06-12-17;12:10PM;	;123	# 43/ 48
JERSEY CITY MEDICAL CENTER		
355 GRAND STREET, JERSEY CITY, NJ 073	302	
Patient: (b)(6); (b)(7)(C) MR#: (b)(6); (b)(7)(C		
30-35 HACKENSACK AVE ACCOU		
KEARNY NJ 07032		
Age: 46Y BD: 10/24/70 Sex: M Location: ICL	J-077-30 PAT	TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT		
Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/09/	/17 0321	
Dyspnea		
Ordering Physician (b)(6); (b)(7)(C)		
Checkin-Exam Code Summary		
2660687-0045		

(b)(6); (b)(7)(	C)			
355 GRA	٩ND	ST	REET	
FAMILY	PRA	\CT	ICE	
JERSEY	CII	Ϋ́	NJ	

07302

(b)(6); (b)(7)(C)		

115883590

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

4

06-12-17;12:10PM; ;	123	# 447 48
JERSEY CITY MEDICAL CENTER 355 GRAND STREET, JERSEY CITY, NJ 07302		
Patient: (b)(6); (b)(7)(C) MR#: (b)(6); (b)(7)(C)	77-30	new conservation and and and an example of the second second second second second second second second second s
(b)(6); (b)(7)(C) Accou		
Sex: M Location: ICU-077-3	BO PAT	TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT		
Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 08:	37	
GI bleed with pain abdomen		
Ordering Physician (b)(6); (b)(7)(C)		
Chk-in # Order Exam		
2660340 0003 1018 US ABD ABDOMEN COMPLETE 06/08/17 1706 Ord Diag: GI bleed with pain a	abdomen	
06/08/17 1706 Ord Diag: GI bleed with pain	12 domen	
EXAM: ABDOMINAL ULTRASOUND COMPLETE		
CLINICAL INDICATION: GI bleed with pain abdomen		
TECHNIQUE: Complete abdominal ultrasound.		
COMPARISON: No pertinent prior studies have been submitted f	or	
comparison.		
FINDINGS:		
Liver: No significant parenchymal abnormalities.		
Bile ducts: No significant dilation. Common bile duct not vis	ualized	
Gallbladder: Gallstone. Mild pericholecystic fluid		
Pancreas: Not visualized		
Spleen: Spleen is enlarged measuring 15.5 cm		
Right kidney: Not seen		
Left Kidney: 10 cm. No significant abnormalities. No hydror	ephrosis	3.
Aorta: Not visualized		
(b)(6); (b)(7)(C)	ן	
(b)(6); (b)(7)(C)		
355 GRAND STREET FAMILY PRACTICE		JRA
JERSEY CITY NJ 07302		

115883590

06-12-17;12:10PM;	;123	# 45/ 48
DERZEA CLIA WEDTCAT CENTER	7200	
355 GRAND STREET, JERSEY CITY, NJ 07           Patient: (b)(6), (b)(7)(C)         MR#: (b)(6), (b)(7)(C)	7-302	and the second and the second at the second
(b)(6); (b)(7)(C) Acco		
Sex: M Location: IC RADIOLOGY/IMAGING DEPARTMENT	CU-077-30 PAT	TYPE: JIA
	48	
CHECK-III NO. 2000540 Check In Dawy Plant	8/17 0837	
G <u>I bleed with</u> pain abdomen Ordering Physician <sup>(b)(6)</sup> ; (b)(7)(C)		
Ordering Physician <sup>(D)(6), (D)(1)(C)</sup>		
Checkin-Exam Code Summary 2660340-1018		
IVC: Visualized IVC has no significant abnormalities.		
Other: Ascites.		
IMPRESSION: Limited study as patient is in the ICU and	unresponsive.	
Cholelithiasis. Pericholecystic fluid.		
Ascitos		
Transcriptionist: <sup>(b)(6); (b)(7)(C)</sup> Reading Radiologis Releasing Radiolog Released Date Time: 06/08/17 1806		

(b)(6); (b)(7)(C)

355 GRAND STREET FAMILY PRACTICE JERSEY CITY NJ

07302

(b)(6); (b)(7)(C)

JRA

115883590

06-12-17;12:10PM;		;123	# 46/ 48
JERSEY CITY ME	DICAL CENTER		
Patient: (b)(6): (b)(7)(C)	MR#: (b)(6); (b)(7)(C)	)77-30	Contact of Contact and Street Street and
(b)(6); (b)(7)(C)	Acco		
	Location: ICU-07	7-30 PAT TYPE:J	ТА
Sex: M RADIOLOGY/IMAGING DEPARTMENT	Location. 100-07	, 50 1/11 1120-0.	
Check-in No. 2661133 Check-in Da Chest Pain	te/Time 06/10/17	0159	
Ordering Physician (b)(6); (b)(7)(C)			
	PORT 1 VIEW ng: Chest Pain		
EXAM: CHEST 1 VIEW			
CLINICAL INDICATION: Chest Pain Chest Pain			
TECHNIQUE: A single view of the chest	was obtained.		
COMPARISON: Comparison chest radiograph	1		
FINDINGS: The endotracheal tube terminates at the terminates over the stomach. The right the superior vena cava. Multiple suppor The lung volumes are low. There is deve congestion and retrocardiac opacity the space disease, and/or atelectasis. The	venous catheter terr et devices project ov eloping mild pulmonar at may indicate pleur	ver the chest. ry vascular ral fluid, air	
IMPRESSION: 1. The lung volumes are low. There is a congestion and retrocardiac opacity the space disease, and/or atelectasis	developing mild pulmo at may indicate pleu	onary vascular ral fluid, air	
Transcriptionist: <sup>(b)(6); (b)(7)(C)</sup> Reading Radiologis Releasing Radiolog Released Dato Time: 06/10/17 1054			
(b)(6); (b)(7)(C)	)(6); (b)(7)(C)		
355 GRAND STREET FAMILY PRACTICE JERSEY CITY NJ 07302			
	115883590		

## 06-12-17;12:10PM;

Pt Name:	(b)(6); (b)(7)(C)	MRN: (b)(6); (b)(7)(C)
Pt ID:	2017013911	Acct No;
DOB:	10/24/1970	Age/Sex: 46Y/M
Adm DTime:	06/08/2017 09:08	Atn Dr: (b)(6); (b)(7)(C) MD
Nurs Sta:	Intensivo Care Unit	Rm & Bad: ICU30
Entity Name:	Jersey City Medical Center	
Dx:		
Alrg:	No Known Drug Allergles	

## Central Line Insertion - Providor Procedure Noto

### Collected On: 06/08/2017 13:09

#### **Central Line Insertion**

Central Line Insertion Procedure

Procedure Time 6/8/2017 13:09, Informed Consent Obtained Yes, Discussed with Patient/Family Risks and Benefits, Indication Hypovolemic Shock, Skin Prep Chlorhexidine, Sterile Drape Yes, Anesthesia Type Local Local Anesthesia Details Medication Lidocaine 1% Lidocaine 1% Details Amount 3 ml; Real time US guidance was used Yes Needle entry into vessel was visualized Yes; Multiple Insertion Attempts No, Central Line Insertion CVC CVC Details Vein R Int Jugular, Type Non-tunneled, Lumens Triple, Complications None; Central Line Flush Yes Flush Type Normal Sallne; Dressing Applied Transparent, BIOPATCH®; Complications None, Post Procedure CXR Radiographic Confirmation Impression Impression Detail Read by Ordering Provider, Tip Location Superior Vena Cava, Pneumothorax No; Post Procedure Skin Assessment Dry and Intact. Procedure Status Completed,

#### **Procedure Details**

Patient Tolerated Without Complaint. Assisted by (b)(6); (b)(7)(C) PGY III (9447). Procedure Note

A time out was preformed identifying the correct procedure, the correct location with the nursing staff. The right neck was prepped with 2% chlorhexidine and draped with a full length sterile sheet in the usual fashion. 1% lidocaine was administered subcutaneously for local anesthesia. The right internal jugular veln was accessed under ultrasound guidance with an 18 gauge thin wall needle. A triple lumen was inserted via the seldinger technique. Blood was withdrawn from all lumens and flushed with normal saline. The catheter was sutured in place and a sterile dressing was applied over the site prior to removal of drapes. The patient tolerated the procedure well and there were no complications.

