U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: AHN, Choung Woong

General Demographic/Background Information

- **Date of Birth:** June 2, 1945
- **Date of Death:** May 17, 2020
- **Age:** 74
- **Gender:** Male
- **Country of Citizenship:** South Korea
- **Marital Status:** Married
- **Children:** N/A

Immigration History

- On November 3, 1988, Mr. AHN was admitted into the United States (U.S.) in San Francisco, California (CA) as a lawful permanent resident.
- On February 21, 2020, Enforcement and Removal Operations (ERO) San Francisco took custody of Mr. AHN upon his release from Solano State Prison in Vacaville, CA. ERO San Francisco issued and served a Notice to Appear (Form I-862), charging AHN as being a removable alien under § 237 (a)(2)(A)(iii) of the Immigration and Nationality Act (convicted of an aggravated felony after admission). Mr. AHN was transferred to Mesa Verde ICE Processing Facility (MVIPF) for detention.
- On April 28, 2020, ERO conducted a case review for COVID-19 pandemic risk factors, and continued detention due to high flight risk/or risk to public safety.
- On May 13, 2020, a district court denied bail.

Criminal History

- On June 25, 2013, the Superior Court of California convicted Mr. AHN for the offense of attempted murder in violation of California Penal Code (CPC) Section 187(a) with an enhancement for using a firearm in violation of CPC Section 12022.5. The court imposed a sentence of seven years in prison for the offense of attempted murder with an additional three years for the firearms enhancement.

Medical History

MVIPF Medical Records

- **On February 22, 2020**, a licensed vocational nurse (LVN) completed Mr. AHN's medical intake screening and noted a history of hypertension (HTN), type 2 diabetes mellitus (T2DM), angina (chest pain), and hyperlipidemia (HLD). Mr. AHN denied a history of mental health conditions and suicide attempts/ideations. He also denied allergies, recent hospitalizations, and tobacco, alcohol, or drug use. The LVN's observations and Mr. AHN's vital signs (VS) were normal. The LVN continued Mr. AHN's medications, referred him to an advanced practice provider (APP), and cleared him for general population (GP).
- **On February 24, 2020**, Mr. AHN's chest x-ray result revealed unfolding and tortuosity of the thoracic aorta, 5.0 x 5.0 cm size mass-like infiltrate peripheral to right lower hilum. "Malignancy must be suspected, negative for active pulmonary tuberculosis (TB)." An APP reviewed and signed the results on February 25, 2020.

- **On February 25, 2020**, an APP completed Mr. AHN's health appraisal and initial chronic condition evaluation.
    - Mr. AHN reported a history of T2DM since 1995, HLD since 2015, angina since 2019, HTN since 2017, and latent tuberculosis infection (LTBI), since February 2020.
    - Mr. AHN denied a history of surgeries, hospitalizations, mental health disorders, suicide attempt(s)/ideation(s), TB disease, and recent use of tobacco, alcohol, or illicit drugs.
    - Mr. AHN's VS and exam were normal, but he complained of chronic low back pain. The APP diagnosed the following conditions: HTN, chronic pain, HLD, angina, and LTBI. The APP ordered acetaminophen for pain and added a gas reliever (simethicone) and aspirin to his medication list.
    - The APP ordered baseline laboratory tests and procedures, a cardiac diet, blood glucose monitoring every morning for thirty days, continue medications as noted, and scheduled a three-month follow-up visit.
- **On March 6, 2020**, the medical doctor (MD) evaluated Mr. AHN for follow-up of abnormal chest x-ray results. Mr. AHN's VS and exam were normal.
    - Mr. AHN stated, in the past, he was told his chest x-ray was abnormal, admitted to positive LTBI and tobacco use (one pack per day for thirty years), and denied TB prophylaxis, BCG vaccine (TB vaccine), or current symptoms. Mr. AHN refused LTBI treatment, was informed of the benefits of treatment and the risks in refusing treatment, signed a refusal, and requested to stop the daily blood sugar monitoring.
    - The MD diagnosed Mr. AHN with a hilar mass – patient with history of smoking and rule out malignancy, and ordered the following: chest CT scan – to be completed within two weeks, discontinue daily blood sugar monitoring, and add coccidioides titer [*result: negative*] to the previously ordered laboratory tests.
- **On March 12, 2020**, during sick call, a registered nurse (RN) evaluated Mr. AHN for complaint of a worsening non-productive cough and sore throat for three days. The RN noted history of right hilar mass and CT scan scheduled for next week. His VS and exam were normal, except diminished right upper and lower lung sounds and throat redness.
    - The RN referred Mr. AHN to the APP, and an order was obtained to transfer him to the hospital emergency department (ED). Mr. AHN was admitted to Mercy Truxtun Hospital (MTH) for cough with a history of right hilar mass, LTBI, T2DM, HTN, and HLD. His VS and examination were normal.
- **On March 13 and 14, 2020**, a pulmonologist evaluated Mr. AHN. His chest CT scan results revealed a 6.7 cm x 5.2 cm size mass-like lesion on his right lower lobe attenuating differential consideration mass versus lesion, and total collapse of right middle lobe. The pulmonologist ordered a CT-guided lung biopsy. No discharge was planned.
- **On March 17, 2020**, Mr. AHN's lung CT-guided lung biopsy [*result: negative for malignancy*] and post biopsy chest x-ray were completed [*results: no evidence for pneumothorax, re-demonstration of right middle lobe mass and volume loss, corresponds to prior CT finding*.]
- **On March 18, 2020**, an APP evaluated Mr. AHN for status post (s/p) hospital discharge, and a CT-guided right lung mass biopsy. Mr. AHN denied any complaints. His VS and exam were normal, except a slightly elevated blood pressure (BP) of 139/89 mmHg (normal 90/60 – 120/80 mmHg). The APP diagnosed Mr. AHN with right pulmonary mass s/p mass biopsy, scheduled an MD appointment in one week for biopsy results, continued current treatment plan and medications, and cleared for GP.

