U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: MAVINGA, Samuelino Pitchout

General Demographic/Background Information

- **Date of Birth:** June 29, 1979
- **Date of Death:** December 29, 2019
- **Age:** 40
- **Gender:** Male
- **Country of Citizenship:** France
- **Marital Status:** Single
- **Children:** N/A

Immigration History

- On November 28, 2018, Mr. MAVINGA entered the United States (U.S.) at John F. Kennedy International airport, in New York City via application for the electronic system for travel authorization visa waiver program, which expired on February 24, 2019.
- On November 11, 2019, at the Sierra Blanca U.S. Border Patrol (BP) checkpoint, Mr. MAVINGA was arrested by BP for remaining in the U.S. beyond his visa expiration date.
- On November 12, 2019, BP transferred Mr. MAVINGA into U.S. Immigration and Customs Enforcement (ICE) custody at El Paso Service Processing Center (EPC), with a subsequent transfer to Otero County Processing Center (OCPC).

Criminal History

- N/A

Medical History

- **On November 12, 2019** at 5:45 p.m., a registered nurse (RN) completed Mr. MAVINGA's medical intake screening. Mr. MAVINGA denied a history of medical or mental health conditions, taking medication, illicit drugs, or alcohol use. His vital signs were within normal limits, and he weighed 160 pounds (lbs.). His mental health screening and observations were normal, and the RN cleared Mr. MAVINGA for general population.
    - At 7:20 p.m., an RN completed Mr. MAVINGA's physical examination. Mr. MAVINGA again denied a history of medical or mental health conditions, his vital signs were within normal limits, and no significant findings were noted.
    - Two chest x-rays were completed for tuberculosis (TB) screening and comparison. Both results were negative for TB.
- **On November 13, 2019** at 10:45 a.m., the OCPC director of nursing/RN informed Mr. MAVINGA of his chest x-ray results.
    - The chest x-ray findings showed central haziness with vascular prominence and borderline cardiomegaly (enlarged heart), consistent with interstitial edema related to early congestive heart failure; grossly distended splenic flexure (abrupt turn of the colon beneath the lower end of the spleen) beneath elevated left hemidiaphragm, obstructions cannot be excluded; correlate clinically with further evaluation and follow up using computer tomography (CT). No evidence of TB. The OCPC medical doctor (MD) reviewed and signed the results.

  - Again, Mr. MAVINGA denied having a history of medical conditions or current symptoms.
  - Mr. MAVINGA refused any follow-up diagnostic testing and requested to speak to the immigration judge.
- **On November 17, 2019** at 6:00 p.m., a custody officer escorted Mr. MAVINGA to the medical clinic due to complaints received by other detainees in his dorm about Mr. MAVINGA's behavior. An RN evaluated Mr. MAVINGA, referred Mr. MAVINGA to the mental health provider (MHP), and placed him in the medical observation unit (MOU) pending a mental health evaluation.
- **On November 18, 2019** at 12:30 p.m., a licensed professional clinical counselor (LPCC) evaluated Mr. MAVINGA for his behavior. He reported, "I feel well," eating and sleeping well, and denied hallucinations or suicidal/homicidal ideations. Mr. MAVINGA reported he did not need mental health treatment. He denied having a history of mental health conditions or treatment. The LPCC completed Mr. MAVINGA's mental health exam and noted, "altered mental status exam, rule out possible psychotic disorder, need further evaluation," and ordered "mental health treatment as needed/accordingly."
- **On November 19, 2019** at 1:00 p.m., an LPCC performed Mr. MAVINGA's follow-up evaluation in the MOU and documented Mr. MAVINGA reports of feeling well and denial of symptoms of depression, anxiety, and hallucinations. The LPCC referred Mr. MAVINGA to the advanced practice provider (APP) for a medical evaluation.
  - At 5:10 p.m., during an APP evaluation, Mr. MAVINGA reported not eating for the past four weeks, but that claim was unsubstantiated, and he denied any declaration of a hunger strike. His weight was 153 lbs. and vital signs and examination were normal, except his eyes were slightly icteric (yellow). The APP ordered to continue medical observation, follow up with the MHP, and laboratory tests: complete blood count, comprehensive metabolic panel, thyroid stimulating hormone, hepatitis panel, human immune-deficiency virus, urine dipstick, and a peripheral smear.
- **On November 20, 2019, at approximately 11:45 a.m.**, an LPCC evaluated Mr. MAVINGA, who reported, "I am well" and denied symptoms of depression, anxiety, hallucinations, or suicidal/homicidal ideations. The LPCC ordered continued medical observation.
  - At 5:00 p.m., an RN evaluated Mr. MAVINGA in the MOU. The RN observed Mr. MAVINGA in the bathroom, covering himself with his mattress. The custody officer instructed Mr. MAVINGA to return the mattress to the bed frame, and he complied with that instruction. The RN documented that Mr. MAVINGA did not appear in distress, but he refused the nursing assessment and refused to sign the refusal form.
- **On November 20 through 22, 2019**, Mr. MAVINGA consistently refused to allow medical staff to monitor his vital signs, and nursing assessments. He refused to sign the refusal forms.
- **On November 23, 2019 at 12:47 p.m.**, the MD evaluated Mr. MAVINGA in the MOU for abnormal behavior. Mr. MAVINGA admitted he only consumed fruits and vegetables in his diet. Mr. MAVINGA denied any history of medical or mental health conditions and denied having suicidal/homicidal ideations. The MD assessed that Mr. MAVINGA had adjustment disorder versus anti-social disorder. The MD discharged Mr. MAVINGA to general population, documenting there were no risk of harm to self or others. The MD ordered a vegetarian/kosher diet and referred Mr. MAVINGA to the MHP as needed.