Electronically signed by (b)(6); (b)(7)(C) PGY | on 06/08/2017 13:14

Pt Name: (b)(6); (b)(7)(C)	MRN: (b)(6);	Soarland Provider Procedure Note
Rm/ Bpd; ICU30		ORE_N0V1_0213_EDR v3.rpt v1.00
	_	Printed By :EDR - Event Driven Routing
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Jersey City Medical Center;PRPT;Pr	ocedure Report.;1715900237(b)(6); (b)(7)(C)	:06082017 1309;
		Stevens v ICE 2020- cv- 02735
		Deportation research clinic
	httr	os://deportation-research.buffett.northwestern.edu

2020-ICLI-00042 1038

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Pt Name; Pt ID: DOB: Adm DTime: Nurs Sta: Entity Name:	(b)(6); (b)(7)(C) (b)(6); (b)(7)(C) 06/08/2017 09:08 Intensive Care Unit Jersey City Medical Center	MRN:       (b)(6); (b)(7)(C)         Acct No;         Age/Sex:       46Y/M         Atn Dr:       (b)(6); (b)(7)(C)         Rm & Bed:       ICU30	D
Dx: Alrg:	No Known Drug Allergies		

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Central Line Insertion -	Provider	Procedure	Note
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Collected On: 06/08/2017 13:09

continued from previous page

Electronically cosigned by(b)(6); (b)(7)(C) MD on 06/08/2017 21:51

and preserver restances and a complete reason of the contract and a server when

Rm/ Bed: ICU3	); (b)(7)(C) 30 mena Medical Solutions USA, Inc. All right 2017 Business Objects SA. All rights ros			Soarlan© Provider Procedure Note ORE_NOV1_0213_EDR v3.rpt v1.00 Printed By :EDR - Event Driven Routing
@siemenscopyri			6); (b)(7)(C) MD;06082017 13	Generated On:6/8/201721:51
		2020-ICLI-0	De https://deportati	ens v ICE 2020- cv- 02735 portation research clinic ion-research.buffett.northwestern.edu

From:	(b)(6); (b)(7)(C)
Sent:	<u>5 Oct 2018 19</u> :29:10 +0000
То:	(b)(6); (b)(7)(C)
Subject:	Re: ICE Detainee going to ER

You can email me a<sup>(b)(6); (b)(7)(C)</sup>

<sup>(b)(6); (b)(7)(C)</sup> came back from the ER last night at 940am. He came back with prescription eye drops (pred-forte and cyclogyl). He has a follow up appointment on 10/9/18 with ophthalmology.

I am unable to access Centricity at home so I wont be able to get needed info over the weekends until my laptop come and my ability to access records.

Thanks, (b)(6);

From(b)(6); (b)(7)(C) Sent: Friday, October 5, 2018 7:24 AM To:(b)(6); (b)(7)(C) Subject: RE: ICE Detainee going to ER

Good morning, I understand this person returned, please let me know what the findings were.

I am updating my contact list- do you access email and have a cell# for contact after hours/weekends/holidays etc.?

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc (b)(6); (b)(7)(C)

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 From: (b)(6); (b)(7)(C)

 Sent: Thursday, October 4, 2018 2:36 PM

 Tq(b)(6); (b)(7)(C)

 Subject: Re: ICE Detainee going to ER

 Please see below

 Thanks, (b)(6); (b)(7)(C)

 From(b)(6); (b)(7)(C)

 Sent: mursuay, october 4, 2018 12:25 PW

 To (b)(6); (b)(7)(C)

 Subject: RE: ICE Detainee going to ER

Thank you, I do need notifications for all send-outs, and regular updates (ER depends on what the problem is- if critical will need more frequent updates; for non-urgent issues can wait until returns from ER). If someone is hospitalized I will need daily updates. The preferred format for all notifications/updates is as follows:

Date: 10/4/18	
Facility Hospital Name: ER	Room#
Phone Number for Nursing Desk/Of	ficer#: (b)(6); (b)(7)(C)
Hospital day # 1	
Detainee Name: (b)(6); (b)(7)(C)	
Alien # or ID #:	
Date of Birth: <sup>(b)(6); (b)(7)(C)</sup>	
Country of Citizenship: Australia	
Date of Arrival: 9/14/18	
Relevant Medical History: Hx left ey	e blindness, vision disorder, PTSD,HIV
disease	
Date of Admission:	
Current Diagnosis: left eye pain	
Attending physician:	
Current Status: in ER	
Vital Signs: 118/80-70-16-97.6-99%	
Transportation: ambulance	
Discharge Plan:	
Information provided by (name and	title): ( <sup>(b)(6); (b)(7)(C)</sup> RN

## Patient still in ER

CDR(b)(6); FMC NYC

Ofc: (b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
-------	-------------------

Sent: Thursday, October 4, 2018 11:58 AM

(b)(6); (b)(7)(C)

Subject: ICE Detainee going to ER

Hi. This is (b)(6); (b)(7)(C) RN from Hudson County Correctional and Rehabilitation Center (HCCRC). There is a resident going to UMDNJ ER today for excruciating left eye pain. He was examined by  $Dr \left[ (b)(6); \atop (b)(7)(C) \right]$  nd wanted him evaluated in the ER by opthalmolgy. Just FYI. Thanks  $(b)(6); \atop (b)(7)(C)$ 

From:	(b)(6); (b)(7)(C)
Sent:	21 Nov 2019 18:39:57 +0000
То:	(b)(6); (b)(7)(C)
Subject:	Re: updates for review

Good afternoon, Per your request. Current medical chronic list total: 62 Current mental health caseload list total: 67

(b)(6); (b)(7)(C) Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave

Kearny, NJ 07032

(b)(6); (b)(7)(C)

From:(b)(6); (b)(7)(C)

Sent: Wednesday November 20, 2019 9:33 AM To: (b)(6); (b)(7)(C) Subject: [EXT] RE: updates for review

thanks

CDF(b)(6); (b)(7)(C) . RN FMC NYC

(b)(6): (b)(7)(C)

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 20, 2019 9:30 AM

**To:** (b)(6); (b)(7)(C)

Subject: Re: updates for review

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Assistant Health Services Administrator

Wellpath

Hudson County Corrections and Rehabilitation Center

35 South Hackensack Ave

Kearny, NJ 07032

(b)(6); (b)(7)(C)

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2020-ICLI-00042 1042

From: <sup>(b)(6); (b)(7)(C)</sup>			
Sent: Wednesday, November 20, 2019 8:45 AM			
<b>To:</b> (b)(6); (b)(7)(C)			
Subject: [EXT] RE: updates for review			

Thanks, do you have (b)(6); email?

CDR (b)(6); (b)(7)(C) RN FMC NYC

(b)(6); (b)(7)(C)

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From (b)(6); (b)(7)(C)	
Sent: Tuesday, November 19, 2019 4:56 PM	
<b>To</b> (b)(6); (b)(7)(C)	
Subject: Re: updates for review	

I don't have the county's information. You would need to request that from the county. I will get you the chronic care number and mental numbers tomorrow.

