaSalle ICE Processing Center (LIPC).

LIPC Medical Records

- **On February 6, 2020**, a registered nurse (RN) completed a transient intake screening for Mr. SANCHEZ. Again, he denied a history of medical or mental health conditions.
- **On February 7, 2020**, ERO New Orleans transferred Mr. SANCHEZ from LIPC to Winn Correctional Center (WCC).



WCC Medical Records

- **On February 7, 2020**, an RN completed Mr. SANCHEZ's intake screening and physical exam. Mr. SANCHEZ reported a history of diabetes mellitus (DM) and hypertension (HTN). He stated he could not remember the names of the medications he was taking. The RN checked and documented a high blood pressure (BP) reading and blood sugar (BS) level, ordered BP and BS checks for five days, and assigned Mr. SANCHEZ's disposition as "general population with no immediate health services referral."
- **On February 8, 2020**, at approximately 7:17 p.m., Mr. SANCHEZ presented to the medical clinic for "unclear complaints." A medical staff member assessed Mr. SANCHEZ, documented his BP of 190/105 mmHg, and consulted with an advanced practice provider (APP) who ordered STAT (immediate) doses of anti-hypertensive medications. The medications failed to lower Mr. SANCHEZ's BP, and the APP ordered Mr. SANCHEZ's transfer to Winn Parish Medical Center (WPMC) in Winnfield, LA.
 - At WPMC, an emergency department (ED) medical doctor (MD) evaluated Mr. SANCHEZ for hypertensive crisis and admitted him for further work-up and observation. Imaging and laboratory results showed findings consistent with nephrotic syndrome (kidney), anasarca (edema), congestive heart failure (CHF), severe anemia, blood in his stool, and elevated BS levels. The MD ordered anti-hypertensive medications, to include a diuretic, two units of packed red blood cells (PRBC), and diabetes medication.
- **On February 9, 2020**, a nephrologist evaluated Mr. SANCHEZ for proteinuria (excess protein in the urine), elevated BP, self-reported edema (swelling) to his upper and lower extremities for the past three-to-four months, and shortness of breath when he walks too much. The nephrologist ordered a kidney ultrasound and medication to treat his CHF.
- **On February 10, 2020**, a gastroenterologist evaluated Mr. SANCHEZ for a positive stool test and low hemoglobin (Hgb) level (10.2 g/dL). Mr. SANCHEZ denied gastrointestinal (GI) symptoms. The gastroenterologist ordered an outpatient endoscopy and colonoscopy after the nephrologist's follow-up and clearance.
- **On February 11, 2020**, WPMC discharged Mr. SANCHEZ with the diagnoses of nephrotic syndrome, hyperglycemia, anemia, and CHF. At WCC, an RN assessed Mr. SANCHEZ, placed him in the medical housing unit (MHU) for close monitoring, and scheduled a next-day follow-up appointment with an APP.
- **On February 12, 2020**, an APP evaluated Mr. SANCHEZ, who denied any medical complaints. The APP noted Mr. SANCHEZ's high BP (163/93 mmHg) reading and ordered him a STAT dose of clonidine 0.1 mg, orally. The APP reviewed Mr. SANCHEZ's WPMC hospital discharge documents; submitted referrals to nephrology, cardiology, and gastroenterology; and ordered laboratory studies and medications to treat his chronic and acute conditions.
- **February 13 to 20, 2020**, Mr. SANCHEZ's BP, BS levels, and extremity edema improved, and the MD noted his condition as "stable."
- **February 21 to 25, 2020**, Mr. SANCHEZ reported feeling fine, but having difficulty sleeping due to shortness of breath. Upon examination, the APP noted Mr. SANCHEZ "appears ill" with diminished breath sounds to his lower lungs, and all extremities were edematous. The APP also noted mild abdominal distention, bilateral clubbing of his fingernails (an associated sign of cardiac and/or lung disease), decreased strength in all extremities, and an overall jaundice appearance of his skin. On February 25, the APP recommended Mr. SANCHEZ's



transfer to a higher level of care facility and discussed his condition with the MD and WCC administration.

Catahoula Correctional Center (CCC) Medical Records

- **On February 26, 2020**, an APP evaluated Mr. SANCHEZ and noted severe swelling of his hands. Mr. SANCHEZ reported the edema as “normal,” and a recent hospitalization. Mr. SANCHEZ reported his symptoms started two months ago, with associated shortness of breath, and a history of DM and HTN. The APP completed Mr. SANCHEZ’s physical examination, documented jaundice to his skin, abnormal lung sounds, 3+ generalized pitting edema, and a BS level of 577 mg/dl. The APP ordered an immediate injection of ten units of regular insulin and transferred Mr. SANCHEZ to Oschner Louisiana State University (LSU) Health – Monroe (OLSUH-Monroe) in Monroe, LA, via emergency medical services.