- **On March 26 and April 3, 2020**, an APP evaluated Mr. AHN for constant right shoulder pain for eight days and worsening bilateral ankle/pedal edema (observable swelling from accumulation of fluid to the area) for ten days, respectively. The APP treated Mr. AHN with ibuprofen for pain, ordered a right shoulder x-ray [*results: negative*], and a diuretic (furosemide) for his lower extremity edema. The APP then scheduled Mr. AHN for a follow-up on April 7, 2020.
- **On April 7, 2020**, an APP evaluated Mr. AHN for re-evaluation of bilateral pedal edema after completing a three-day regimen of furosemide. Mr. AHN denied any complaints and his edema was resolved. The APP ordered hydrochlorothiazide [(HCTZ); diuretic to treat edema] 12.5 mg, one tablet, daily, repeat laboratory tests, and scheduled a chronic care visit, when laboratory results returned.
- **On April 24, 2020**, a psychologist evaluated Mr. AHN due to a third-party referral. Mr. AHN reported a history of one suicide attempt by overdose in 2012, when he was placed in county jail and received mental health counseling for two years, while at state prison.
    - Mr. AHN also admitted to taking medications for depression and reported feeling sad, experiencing insomnia, low energy, and loss of desire for socialization. He denied suicidal/homicidal ideations and his mental status exam was essentially normal.
    - The psychologist diagnosed Mr. AHN with unspecified depressive disorder and referred him to a psychiatrist for medication assessment (advised self-referral, as needed), and scheduled a follow-up on May 15, 2020.
- **On April 30, 2020**, a psychiatrist evaluated Mr. AHN for unspecified depressive disorder and medication assessment. Mr. AHN reported a different history of suicide attempts by overdose stating there were three occurring in 2014, 2015, and 2019 respectively, but stated that no one knew about the latter two attempts. Mr. AHN reported a history of mental health treatment in 2014 or 2015, for approximately two years, and was prescribed medications for insomnia and depression. Mr. AHN admitted to self-discontinuing the medications due to feelings of over sedation.
    - Mr. AHN stated he does not think he needs medications again, because his current depression is due to his situation. The psychiatrist noted, "patient declines medications," ordered to follow-up with the psychologist for therapy, and advised Mr. AHN to inform staff in case of suicidal/homicidal ideations. Due to Mr. AHN's history of overdose, the doctor ordered that Mr. AHN receive his keep-on-person (KOP) medications on a weekly, not monthly, basis, and scheduled a follow-up in two to three weeks.
- **On May 12, 2020**, an APP evaluated Mr. AHN for acute chest pain lasting for one hour and unrelieved with nitroglycerine. The APP referred Mr. AHN to Bakersfield Memorial Hospital (BMH), and he was admitted on the same day with chest pain, T2DM, HTN, HLD, and LTBI. The attending MD ordered laboratory testing, electrocardiogram [*results: normal sinus rhythm with right bundle branch block*], echocardiogram [*results: aortic sclerosis with mild aortic regurgitation, mild concentric left ventricular hypertrophy and diastolic dysfunction*], and a cardiac stress test. Mr. AHN's COVID-19/SARS-CoV-2 results were negative, and he was stable and in no acute distress.
- **On May 13, 2020**, Mr. AHN's chest x-ray revealed slight atelectasis (collapsed lung). Mr. AHN was scheduled for a Lexi scan (stress agent given to increase blood flow to the heart in preparation for radiologic procedures), and no discharge was planned at this time.
- **On May 14, 2020**, Mr. AHN's Lexi scan was completed [*results: negative*], and his discharge was pending.

- **On May 15, 2020**, an APP evaluated Mr. AHN for post-hospitalization discharge with diagnoses of non-specific chest pain and cardiac evaluation negative for acute myocardial infarction. Mr. AHN denied current complaints and his VS were normal. The APP deferred Mr. AHN's exam due to the COVID-19 precautions, continued his previous medications, and assigned Mr. AHN to medical housing for 14-day observation/quarantine per COVID-19 guidelines.
- **On May 16, 2020**, during isolation rounds, a psychologist evaluated Mr. AHN for unspecified depressive disorder. Mr. AHN admitted to a history of three suicide attempts by overdose, as well as a history of taking antidepressants and receiving mental health treatment for two years (2014 - 2015) while incarcerated at state prison. Mr. AHN reported feeling sad, insomnia, low energy, and bored being alone in his room. Mr. AHN denied current suicidal ideations and auditory/visual hallucinations. The psychologist ordered close monitoring and weekly follow-up.
- **On May 17, 2020**, a licensed clinical social worker (LCSW) evaluated Mr. AHN and completed the Clinical Segregation Data Checklist noting that Mr. AHN was participating in recreation activities outside his cell and watching television. The LCSW noted that Mr. AHN received daily medical and mental health encounters and offered weekly "talk" therapy sessions.

Synopsis of Death

- **On May 17, 2020** at 9:07 p.m., a medical (custody) officer called for a code for a detainee [Mr. AHN] hanging from the shower in a medical observation room. A nurse entered the cell, advised the officer to call 911 and get the cut down tool. MVIPC staff removed Mr. AHN from the hanging position, checked for a pulse, and initiated cardio-pulmonary resuscitation (CPR) until emergency medical services (EMS) personnel arrived and assumed care.
    - Despite continued life saving measures, the EMS personnel efforts were unsuccessful, and the EMS personnel pronounced Mr. AHN dead at 9:52 p.m.
    - An autopsy is pending.