(b)(6); (b)(7)(C) Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032 (b)(6); (b)(7)(C)

From (b)(6); (b)(7)(C) Sent: Tuesday, November 19, 2019 1:21 PM To (b)(6); (b)(7)(C) Subject: [EXT] RE: updates for review

Can you get the total current population/bed numbers?:

Total facility capacity (all full and empty beds): (last time was 2036)

Current total population (all- ICE and county, etc.):

County population total: US Marshals/other fed total : Other county, etc total:

Current medical chronic list total: Current mental health caseload list total:

CDR(b)(6); FMC NYC

Of((b)(6); (b)(7)(C)

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From<sup>(b)(6); (b)(7)(C)</sup>

Sent: Monday, November 18, 2019 4:27 PM

To: (b)(6); (b)(7)(C)

Subject: Re: updates for review

Hi,

Please see below in yellow for changes. Regarding new medical, I am not 100% certain of the number of beds.

Please let me know if you have any questions.

(b)(6); (b)(7)(C) Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032

(b)(6); (b)(7)(C)

From <sup>(b)(6); (b)(7)(C)</sup>

Sent: Monday, November 18, 2019 1:31 PM

To:(b)(6); (b)(7)(C)

Subject: [EXT] updates for review

Can you please review/update the following information for me:

-NCCHC due for renewal in 2019- has it been done, what is the new date? Scheduled for January 6 to 8, 2020

ACA- when is current inspection due? The audit was 9/23 to 9/25, 2019. Official hearing is schedule for 1/2020.

-CLIA certificate good until 11/6/2019- new date? 2/27/2021

-Pharmacy certificate inspection 5/31/2019- new date? 3/31/2022

-Bio-Reference lab certificate 12/31/2018- new date? We use Lab Corp now. 9/15/2020

Staffing: this was the current I had for CFG when I did it:

All medical staff are Medical Contractor (wellpath) employees except 18 nursing staff who are county employed, as these staff leave or retire the positions will convert to contract.

Health Services Administrator (Nurse Supervisor/HSA)-1 RN FT Clinical Director (MD)-1 FT Physician (MD)-1 FT Changed 2-FT Regional Director Physician (MD)-1 Per Diem Nurse Practitioner (NP)- 4 FT, 1 PT, 10 Per Diem Changed to 3FT, 9 Per Diem Director of Nurses (RN)-1 FT Assistant Director of Nurses - 1 FT - Changed to Assistant HSA 1FT Registered nurse (RN)-County-15 FT, Changed to 13 FT RN Registered nurse (RN)-Non-County-1 PT, 3 vacancy, 5 Per Diem Changed 7 Ft, 14 Per Diems Licensed practical nurse (LPN)-County- changed 2 FT, 1 PT Licensed practical nurse (LPN)-Non-County-8FT, 4PT - Changed to 0PT 8 PD - Changed to 5 FT LPN, 12 Per Diems Medical Clerk - County - 2 FT Dentist-1 FT, 1PT Dental Assistant- 1FT, 1 PT Oral Surgeon - 1, 8 hours/week Psychiatrist-1 FT vacancy, 2 PT weekends/weekdays Medical Records Admin - 1FT Medical records technician (MRT)-3 FT, 2 PT. Changed to 2 FT Pharmacy Technician- 1 FT, 1 PT Changed to 1Ft, 2PT Director of Behavioral Health - 1 FT Mental Health Counselors - 3 FT, 1 PT, 4 PD Changed to 4FT MEDPAR/Billing coordinator (county staff)- 1 FT Admin Assistant - 1FT Phlebotomy M-F - .8 FTE (30 hours per week)

--Vacant positions: 1 HSA vacancy currently filled by AHSA temporary

3 FT RN vacancies supplemented by per diem nurses - 5 FT RN supplement by per diem nurses

## 1 FT LPN

1 Nurse Educator vacancy When Psychiatry is on vacation, tele-psych is used. 1FT Mental Health Counselor vacancies and 4PD weekend

-On-site services provided: ultrasound/xray/doppler services as needed M-F, optometry monthly, OB/GYN 2 days/week, oral surgeon, orthopedic 1 day/week (starting 11/20/19), infectious disease via telemed weekly, physical therapy (4 hours on Tuesdays, started 10/22/19).

Medical Housing Unit (7 infirmary beds - males), no medical/negative pressure rooms, 6 beds - males suicide prevention rooms (if we have a high number for infirmary, we will used the suicide

watch rooms if they are vacant) - in separate housing areas (female four dedicated rooms (single bed) used for both infirmary beds and suicide prevention ). 2 rubber rooms on the upper level

New Construction for Medical Housing will include:32 bed male housing, 3 negative pressure rooms, 1 "rubber room", new nursing station, 12 bed female housing, 2 dialysis chairs, 4 clear door suicide cells, 2-3 hospital beds.

(b)(6); (b) CDR <b>,</b>	(7)(C) USPE	RN				
Fiel	d Med	lical	Coord	ina	tor	
			d Offi	~ ~		
201	Vario	ck St.	. 12 <sup>th</sup>	rm	(b)(6); (b)(7)(C)	
New	York,	NY,	10014			
(b)(6); (	b)(7)(C)					

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From:	(b)(6); (b)(7)(C)
Sent:	26 Nov 2018 14:18:27 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: updates

(b)(6); (b)(7)(C) is in HCCRC infirmary on constant watch. This morning he was stable and not hurting himself.

(b)(6); (b)(7)(C) stable. Seen 11/25/18 at return from hospital.

Thanks, (b)(6);

	(b)(6); (b)(7)				
		November	26, 2018	8:50 AM	
To: (b)(	6); (b)(7)(C)				
Subje		upuates			

Good morning, can you please update me on the following detainees:

- 1. (b)(6); (b)(7)(C) current status, still on watch?
- 2. still admitted/ status? Still need his A#
- 3. Ire- status since syncope episode

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12 <sup>th</sup> rm /h//6)
New York, NY, 10014
(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	17 Apr 2019 17:28:17 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: (b)(6); weight
Good afternoon <sup>(b)(6); (b)</sup>	(7)(C) (b)(6);

I just weighed this patient using the medical scales (from doctor's offices). He weighs 282 lbs. I'm sure the hospital will also provide weights, especially post op

(b)(6); (b)(7)(C) , RN (b)(6); (b)(7)(C)

Wellpath

Hudson County Corrections & Rehabilitation Center

35 South Hackensack Ave

Kearny, NJ 07032

(b)(6); (b)(7)(C)

From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Wednesday, April 17, 2019 12:54 PM	
<b>To</b> (b)(6); (b)(7)(C)	
Cc	
Subject: [EXT] wael weight	

Good afternoon, we are planning travel including a medical person with  $Mr^{(b)(6); (b)(7)(C)}$  including flights, we need an accurate weight on him and I understand there is some problem with the scales there-can you let me know the status of obtaining an accurate weight- also if we receive all of the hospital records there should be an accurate weight from them..hopefully post surgery.

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12 <sup>th</sup> - rm <sup>(b)(6); (b)(7)(C)</sup>
New York, NY, 10014
(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	21 Mar 2018 18:11:30 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	S/P Fall
Attachments:	Ice Incident 03-21-2018.docx

Have a Fabulous D	ay,
(b)(6); (b)(7)(C)	R.N. M.S.N.
D C.N	##+1 1+ 17#+D+1 1+

**Director of Nursing** 



Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

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# **ICE DETAINEE STATUS**

(b)(6); (b)(7)(C)

Commitment#<sup>(b)(6); (b)(7)(C)</sup> SBI#<sup>(b)(6); (b)(7)(C)</sup> 6 Years Old DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Female LOC: E 3S 01 49 Inmate Type: ICE HLCN: HCCC A#: <u>Admission</u> <u>Date</u>: 02-06-2018

Current Diagnosis: Headache, New--S/P Fall

**Reason for hospital visit**: Patient is a 36 year old female. She reports that she slipped on the ladder descending from her top bunk and fell to the floor. She denies prior dizziness or loss of consciousness after the fall. Left shoulder/rt leg affected. She reported the injury to the desk officer who called medical for permission to send her to the clinic. No Code White was called. The patient walked to clinic.