OLSUH-Monroe Hospital Updates

- **February 27 to 29, 2020**, OLSUH-Monroe monitored and treated Mr. SANCHEZ for fluid retention and elevated BP and BS levels.
- **March 1 to 4, 2020**, the attending MD noted Mr. SANCHEZ had an elevated temperature (T) of 101.9 degrees Fahrenheit (°F), his chest x-ray showed positive pneumonia, and the MD ordered intravenous antibiotics.
- **On March 5, 2020**, a nurse found Mr. SANCHEZ lying on the bathroom floor in cardiac arrest and the medical staff performed successful cardiopulmonary resuscitation (CPR). An MD intubated Mr. SANCHEZ, stabilized his condition, and transferred him to the intensive care unit (ICU) in critical condition. The ICU MD performed a tracheostomy, placed Mr. SANCHEZ on a ventilator, inserted bilateral chest tubes, and medically sedated him.
- **On March 6, 2020**, Mr. SANCHEZ’s chest tubes showed moderate amounts of bloody drainage with poor ventilation. The MD consulted with Oschner LSU Health – Shreveport (OLSUH-Shreveport) regarding Mr. SANCHEZ’s transfer. However, Mr. SANCHEZ was not transferred, because his alertness, orientation, and respiratory status had improved.
- **On March 7, 2020**, Mr. SANCHEZ sat up and visited with his son.
- **March 8 to 17, 2020**, Mr. SANCHEZ’s condition continued to improve. The MD removed one of his chest tubes, his chest x-ray improved, and he was able to eat a regular diet. On March 15, 2020, the MD transferred him to the “prison unit,” and the report from March 17, 2020, indicated he was “doing great.”
- **On March 18, 2020**, Mr. SANCHEZ went into cardiac and respiratory arrest. OLSUH-Monroe’s medical staff performed successful life-saving procedures, stabilized Mr. SANCHEZ, and transferred him back to ICU and placed him on a ventilator. In addition, he received a transfusion of two units of PRBCs for his anemia and Hgb level of 9.6 g/dL. The MD listed his condition as “grave,” with high risk for mortality.
- **March 19 to 31, 2020**, Mr. SANCHEZ experienced two additional episodes of cardiac arrest requiring life-saving measures, hypothermia (T- 92.3°F), pleural effusion in his right lung, reinsertion of a chest tube, and intermittent periods of respiratory distress requiring ventilatory support, with inconsistent periods of improvement.
- **On April 1, 2020**, OLSUH-Monroe transferred Mr. SANCHEZ to OLSUH-Shreveport, where he was admitted to the ICU.
- **April 2 to May 3, 2020**, Mr. SANCHEZ’s condition alternated between periods of improvement and decompensation. He continued to receive intermittent treatment for



hypothermia, anemia, and decreased respiratory function that required ventilatory support. However, on May 2, 2020, Mr. SANCHEZ was able to breathe independently, without ventilatory support, and OLSUH-Shreveport's attending MD ordered Mr. SANCHEZ's transfer back to OLSUH-Monroe.

- **May 4 to 28, 2020**, despite a few episodes of confusion and continued low Hgb levels, Mr. SANCHEZ showed improvement in his condition until he became agitated on May 27, 2020, and attempted to pull out his tracheostomy. Subsequently, the MD readmitted him to ICU.
- **On May 29, 2020**, Mr. SANCHEZ underwent an endoscopy (positive), and the MD added a medication used to treat GI problems and bleeding. During the procedure, Mr. SANCHEZ's temperature decreased to 91.0°F, requiring intervention to increase his temperature.
- **May 30 to June 8, 2020**, Mr. SANCHEZ's condition improved, and OLSUH-Monroe transferred him to the telemetry unit with possible discharge to a rehabilitation center.
- **On June 9, 2020**, Mr. SANCHEZ's cardiac monitor showed bradycardia (slow heart rate), and Mr. SANCHEZ presented with a faint pulse and respiratory difficulty, requiring subsequent transfer to the ICU and ventilatory assistance. During Mr. SANCHEZ's physical examination, the MD noted abnormal lung sounds and conducted a culture on a specimen of the white-yellowish sputum from Mr. SANCHEZ's tracheostomy tube, which showed bacteria and yeast. The MD ordered antibiotics for treatment.
- **June 10 to July 7, 2020**, Mr. SANCHEZ's condition continued to decline, with episodes of hypothermia (ranging from 92.8 to 97.6°F), low pulse rate (ranging from low 30 to low 50 beats per minute), and low Hgb levels, with subsequent cardiac arrest. The medical staff performed life-saving measures to stabilize Mr. SANCHEZ, continued medications and other interventions (blood transfusions and warming blanket) to stabilize his hypothermia, low pulse, HTN, and anemia. However, Mr. SANCHEZ became increasingly confused with periods of visual hallucinations, and eventually was only responsive to touch stimuli.
- **July 8 to 13, 2020**, the attending MD determined Mr. SANCHEZ's prognosis was poor, and requested his family's contact information to discuss a do-not-resuscitate order (DNR). Mr. SANCHEZ's condition continued to decline, with persistent hypothermia, low Hgb levels, and completely unresponsive to stimuli.
- **On July 14, 2020**, Mr. SANCHEZ developed anasarca and jaundice, his body temperature remained persistently low, his pupils were fixed, and his gag reflex was absent. The MD contacted Mr. SANCHEZ's family via video conference and discussed his prognosis. The family requested the hospital keep Mr. SANCHEZ comfortable until the following day.

Synopsis of Death

- **On July 15, 2020, at approximately 11:00 a.m.**, two MDs completed the official paperwork to remove care and ordered a "do not resuscitate" (DNR).
 - **At approximately 11:09**, the respiratory department removed Mr. SANCHEZ from the ventilator.
 - **At approximately 11:45 a.m.**, the MD pronounced Mr. SANCHEZ dead. The attending physician reported the preliminary cause of death being septic shock from pseudomonas leading to cardiopulmonary arrest.