  - At 4:06 p.m. his vital signs were within normal limits, weight was 150.2 lbs., and he refused pulse and oxygen saturation monitoring. His examination was normal, except for "moments of flight of ideas."
- **On December 8, 2019, at 4:20 p.m**., a licensed vocational nurse (LVN) evaluated Mr. MAVINGA after a dorm officer informed that Mr. MAVINGA was "acting weird." The LVN documented that Mr. MAVINGA stated he will refuse all lab work, urine samples, and intravenous (IV) fluids. The LVN submitted a telephone encounter to the MD regarding Mr. MAVINGA's current status. The MD ordered placement in MOU (due to unstable vital signs), a vegetarian diet with bottled water, and instructions to notify the field medical coordinator (FMC) regarding Mr. MAVINGA's status and treatment plan pending an evaluation.
  - At 5:05 p.m., per a custody officer, Mr. MAVINGA returned an empty dinner tray; however, during security rounds, the food was found in the cell's toilet.
  - At 8:22 p.m., an MD evaluated Mr. MAVINGA for weight loss, secondary to not eating and unusual behavior. Mr. MAVINGA did not report any complaints but refused to drink anything not bottled. The MD documented Mr. MAVINGA's weight as 131.9 lbs. The MD contacted ICE for recommendations regarding Mr. MAVINGA's transfer to another facility versus nutritional supplementation, and the MD ordered Ensure (a nutritional supplement).
  - At 9:00 p.m., Mr. MAVINGA's vital signs were normal, except a pulse of 107 beats per minute (bpm).
  - Per the FMC, the MD reported Mr. MAVINGA had capacity to exercise his right to refuse medical care. The MD recommended sending Mr. MAVINGA to the local emergency department; however, Mr. MAVINGA refused. The FMC informed the MD that Mr. MAVINGA's case would be discussed during the next ICE Field Office Director's meeting.
- **On December 9, 2019,** Mr. MAVINGA continued to refuse to eat food or drink any fluids. His weight was 134.3 lbs. and vital signs were normal except a pulse range of 100-110 bpm.
- **On December 10, 2019**, Mr. MAVINGA continued to refuse to eat food or drink any fluids. His weight was 131.9 and vital signs were normal except pulse of 102 and oxygen saturation of 95%.
- **On December 11, 2019**, an RN medically cleared Mr. MAVINGA for transfer to Torrance County Detention Facility (TCDF) with a transfer summary that outlined his current medical problems of adjustment versus antisocial disorder.
- **On December 12, 2019**, at approximately 12:22 a.m., an RN completed Mr. MAVINGA's intake screening. Mr. MAVINGA denied having a history of medical and mental health problems, tobacco, drug or alcohol use. On observation, he was disheveled, experiencing difficulty breathing and his sclera appeared jaundice. His vital signs were: temperature of 99.1, pulse of 107 bpm, blood pressure 98/67, oxygen saturation of 96 %, and his weight was 130 lbs. The RN completed an urgent referral (to be evaluated within 24 hours) to an APP.
  - At 10:47 a.m., an APP completed Mr. MAVINGA's physical examination. Mr. MAVINGA reported "feeling well." He denied having a history of medical or mental health conditions, fever, chills, night sweats, or drug, alcohol, and tobacco use. His vital signs were within normal limits except: temperature - 99.1, pulse - 107, oxygen saturation - 96%. His exam findings were: appearance unkempt and emaciated, frequent non-productive cough, slow mentation with some tangential speech, rambling, difficult to understand, mucous membranes pale with yellow crusted flakes to outer nose,