Current medications: MOTRIN 200MG 3 by mouth twice daily

CORTISPORIN 3.5-10000-1 OTIC SOLUTION (NEOMYCIN-POLYMYXIN-HC) instill 2 gtts to each ear daily

## Vital Signs: Previous Height:

- Sitting BP: 120 / 80
- Temperature: 97.8
- Pulse rate: 74 Pulse rhythm: Regular
- Respirations: 18 Respiration Type: Unlabored
- Pulse Ox% 98 Room Air: Yes

<u>Hospital Name</u>: Infirmary <u>Current Status</u>: AAOx's4, <u>Discharge Plan</u>: Monitor in the Infirmary for any changes

## <u>Plan</u>:

- Medical housing.
- Neurology checks every 2 hours while awake for 24 hours. ICE packs to right knee, ankle. Elevation to right leg
- Bed Rest.
- Motrin 600mg by mouth BID. X-ray in AM

From: Sent: To: Cc: Subject: Attachments:	(b)(6); (b)(7)(C) 25 Jun 2018 16:00:07 +0000 (b)(6); (b)(7)(C) Ice Hospital Report <sup>(b)(6); (b)(7)(C)</sup> docx
b)(6); (b)(7)(C)	RN

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	Stevens v ICE 2020- cv- 02735
	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1051

## ICE Hospital Reports

Detainee Name (b)(6); (b)(7)(C) A#: :b)(6); (b)(7)(C) DOB: b)(6); (b)(7)(C) COB: DOA arrival to HCJ: 6/22/18 Relevant Medical History: Hypertension Current Meds: Lisinopril 10mg daily, Losartan Potassium 50mg daily, ASA 81mg daily Reason sent to ER: complain of chest tightness, right arm weakness x 3 days. States R shoulder pain radiates to his left head, neck and left shoulder. Reports a long standing history of HTN-untreated. HTN treatments recently started. Hospital: JCMC Admitting Diagnosis: R/O CVA. Patient was admitted to JCMC

Current status (lab, radiology, vitals, LOC, etc): Medications/treatments currently being given: Discharge plan:

Report from: Patient was admitted

\*Awaiting report from nurse. Called at 11:45am, nurse (b)(6); very busy and requested I call back in 15minutes.

From:	(b)(6); (b)(7)(C)
Sent:	26 Nov 2018 17:17:15 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	FW: (b)(6); clinicals
Attachments:	20181123_161433_00153.pdf
Importance:	High

Please see attached hospital report on (b)(6); (b)(7)(C) He is still in hospital. He is on a telemetry unit. DX bilateral Pleural Effusions. They are trying to figure out the cause of lymphadenopathy. They are ruling out infectious diseases and possible liver needle biopsy will be done. They are also R/O lymphoma. Thanks, b)(6);

From:(b)(6); (b)(7)(C)
Sent: Monday, November 26, 2018 11:45 AM
<b>To:</b> (b)(6); (b)(7)(C)
Subject: cesar perez clinicals
Importance: High

## Thank you,

(b)(6); (b)(7)(C)	R.N.
(b)(6); (b)(7)(C)	
wellpath	
(b)(6); (b)(7)(C)	
From: Remote Report Di	stri ⊲(b)(6); (b)(7)(C)
Sent: Friday, November 2	
<b>To:</b> CM-Clinical-Fax < (b)(6	3); (b)(7)(C)
Subject: Fax received fro	m Remote Report Distri (7329238000)

GFI FaxMaker	
	Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	

#### ✓ Fax Received

You have successfully received a fax via GFI FaxMaker. Fax information is listed below. Fax image is attached.

Fax details:

- Date and time: 11/23/2018 4:14:34 PM
- Subject: Fax received from Remote Report Distri (7329238000)
- Line speed:14400 bps
- Total connection time: 02:19
- Pages: 5
- Resolution: Fine
- Remote fax ID: Remote Report Distri
- Line number: 16
- DTMF/DID number: 6159328909

Regards, GFI FaxMaker

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# RWJBarnabas HEALTH

Jersey City Medical Center Case Management Department Fax: (b)(6); (b)(7)(C)



Fax :	(b)(6); (b)(7)(C)	
Date:	11/23/2018 5:12:04 PM	

From(b)(6); (b)(7)(C)	Page: 2/5 Date: 11/23/2018 4:14:33 PM			
RWJBarnabas	Jersey City Medical Center 355 Grand St Jersey City, NJ 07302-			
Patient: (b)(6); (b)(7)(C) MRN: Account #: DOB/Age/Sex:(b)(6); 38 years Male	Admit:       11/22/2018       Disch:         Service:       Medical         Location:       6E; 003; 01         Attending:       (b)(6); (b)(7)(C)			
Ad	Imission Review			
DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION:	Admission Review 11/23/2018 16:56 EST Auth (Verified) (b)(6); (b)(7)(C) 11/23/2018 17:10 EST) 11/23/2018 17:10 EST)			
Contact Information RN Case Manager: (b)(6); (b)(7)(C) Conta((b)(6); (b)(7)(C) Fax #:				
Insurance				

Number: NO SSN Authorization Number: PENDING
Admission Date & Level of Care

CORRECTIONAL FACILITIES Member ID

Admission Date and Time: 11/22/18 05:41 Patient Status Order - Ordered -- Patient Status: Admit to Inpt (Expt Stay >or= 2 Mdnghts), Telemetry Unit, Diagnosis: b/l pleural effusions, shortness of braeth, b/l lower leg edema, penile swelling, InHospital Attending: Dr. Uppal MD, Muhammad S, 11/22/18 5:41:00 EST, Standard Preca...

## Source

Primary Insurance:

ER

## Chief Complaint/Admitting Diagnosis/Presenting Signs &Symptoms

CC: from Hudson County Correction Center c/o penile/scrotal/lower extremity swelling x 3 days in addition to painful cervical LAD x1.5 months and painful inguinal LAD x 3 weeks. Pt also reports dysuria/burning on urination over the past 3 days

Pt states he has been in the correction center since 9/2018. Last sexually active 1 year ago, only with women. Denies any known hx of or ever being tested for sexually transmitted infections. Denies any recent weight loss or night sweats but does report generalized weakness over the past few weeks.

## Dx: diffuse tender lymphadenopathy, b/l pleural effusions, dysuria, scrotal/penile swelling

(11/22/2018 04:31 EST US Dupl Scan Bilat Low Extrem Veins Resp)

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LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(6); (b)(7)(C)

Page 1 of 4

Print Date/Time: 11/23/2018 17:11 EST

2020-ICLI-00042 1056

From (b)(6); (b)(7)(C) Page: 3/5 Date: 11/23/2018 4:14:33 PM

Jersey City Med	cal Center			
Patient: (b)(6); (b)(7)(C) MRN:	Admit: Service:	11/22/2018 Medical (b)(6); (b)(7)(C)	Disch:	
Account #: DOB/Age/Sex (b)(6); (b)(7)(C) 38 years Male	Attending:	(b)(0), (b)(7)(C)		
Admission R	eview			
No evidence of deep vein thrombosis in the bilateral lower extremities.				
(11/22/2018 05:02 EST XR Chest 2 Views) Bilateral pleural effusions. Underlying pneumonia is not excluded.				
(11/22/2018 08:19 EST US Pel Testicle W/Doppler) Scrotal Ultrasound: Normal scrotal ultrasound. Testicular Duplex: Normal testicular duplex scan.				
(11/22/2018 18:50 EST CT Neck w/ Contrast) Extensive bilateral bulky cervical lymphadenopathy, suspicious for lymphoma or lymphoproliferative disorder. Large bilateral pleural effusions.				
(11/22/2018 18:55 EST CT Chest ABD PEL IV Only) Diffuse, matted supraclavicular, axillary, mediastinal, upper abdominal, retroperitoneal, pelvic and inguinal lymphadenopathy. No				
splenomegaly. Lymphoproliferative disorder or lymphoma has to be excluded until proven				
otherwise. Bilateral, symmetrical, obstructive uropathy, secondary to underlying adenopathy. Severe circumferential wall thickening of the bladder. Bilateral pleural effusions and large amount of ascites. Third spacing.				
Past Medical History/Physical Exam PMH: none				
<u>Measurements &amp; Vitals</u> HT: 162.56 cm WT: 74 kg				
VS: 98.0 136/80 83 18 96%				
Labs t.bili 1.3 bnp 135 alka phos 183.0				
Labs Pending				
AFB Body Fluid (AFB) Results Pending AFB Culture Body FLuid Results Pending				
Albumin Level Body Fluid Results Pending Amylase Body Fluid Results Pending Cell Count w/ Diff Body Fluid Results Pending	https://dep	Deportation	2020- cv- 02735 research clinic ch.buffett.northwestern.ed	lu/

