



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: BOROR-Urla, Hugo Roberto**

GENERAL DEMOGRAPHIC/BACKGROUND INFORMATION

- **Date of Birth:** May 25, 1984
- **Date of Death:** May 22, 2024
- **Age:** 39
- **Gender:** Male
- **Country of Citizenship:** Guatemala
- **Marital Status:** N/A
- **Children:** N/A

IMMIGRATION HISTORY

On April 17, 2024, the United States Border Patrol (USBP) encountered Mr. BOROR-Urla near Taylor, MI, and served him a Notice and Order of Expedited Removal, Form I-860, charging inadmissibility pursuant to Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA), as a noncitizen without an immigrant visa.

On April 24, 2024, USBP transferred custody of Mr. BOROR-Urla to ICE Enforcement and Removal Operations (ERO) Detroit for detention at Calhoun County Correctional Center (CCCC) in Battle Creek, MI.

SYNOPSIS OF EVENTS

On April 24, 2024, a registered nurse (RN) completed Mr. BOROR-Urla's intake screening utilizing Spanish interpreter services and noted the need for an urgent mental health referral for Mr. BOROR-Urla, due to his reported hopelessness and repeated concern about detainment. The RN also noted Mr. BOROR-Urla's negative tuberculosis (TB) symptomology and screening and placed him in general population.

On April 25, 2024, an advanced practice provider (APP) evaluated Mr. BOROR-Urla for a scheduled sick call visit due to a complaint of lung pain for the past ten days. The APP documented a normal physical exam and vital signs, except a slightly elevated temperature, and ordered an electrocardiogram (EKG), ibuprofen 600 mg tablet, one tablet, orally, twice daily as needed, and blood tests.

On April 30, 2024, an RN evaluated Mr. BOROR-Urla for a laceration to his left thumb after shutting the door on his hand, and documented an APP ordered wound care and apply a clean bandage once daily for five days.

On May 3, 2024, an RN completed Mr. BOROR-Urla's health assessment and documented a negative medical and mental health history, normal physical exam findings, and vital signs.

On May 6, 2024, an RN evaluated Mr. BOROR-Urla due to an urgent call [he pressed the panic alarm from his assigned dorm (M-Pod; M6)] related to his complaint of chest pain and documented normal vital signs and a mental health referral.



On May 8, 2024, an RN evaluated Mr. BOROR-Urla for complaint of aching localized chest pain, and documented normal vital signs, except for an elevated pulse, an elevated blood pressure, and an “apprehensive” appearance. The RN provided patient education on breathing exercises and notified an APP. The APP prescribed medication to address Mr. BOROR-Urla’s medical concerns. [

- **On the same date**, Mr. BOROR-Urla was seen in the emergency department (ED) for chest pain. Following his visit to the ED, an RN evaluated Mr. BOROR-Urla, documented Mr. BOROR-Urla’s denial of any complaints a normal exam and vital signs, and scheduled a next-day APP appointment.

On May 9, 2024, an APP evaluated Mr. BOROR-Urla for a post-ED follow-up appointment. The APP documented normal lab, EKG, and physical exam findings, and a discharge diagnosis of atypical chest pain from possible anxiety or reflux. The APP noted a mental health appointment pending for anxiety and ordered medications for reflux..

On May 11, 2024, an RN evaluated Mr. BOROR-Urla for a nurse sick call for complaint of chest pain, noted his prior visit to the ED and documented panic attack, and provided instructions for relaxation techniques. Custody staff escorted Mr. BOROR-Urla outside for fresh air, which alleviated his symptoms. The RN obtained a verbal order from an APP for anti-anxiety medication and referred Mr. BOROR-Urla for a mental health evaluation.

- **On the same date**, a licensed professional counselor (LPC) completed Mr. BOROR-Urla’s mental health evaluation, documented that Mr. BOROR-Urla refused mental health services and refused to sign the refusal form, and noted “communication issues” between Mr. BOROR-Urla and the interpreter. On May 12, 2024, the LPC added an addendum to the May 11, 2024, note, stating Mr. BOROR-Urla repeatedly reported he “is losing many things” and appeared distressed over losing his facility identification card (ID). The LPC assured Mr. BOROR-Urla a new ID would be issued, and a custody officer appeared to calm Mr. BOROR-Urla after speaking to him fluently in his language. The LPC noted Mr. BOROR-Urla appeared stressed out, expressed worry about his family, wanted to go home, and continued to refuse mental health services and to sign the refusal form.