prominent xiphoid process with positive skin tenting indicating dehydration, lung sounds diminished with adventitious sounds to left anterior chest, and diminished extremity reflexes (1+ where normal is 2+).
    - The APP referred Mr. MAVINGA to Presbyterian Hospital (PH) emergency department via the facility's transport van to rule out sepsis.
    - PH admitted Mr. MAVINGA as an in-patient, diagnosed with sigmoid volvulus (twisting of the large intestines, causing a large bowel obstruction) and requiring surgery: detorsion (emergency treatment to correct the twist of intestine).
- **On December 13, 2019** at 2:34 p.m., Mr. MAVINGA consented to a detorsion procedure to correct a large intestinal obstruction and was in the operating room.
- **On December 14, 2019**, Mr. MAVINGA was scheduled for a colectomy (surgical removal of all or part of the colon); his surgery was rescheduled in order to conduct bowel preparation and complete abdominal films.
- **On December 15, 2019**, Mr. MAVINGA's oxygen saturation levels decreased to mid to high 80s and he was placed on two liters of oxygen. Mr. MAVINGA refused to complete the bowel preparation for surgery and oxygen administration.
- **On December 16, 2019** at 11:45 a.m., Mr. MAVINGA's surgery (colectomy) was performed. Post operatively, his vital signs were stable and there were no surgical complications.
- **On December 17, 2019**, Mr. MAVINGA became mildly confused, removed the nasogastric tube (NGT), refused the peripherally inserted central catheter (PICC), and nursing care. The PH attending MD spoke to the TCDF MD about Mr. MAVINGA's psychiatric history, ordered a psychiatric consult and contacted PH's legal department to obtain a consent to do a colostomy (surgical operation in which a piece of the colon is diverted to an artificial opening in the abdominal wall to bypass the damaged part of the colon) "to rest his bowel."
    - At approximately 8:40 p.m., Mr. MAVINGA continued to refuse insertion of a PICC line and pulled out his NGT. The nurse noted "detainee not letting bowel rest by having NGT and receiving medicines through PICC line, so he will most likely require a colostomy." The MHP evaluated Mr. MAVINGA and explained the importance of treatment, but he continued to refuse. The PH nurse spoke to the TCDF custody officer about and requested that Mr. MAVINGA be placed in four-point restraints due to Mr. MAVINGA's continuous removal of his NGT. The officer advised the nurse that Mr. MAVINGA can only be placed in two-point restraints and an MD's order will be required to apply the four-point restraints.
- **On December 18 and 19, 2019**, Mr. MAVINGA refused all care, including the mental health evaluation and PICC line insertion. The MD documented, "patient is competent enough to refuse all care." However, the PH's Patient Care Manager reported "two of the hospital MDs feel detainee is not competent and suggested progressing for court order and use of restraints."
- **On December 20, 2019**, the MD completed the required order for use of four-point restraints. Mr. MAVINGA continued to be uncooperative and refused urinary catheter placement. The NGT and peripheral IV access remained in place. Mr. MAVINGA did ambulate in the hall for the first time.
- **On December 21, 2019**, Mr. MAVINGA was transferred to a higher level of care due to an elevated temperature and tachycardia (fast heart rate).
- **On December 22, 2019**, per the PH nurse, Mr. MAVINGA experienced pulmonary edema (abnormal swelling of tissue in the lungs because of fluid build-up) and his IV fluids were discontinued. His heart rate remained between 120-130 bpm and respirations of 20-30s breaths

per minute. A CT scan was ordered to evaluate for another bowel or biliary obstruction due to elevated bilirubin levels and the appearance of jaundice in his eyes.

- **On December 23, 2019**, Mr. MAVINGA removed his NGT which was not reinserted.
- **On December 24, 2019**, the CT scan results revealed abdominal distention and fluid filled pouches without confirmation of an obstruction. A second CT scan was ordered to further evaluate the fluid pockets due to the uncertainty if fluid is pus in the abdomen or possible fluid in the lower lungs. The FMC spoke to the MD regarding the status of obtaining proxy consent. The MD informed the FMC that PH medical and legal staff are in the process of pursuing an incompetency determination.
- **On December 25, 2019**, Mr. MAVINGA's status elevated to critical condition. He experienced respiratory distress in the early morning, requiring intubation (insertion of a tube into the lungs to keep the airway open and deliver oxygen). During the sedation for intubation, Mr. MAVINGA experienced a heart block causing bradycardia (slow heart rate) and doctors initiated cardio-pulmonary resuscitation (CPR) and administered two doses of epinephrine. Mr. MAVINGA was transferred to the intensive care unit with an elevated heart rate and respirations, and a very firm, distended abdomen. There were no plans for new surgeries.
- **On December 26 and 27, 2019**, Mr. MAVINGA remained intubated and sedated. His abdomen remained firm and distended, and a nephrology consult was ordered due to low urinary output.
- **On December 28, 2019**, dialysis (process of removing excess water, solutes and toxins from the blood) was initiated for continuous renal replacement therapy.

Synopsis of Death

- **On December 29, 2019**, Mr. MAVINGA went into cardiac arrest twice with successful resuscitations. The dialysis was discontinued. His vital signs were: temperature 99.0, pulse 100, respirations 40 (normal range 12- 18 breaths per minute), BP of 60/44, and oxygen saturation of 89%. The FMC documented, "if Mr. MAVINGA coded again, he would not be resuscitated."
    - At 12:20 p.m., Mr. MAVINGA's blood pressure became non-existent and his pulse was bradycardic. His heart rhythm became asystole and Mr. MAVINGA was pronounced dead.
- The preliminary cause of death is cardiac arrest related to septic shock.