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(6); (b)(7)(C)

Page 2 of 4

Print Date/Time: 11/23/2018 17:11 EST

Jersey City Medical Center

Patient:	(b)(6); (b)(7)(C)		Admit:	11/22/2018	Disch:
MRN:			Service:	Medical	
Account #:			Attending:	(b)(6); (b)(7)(C)	
DOB/Age/Sex	(b)(6); (b)(7)(C) 38 yea	rs Male			

### Admission Review

Chlamydia Trach (b)(6); (b)(7)(C) RNA, TMA -- Results Pending --

CMV DNA PCR Bld -- Results Pending --

EBV Panel -- Results Pending --

Glucose Body Fluid -- Results Pending --

HIV Viral Load -- Results Pending --

LDH -- Results Pending --

LDH BF -- Results Pending --

Protein Body Fluid -- Results Pending --

Protein Electrophoresis, Ser -- Results Pending --

Quantiferon Tb Gold -- Results Pending --

## **ER Treatment**

macrobid 100mg

### **Medications**

Inpatient heparin, 5000 Unit= 1 mL, SubCUTaneous, Every 8 Hr Normal Saline Flush, 3 mL, IV Push, As Directed, PRN Tylenol, 650 mg= 2 Tab, Oral, Every 6 Hr, PRN

### Patient Assessment Scales

Lace Score: 5 Glasgow Coma Score: 15

### Active Orders

Admit to Inpt Telemetry CCM CT chest/abdo/pelv and neck w/ IV to further evaluate pleural effusions and LAD will send infectious w/u including: HIV, EBV, gonorrhea/chlamydia, syphillis, TB, CMV, hepatitis place on airborne precautions ID consult Hem/Onc Consult consider general surgery consult for possible LN biopsy

## Consults

Consult to Physician - Ordered -- Dr: (b)(6): (b)(7)(C) Routine, Reason: r/o lymphoma, lymphoproliferative d/o, 11/23/18 8:22:00 EST

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: 305660360

Page 3 of 4

Print Date/Time: 11/23/2018 17:11 EST

			Jersey C	ity Medical Center			
Patient: MRN: Account #:	(b)(6); (b)(7)(C)			Admit: Service: Attending:	11/22/2018 Medical (b)(6); (b)(7)(C)	Disch:	
DOB/Age/Se	x: 7/8/1980	38 years	Male				
			Admis	sion Review			

Date: 11/23/2018 4:14:33 PM

Page: 5/5

[1] CT Chest ABD PEL IV Only; 11/22/2018 18:55 EST [2] H&P Medicine - Admitting Note JCMC IM<sup>(b)(6); (b)(7)(C)</sup> 11/22/2018 12:04 EST

From: (b)(6); (b)(7)(C)

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(6); (b)(7)(C)

Page 4 of 4

Print Date/Time: 11/23/2018 17:11 EST

2020-ICLI-00042 1059

From:	(b)(6); (b)(7)(C)
Sent:	11 Apr 2019 17:49:41 +0000
То:	(b)(6); (b)(7)(C)
Cc:	n
Subject:	FW: Information Requested in Format
Did we get any	updates from JCMC or $(b)(6); (b)(7)(C)$ regional care manager)
From: <sup>(b)(6); (b)(7)</sup>	
	y, April 11, 2019 12:33 PM
To: (b)(6); (b)(7)(C Cc:	

Subject: [EXT] RE: Information Requested in Format

Good afternoon, do you have an update for today, has he had gall bladder surgery yet or current status?

CDR(b)(6); (b)(7)(C) MC NYC Ofc:(b)(6); (b)(7)(C)

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rom(b)(6); (b)(7)(C)
ent: Monday, April 8, 2019 9:10 PM
)(6); (b)(7)(C)

Subject: Information Requested in Format

(b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

Information sent on detainee as you requested in format.

## Hudson County Correctional, NY ICE

Day 1

Name: <sup>(b)(6); (b)(7)(C)</sup>, Omar

Alien# - not available

**DOB** (b)(6); (b)(7)(C) 45 years old

Date of Arrival - 1/9/19

**Relevant medical history**: DM Type II, uncontrolled, Hypertension, Bariatric Surgery, Morbid Obesity, Delusional Disorder, Dizziness and Vomiting

Current Medications: Fingerstick BID with Novolin R sliding scale coverage

Lantus 8 units SC every PM

Simvastatin 20 mg po every PM

Lisinopril 10 mg po daily. Hold for SBP <110

ASA 81 mg po daily

Metformin 1000 mg po BID

Omeprazole 20 mg po daily

Bethamethasone Valerate 0.1% ext. cream, apply to affected area BID

## Reason sent to hospital, including vitals:

Intractable vomiting

Abnormal vital signs - BP 107/80 - Pulse 120, RR 16, Temp 98.5 (tympanic), O2 sat 90% on room air, BS 243

Severe dehydration

Lethargy - inability to ambulate

Hospital Name: Jersey City Medical Center

Admitting Dx: Pancreatitis and Gallstones

Current Status: pending

Discharge Plan: pending

Our Regional Care Manager will send us update on patient's current status once she receives from Jersey City. I will forward information to you, once I receive. Thank you

(b)(6); (b)(7)(C) RN
(b)(7)(C)
Wellpath
Hudson County Department of Corrections and Rehabilitation
35 Hackensack Avenue
Kearny, NJ 07032
Phone <sup>(b)(6); (b)(7)(C)</sup>
Fax <sup>(b)(6); (b)(7)(C)</sup>

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From:	(b)(6); (b)(7)(C)
Sent:	4 Oct 2019 13:08:53 +0000
То:	(b)(6); (b)(7)(C)
Subject:	Fw(b)(6); clinicals
Attachments:	(b)(6); (b)(7)(6)

Good Morning,	
Please see attached updated report for	(b)(6); (b)(7)(C)
Thanks,	

(b)(6); (b)(7)(C)

Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) Sent: Friday, October 4, 2019 9:05 AM T(b)(6); (b)(7)(C) Subject: RE: (b)(6); clinicals

## Thank you,

(b)(6); (b)(7)(C)	R.N.
(b)(6); (b)(7)(C)	
1283 Murfreesb	oro Pike
Nashville, TN 3	7217
wellpath	
P: <sup>(b)(6); (b)(7)(C)</sup> F:	
<b>-</b> (b)(c): (b)(7)(c)	
From: (b)(6); (b)(7)(C)	2 2010 0 22 414
Sent: Thursday, Octob (b)(6); (b)(7)(C)	er 3, 2019 8:23 AM

I will get back to you after I have made all contacts and heard back.

## Thank you,

(b)(6); (b)(7)(C)	R.N.		
(b)(6); (b)(7)(C)			
1283 Murfreesbord	o Pike		
Nashville, TN 372	17		
wellpath			
P: <sup>(b)(6); (b)(7)(C)</sup> F:			
From(b)(6); (b)(7)(C)		]	
Sent: Thursday, October 3	, 2019 7:48 AM	_	
(b)(6); (b)(7)(C)			
Subject: RE:(b)(6); clinical	Is		

Good morning;

ICE would like to know if there are any D/C plans for this patient?