On May 12, 2024, at 2:44 a.m., CCCC medical staff received a call from Mr. BOROR-Urla’s dorm (M-Pod; M6) officer, reporting a suicide attempt after custody staff found Mr. BOROR-Urla, unconscious, with a sheet around his neck, in a sitting position on his bunk, facing the wall. Custody staff cut down the ligature, removed the ligature from around his neck, transferred Mr. BOROR-Urla from the lower bunk to the floor, and initiated cardiopulmonary resuscitation (CPR).

- **At approximately 2:44 a.m.**, an RN and LPN arrived and found Mr. BOROR-Urla pulseless, not breathing, and custody staff performing CPR.
- **At 2:45 a.m.**, custody staff called emergency medical services (EMS).
- **At 2:46 a.m.**, medical staff obtained an automated defibrillator (AED), and an RN inserted a 20-gauge intravenous (IV) catheter to Mr. BOROR-Urla’s right arm. After AED application, no shock was advised.



- **At 2:48 a.m.**, medical staff continued CPR and restarted Mr. BOROR-Urla's IV catheter in his left hand after the IV in his right arm became dislodged.
- **At 2:56 a.m.**, EMS personnel arrived at the scene and moved Mr. BOROR-Urla to the open common area of M pod, applied an automated chest compression device, performed intubation (insertion of a flexible tube into the trachea to maintain an open airway), inserted an intraosseous (direct insertion into the bone) infusion device, and implemented life-saving measures.
- **At 3:10 a.m.**, EMS personnel transferred Mr. BOROR-Urla to the stretcher and transported him to Bronson Battle Creek Hospital (BBCH) ED.
- **At approximately 3:27 a.m.**, a BBCH ED medical doctor (MD) evaluated Mr. BOROR-Urla, and documented EMS personnel achieved return of spontaneous circulation at 3:13 a.m., mild blinking of the right eye with pupils dilated, fixed bilaterally, no spontaneous movement, unresponsiveness, intubated and placed on full ventilator support with sedation. Mr. BOROR-Urla's computed tomography (CT) scan (diagnostic imaging that provides greater detail than x-rays) of the head showed early gray-white differentiation possibly early ischemic injury), and his neck CT scan showed unremarkable results.
- **On the same date**, an APP evaluated and admitted Mr. BOROR-Urla to the intensive care unit with a diagnosis of post cardiac arrest (heartbeat stopped) from attempted suicide by hanging. The APP documented a Glasgow Coma Scale (GSC), a tool used to measure levels of consciousness, scoring between 3 and 15, score of 3; a score of 15 equals fully awake and responsive and a score of 8 or less equals unconscious and unresponsive. Mr. BOROR-Urla was sedated; an APP initiated antibiotics as well as cooling protocol for post cardiac arrests (lowering the body temperature can reduce damage to the brain).

On May 13, 2024, an APP evaluated Mr. BOROR-Urla and documented an unchanged exam with a plan to discontinue sedation. An RN documented plans to meet with deputies and ICE to create a plan of care as "things were not looking favorable."

On May 14, 2024, an APP evaluated Mr. BOROR-Urla and documented restarting sedation that morning due to seizure activity, labile vital signs (blood pressure, heart rate, and body temperature fluctuations). Mr. BOROR-Urla was still unresponsive, no reflexes present with no additional changes, and talks with ICE and family pending. The APP considered organ donation, but there is no documentation of the discussion.

On May 15, 2024, an MD evaluated Mr. BOROR-Urla and documented continuation of full ventilator support with sedation, exam unchanged, and pneumothorax (full or partial collapse of the lung) almost completely resolved with a left side chest tube insertion.

Between May 17 and 21, 2024, an APP and MD evaluated Mr. BOROR-Urla, documented a diagnosis of acute hypoxic respiratory failure, unchanged exam, stable vital signs, and continuation of full ventilator support without sedation, and initiated sepsis protocol and IV antibiotics for



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klebsiella pneumonia. An MD documented Mr. BOROR-Urla's negative finding of breathing over ventilator as an indication there is no longer a need for brain death or apnea study. Prior to and after Mr. BOROR-Urla's brain and spine magnetic resonance imaging study, the case manager initiated contact with Mr. BOROR-Urla's family.

On May 22, 2024, hospital staff arranged and documented a video call between Mr. BOROR-Urla and his family, preceding their request to withdraw life support and discontinue ventilator support. An MD pronounced Mr. BOROR-Urla deceased at 9:36 p.m.