Can you also ck on Pascale he has been in the hospital for a while?

## Thank you in advance;

(b)(6); (b)(7)(C)

Hudson County Scheduler



Hudson County Department of Corrections

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 From:
 (b)(6); (b)(7)(C)

 Sent:
 Thursday, October 03, 2019 8:31 AM

 To(b)(6); (b)(7)(C)
 Subject:

 (b)(6);
 Clinicals

## Thank you,

(b)(6); (b)(7)(C) <b>R.N</b> .	
Regional Care Manager	
1283 Murfreesboro Pike	
Nashville, TN 37217	
wellpath	
P (b)(6); (b)(7)(C)	

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From: (b)(6); (b)(7)(C)



Jersey City Medical Center Case Management Department Fax Determinations to ((b)(6); (b)(7)(C)



Fax :	(b)(6); (b)(7)(C)	
Date:	10/3/2019 10:03:03 PM	

RWJBarnabas		Jersey City Medical C 355 Grand St Jersey City, NJ 07302	
Patient: (b)(6); (b)(7)(C) N MRN: Account #: DOB/Age/Sex (b)(6); (b)(7)(C) 44 years	Male	Admit: Service: Location: Attending:	9/26/2019 Medical 7W; 012; 01 (b)(6); (b)(7)(C)
·	Con	current Review	. , ,

DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION: Concurrent Review 10/3/2019 21:38 EDT Auth (Verified) (b)(6); (b)(7)(C)

10/3/2019 21:55 EDT) 10/3/2019 22:01 EDT)

Disch:

## **Current Date**

10/03/2019 21:38

## **Contact Information**

(b)(6); (b)(7)(C) RN Continued Stay Review for 10/03/2019

### **Insurance**

Primary Insurance: CORRECTIONAL FACILITIES Member ID Number: 09 341410 Authorization Number: No Qualified Data

## Admission Date & Level of Care

Admission Date and Time: 09/26/19 23:07 Patient Status Order - Ordered -- Patient Status: Admit to Inpt (Expt Stay >or= 2 Mdnghts), Intensive Care Unit, Diagnosis: septic shock. Diagnosis: Septic shock, InHospital Attending: Dr. (b)(6); (b)(7)(C), 09/26/19 23:07:00 EDT, Standard Precautions, Fall Risk: Transfer Patient - Ordered -- Transfer To: Medical Unit, Medical Surgical Unit, 09/30/19 9:42:00 EDT, Transport: Patient Bed, Standard Precautions, Standard Precautions, Fall Risk:, Safe Patient Handling: Red:2 or More Staff&Mech Transfer Recomm

## Level of Care: Medical Surgical Unit

## Working Diagnosis

Septic Shock, Hepatic Encephalopathy, Hypotension, AKI, Enterocolitis, UTI

## **Clinical Timeline**

10/03/2019 Patient complains discomfort in his abdomen due to distention and scrotal swelling. He underwent scrotal ultrasound that shows scrotal subcutaneous edema and Tiny left epididymal head cyst with Trace right hydrocele in testicular duplex. He was also given Albumin Human for continued hydration.

10/02/2019 Patient complains of Scrotal pain with pain scale of 10/10, still appears pale and ill, LLE swelling/erythema, still has

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LEGEND: *=Corrected @=Abnormal	C=Critical I =Low H=High	h f=Footoote #=Interr	<del>, Data R=Ref Lah</del>
ELOEND: -Contested @-Abhorman	O-Ontioal L-Low H-High	$11 - 1000 \text{ more } \pi - 1000 \text{ more}$	

Request ID:

D: (b)(6); (b)(7)(C)

Page 1 of 4

Print Date/Time: 10/3/2019 22:02 EDT

2020-ICLI-00042 1067

Jersey City Medical Cer	Jersey	City	Medical	Center
-------------------------	--------	------	---------	--------

Patient: (b)(6); (b)(7)(C)		Admit: 9/26/2	019 Disch:	
ARN:		Service: Medica	al	
Account #:		Attending: (b)(6); (b)(	7)(C)	
)OB/Age/Sex ( <sup>b)(6); (b)(7)(C)</sup> 44 ye	ars Male			

## Concurrent Review

bilateral LE and scrotal swelling. Elevate LLE to assist with decreasing swelling. On Day 3 of Unasyn 3g IV.

10/01/2019 Patient was given last dose of Albumin Human IV and started Propranolol PO for primary prophylaxis. Currently on Day 2 of Unasyn 3g IV. Ammonia level as of today is Ammonia 87.0 umol/L from 63.0 umol/L and for continuos monitoring of mental status.

09/30/2019 Patient still experiencing pain. Patient looks less pale and more interactive. Blood glucose level is noted to be high.

09/29/2019 Upon doctor's assessment, patient reported to pale, with mild jaundice and icteric sclerae. Left lower extremity is swollen and tense with redness up to thigh level

#### **Physical Exam**

**General:** +anasarca **Skin:** pallor, +jaundice **Eye:** +Icteric sclerae **Musculoskeletal:** bilateral non pitting lower extremity swelling

#### **Measurements & Vitals**

HT: 176 cm WT: 84 kg

#### Vital Signs

Blood Pressure: 112/69 mmHg Pulse Rate: 59 BPM (09:00), 55 BPM (15:00) Respiratory Rate: 20 BR/MIN Temperature, Oral: 98.0 DEGF SpO2: 98%, Room Air

#### Medications

Albumin Human 25g, Injection, IV Piggyback, Once Unasyn, 3 g= 100 mL, IV Piggyback, Every 6 Hr Folic acid, 1 mg= 1 Tab, Oral, Daily Lasix 20mg, Injection, IV Push, Daily Heparin, 5000 Unit= 1 mL, Subcutaneous, Every 8 Hr Lactulose, 20 g= 30 mL, Oral, Every 12 Hr Magnesium Sulfate 2g, premix IV, IV Piggyback, Once Multivitamin, 1 Tab, Oral, Daily Propranolol, 10 mg= 1 Tab, Oral, Every 12 Hr Intrvl Rifaximin, 550 mg= 1 Tab, Oral, Every 12 Hr Intrvl Rifaximin, 550 mg= 1 Tab, Oral, Every 12 Hr Intrvl Aldactone, 12.5 mg= 0.5 Tab, Oral, Daily Thiamine, 100 mg= 1 Tab, Oral, Daily PRN: Dextrose 50%, 12.5 g= 25 mL, IV Push, Every 15 Min - Not Given Ibuprofen 400mg, Tablet, Oral, Once - 1 dose given

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

## <u>Labs</u>

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID:

(b)(6); (b)(7)(C)

Page 2 of 4

Print Date/Time: 10/3/2019 22:02 EDT

From:(b)(6); (b)(7)(C)	Page: 4/5	Date: 10/3/2019 9:05:38 PM
------------------------	-----------	----------------------------

			Jer	sey City Medical Center	
Patient: MRN: Account #:	(b)(6); (b)(7)(C)			Admit: 9/26/2019 Disch: Service: Medical Attending: <sup>(b)(6); (b)(7)(C)</sup>	
DOB/Age/Sex	(D)(O); (D)(7)(C)	44 years	Male		
Concurrent Review					

WBC 2.8 K/UL RBC 2.25 m/UL Hgb 8.1 g/dL Hct 24.5 % Platelet 64 K/UL PT 33.2 Seconds INR 3.39 PTT 59.5 Seconds Glucose BGM 122 mg/dL Creatinine 0.60 mg/dL Bili Total 4.6 mg/dL Albumin 3.0 g/dL AST 52 Int\_Unit/L

## ULTRASOUND SCROTAL WITH DOPPLER IMAGING: Scrotal

subcutaneous edema. Tiny left epididymal head cyst. Trace right hydrocele.

## Plan for Today

S/w propranolol PO for primary prophylaxis continue with Rifaximin continue with lactulose and will hold for > 3 loose BM. Continue to monitor mental status. Will obtain scrotal ultrasound Will increase Lasix to 40 IV daily Albumin 25 one dose today Continue with Aldactone 12.5 mg qd Continue with Aldactone 12.5 mg qd Continue with Rifaximin 550 BID Continue with Lactulose 20 g BID Will closely monitor urine output Albumin for intravascular volume expansion with continued hydration Will monitor renal function closely

### Anticipated Discharge Needs

Discharge To, Anticipated: Law Enforcement Detention

MCG Guideline Title and Code: Sepsis and Other Febrile Illness, without Focal Infection ORG: M-160 Recovery Milestone not met for guideline day 4 Variance: Medically necessary Antimicrobial treatment not necessary or treatment at next level of care arranged: Patient is currently on 4th day of Unasyn, 3 g= 100 mL, IV Piggyback, Every 6 Hr.

Oral hydration, medications: Patient was given Albumin Human IV for continued hydration. Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(6); (b)(7)(C)

Page 3 of 4

Print Date/Time: 10/3/2019 22:02 EDT

2020-ICLI-00042 1069

			Jer	rsey City Medical Center	
Patient: MRN: Account #: DOB/Age/Se	(b)(6); (b)(7)(C) ex: (b)(6); (b)(7)(C)	44 years	Male	Admit: 9/26/2019 Disch: Service: Medical Attending: <sup>(b)(6); (b)(7)(C)</sup>	
Concurrent Review					

Date: 10/3/2019 9:05:38 PM

Page: 5/5

From: (b)(6); (b)(7)(C)

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

LEGEND: \*=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(6); (b)(7)(C)

Page 4 of 4

Print Date/Time: 10/3/2019 22:02 EDT

2020-ICLI-00042 1070

From:	(b)(6); (b)(7)(C)
Sent:	13 Apr 2019 15:23:50 +0000
То:	(b)(6); (b)(7)(C)
Subject:	Fwd: [EXT] RE: here you go!

This is the last update. On page 10 it says for a cholecystectomy today.

Sent from my iPhone

Begin forwarded message:

From: <sup>(b)(6); (b)(7)(C)</sup>	
Date: April 13, 2019 at 11:11:31 AM EDT	
(b)(6); (b)(7)(C)	

Subject: RE: [EXT] RE: here you go!

I did not receive anything for Friday, please send that to me

Sent with BlackBerry Work (www.blackberry.com)

From: <sup>(b)(6); (b)(7)(C)</sup>	>
Date: Saturday, Apr 13, 2019, 11:09 AM	
(b)(6); (b)(7)(C)	

Subject: Re: [EXT] RE: here you go!

(b)(6); (b)(7)(C) We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM	(b)(6); (b)(7)(C)
wrote:	

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

	Stevens v ICE 2020- cv- 02735
	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1071

CDR (b)(6); (b)(7)(C) RN FMC NYC (b)(6); (b)(7)(C)

(b)(0), (b)(7)(C

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From (b)(6); (b)(7)(C)	
Sent: Friday, April 12, 2019 3:50 PM	
<b>To:</b> (b)(6); (b)(7)(C)	

Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: <sup>(b)(6);</sup> (b)(7)(C)
Date: April 12, 2019 at 3:23:14 PM EDT
<b>To</b> <sup>(b)(6); (b)(7)(C)</sup>
Cc
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR <sup>(b)(6); (b)(7)(C)</sup>	RN	FMC	NYC		
(b)(6); (b)(7)(C)					

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From: (b)(6); (b)(7)(C)
Sent: Friday, April 12, 2019 12:40 PM
To: <sup>(b)(6); (b)(7)(C)</sup>
Cc:
Subject: RE: here you go!

1 did @ 8am. As soon as 1 receive it ill forward it to

you!

# Thank you in advance;

(b)(6); (b)(7)(C)	
Hudson County Scheduler	
(b)(6); (b)(7)(C)	

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	(b)(6); (b)(7)(C)
From:	
Sent:	30 Jul 2018 11:54:54 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Hospital Run ICE
Attachments:	Hospital Run 7-30.docx

(b)(6); (b)(7)(C)

RN

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	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1074

Reason for Referral (7	7/26/)
	code white for c/o cut, 4/10 pain to lower lip x today; pt report playing soccer
	Itally elbowed his mouth; deep laceration, approximately 2 inches noted in leeding noted, slight swelling, no tenderness noted
	L TABLET (IBUPROFEN) Take one tab PO every 6 hours PRN for pain
A/P: Small Laceration to right	
Sutures applied x3	
	n 500mg by mouth BID x 7 days
Pt already on Motrin fo	
	days for suture removal if sutures does not dissolve by itself AL CAPSULE (AMOXICILLIN) take one capsule by mouth BID
	L TABLET (IBUPROFEN) Take one tab PO every 6 hours PRN for pain

## Reason for Referral (7/27 6pm)

Right upper quadrant abdominal pain x3 days with nausea/vomiting blood, right upper quadrant tender with palpation, positive bowel sounds.

Patient returns from hospital (7/27 11:05pm)for abdominal pain, reports feeling much better, pain improved, he was given Pepcid from hospital and recommended to continue daily.

From:	(b)(6); (b)(7)(C)			
Sent:	5 Feb 2019 02:50:17 +0000			
То:	(b)(6); (b)(7)(C)			
Cc:				
Subject:	Hospital run			
Good evening Commande $\binom{(b)(6)}{(b)(7)}$ and $\binom{(b)(6)}{(b)(7)(C)}$				
Detainee <sup>(b)(6); (b)(7)(C)</sup>				
DOB <sup>(b)(6); (b)(7)(C)</sup>				

Patient was a s/p fall on 1/12/19 at Bergen County Jail after hitting his head on a railing. He arrived at Hudson County on 1/24/19. During nurse and provider intake, it was noted he had swelling, tenderness and pain to right side of temporal region with c/o headache. Patient reported these symptoms after fall at Bergen County Jail. On 1/25, skull x-ray was ordered (4 views), no fractures noted. Patient had soft tissue swelling to right temporal region. Patient was seen on sick call 2 additional times since admission complaining of headaches and one sick call for results of x-ray. This evening patient presented again with c/o "severe headache." No focal deficits per medical provider. Patient was sent to JCMC emergency room for evaluation of acute intracranial changes, CT of head to rule out acute pathology and if indicated neuro/neurosurgery consult. Will keep you updated.

<sup>(b)(6); (b)(7)(C)</sup> RN	
(b)(6); (b)(7)(C)	
Wellpath	
Hudson County Depar	rtment of Corrections and Rehabilitation
35 Hackensack Avenu	le
Kearny, NJ 07032	
(b)(6); (b)(7)(C)	

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From:	(b)(6); (b)(7)(C)
Sent:	30 Jan 2018 19:48:10 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Hospital

## At- 10:45am—fell from the bed.

 (b)(6); (b)(7)(C)
 Commitment#:
 (b)(6); (b)(7)(C)
 25 Years Old DOB:
 (b)(6); (b)(7)(C)

 Race: Hispanic Gender: Male LOC: D 5E 607 02
 Inmate Type: ICE HLCN: HCCC A#:

 205723214

Found lying in the floor Aler orriented x x 3 States I hit my neck on th bed rail and I could not move my neck. Breathing easily and regularly. Skin with fair turgor. Reports 10 scale for pain

Inmate Condition: Oriented/Alert

transferred to JCMC, S/P Fall from his bed

Ambulance Arrived: 12.15 pm Time

Have a Fabolous Day, Ms<sup>(b)(6); (b)(7)(C)</sup> R.N. M.S.N. Director of Nursing



Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032 (b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	17 Apr 2019 13:01:59 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	ICE detainee

Good morning all

ICE pati	i <b>en</b> (b)(6); (b)(7)(C)
ID (b)(6)	(b)(7)(C) (6); (b)(7)(C)
DOB <sup>(b)</sup>	(6); (b)(7)(C)

This patient returned from JCMC emergency department last evening. I have copy/pasted NP's notes from last night. Awaiting records from JCMC.

"Pt seen today in the medical clinic s/p hospital return for hemoptysis. patient returned from JCMC with Dx of Ascending Aortic Aneurysm. No longer coughing up blood at present. denies chest pain, and in NAD. Obtained consent for release of imaging report. For F/u with Cardiothoracic surgery in 1-2 weeks for surgical eval, please call for appointment. D/C Meds ordered."

Patient has been admitted into the infirmary for close observation.

(b)(6); (b)(7)(C) RN	
(b)(6); (b)(7)(C)	
Wellpath	
Hudson County Corrections & Re	ehabilitation Center
35 South Hackensack Ave	
Kearny, NJ 07032	
(b)(6); (b)(7)(C)	
	1

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	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1078

From:	(b)(6); (b)(7)(C)
Sent:	3 Aug 2018 12:23:06 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Ice notification/hospital return
Attachments:	Ice Notification 8-3-18.docx

(b)(6); (b)(7)(C)

RN

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	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1079

(b)(6); (b)(7)(C)	Commitment#: 🗈	)(6); SBI#:	47 Years Old			
Race: American Indian	or Alaska Native	Gender: Male	LOC: D 3W 307	01	Inmate Type: I	ĊЕ
HLCN: HCCC A#:						

Referring Physician: (b)(6); (b)(7)(C) MD

Referred To: ER Discussed with ER Staff

Referred to which clinic: ERTransport Type: Non-Emergency.

R/O DKA his BS was 341 prior to insulin 10 units Reg and 409 ninety minutes later. His triglycerides are 2629 and cholesterol is 472. Urinary ketones are 2 plus.

Chief Complaint: (Reason for ER Run) uncontrolled DM and severe Hypertriglyceridemia Ambulance Requested: 3:20 PM Time 8/2/18

Brief Subject (20 Characters Max): Hospital Return 8/2/18 8pm

8pm Patient is AAOX3, ambulatory with steady gait. No shortness of breath, no acute distress observed. Patient returning from JCMC ER Visit, with a diagnosis of Hyperglycemia. VS T97.8 P81 R18 BP 102/80 Sao2 96% room air, Blood Glucose, from the Hospital's last accucheck was 224 mg/dL, re-check Blood glucose upon arrival back, 223 mg/dL. Seen by provider. Admitted to infirmary

(b)(6); (b)(7)(C)	Commitment	(b)(6); (b)(7)(C)	SBI#:	21 Years C	DId	DOB: (b)(6);	(b)(7)(C)
Race: Asian	Gender: Female	LOC:	Inmate	Type: ICE	HLO	CN: HCCC	A#:

Chief Complaint: Hx of depression, level 2 close watch

**History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.:** 21 y.o female is a transfer from Bergen County Jail. Patient reports hx of depression and insomnia, takes Trazodone100mg 1 tab at bedtime as per transfer record from Bergen County Jail. Patient also reports hx of suicide attempt in 2016 by drug overdose. Patient appears calm and cooperative, denies any suicide thoughts at present. Will place patient on level 2 close watch pending mental health evaluation.

From:	(b)(6); (b)(7)(C)
Sent:	19 May 2018 05:44:38 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Ice Patient-hspt Referal & Discharge

b)(6); (b)(7)(C)	Commitment#:(b)(6);	SBI#:(b)(6); (b)(7)(C)	36 Years Old	DOB:

(b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: E 4S 01 20 Inmate Type: ICE HLCN: HCCC A#:

## General Note -- 05/18/2018 at 6:26 PM

### General Note Type: Nurse

Brief Subject (20 Characters Max): sick call

Patient came to medical for left eye brows laceration after playing soccer in the rec area. cleanse with NSS & cover SDD, small amount of blood noted, denies any pain at present. V/s stable afebrile. refer to provider for eval.

## **Reason for Referral**

This is a thirty six year old male who was referred by the RN for evaluation of laceration to left eye brow. As per the patient he was playing soccer when a ball struck the back of his head causing his head to hit a window.

he currently has a large gaping laceration to the left eyebrow. No signs of bleeding. No visula disturbances.

Patient will be transferred to JCMC for emergent care.

## **Current Vital Signs**

Previous Height: 65 (09/30/2017 1:29:16 AM) Previous Weight: 160 (01/02/2018 7:32:40 AM) Sitting BP: 140 / 80 Temperature: 98.2 Pulse rate: 80 Pulse rhythm: Regular Respirations: 16 Respiration Type: Unlabored Pulse Ox% 98 Room Air: Yes

PT. RETURNED BACK FROM JCMC A &O X3 W/ SUTURES TO LT EYE BROW INTACT BP 118/76 T 97.7 P 58 SPO2 98 WILL REFER TO PROVIDER.

## General Note -- 05/18/2018 at 10:28 PM

General Note Type: Medical ALP Brief Subject (20 Characters Max): Hospital Return S: Reports of laceration to left eyelid

O: VS 118/76 T 97.7 P 58 SPO2 98

Laceration to Left eyelid post hospital return covered with steri-strips. No active bleed. Report mild aching pain. Denies headache, dizziness, or lightheadedness.

A/P: Facial laceration - maintain dressing clean and dry as ordered. F/I in 2days. Monitor of complication. Pain: Tylenol PRN as ordered.

TYLENOL 325 MG ORAL TABLET (ACETAMINOPHEN) Give 2 tablet by mouth every 6 hours PRN

Have a Fabulous Day, Ms R.N. M.S.N. Director of Nursing



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(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	15 Aug 2017 01:51:32 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Re: EXTERNAL:hunger strike (b)(6);
Attachments:	image002.png

No, he did not eat.

(b)(6); (b)(7)(C) **RN** 

Health Services Administrator Hudson County Corrections & Rehibalitation Center 35 <u>Hackensack Ave.</u> Kearny, NJ 07032

(b)(6); (b)(7)(C)

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Sent from my iPhone

On Aug 14, 2017, at 9:29 PM <sup>(b)(6); (b)(7)(C)</sup>	wrote:

Thank you. Do you know if he ate?

(b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement New York Field Office

 From:
 (b)(6); (b)(7)(C)

 Date:
 Monday, Aug 14, 2017, 9:27 PM

 To:
 (b)(6); (b)(7)(C)

 Cc:
 Subject:

 Ke:
 EATEKNAL:nunger strike nussam

Detainee  $\frac{(b)(6)}{(b)(7)(C)}$  has returned from the Hospital. He is pending follow up with mental health tomorrow.

(b)(6); (b)(7)(C) RN Health Services Administrator Hudson County Corrections & Rehibalitation Center 35 <u>Hackensack Ave.</u> <u>Kearny, NJ 07032</u> (b)(6); (b)(7)(C)

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Sent from my iPhone

On Aug 14, 2017, at 5:12 PM	A, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)	wrote:

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

(b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement New York Field Office

From: (b)(6); (b)(7)(C) Date: Monday, Aug 14, 2017, 10:08 AN	
(b)(6); (b)(7)(C)	
	Stevens v ICE 2020- cv- 02735 Deportation research clinic
2020-ICI I-0004	https://deportation-research.buffett.northwestern.edu/

# **Subject:** RE: EXTERNAL:hunger strike<sup>(b)(6);</sup>

Good morning(b)(6); (b)(7)(C)

It's against the policy to force feed Inmates/ detainees at HCC.

 $Mr_{(b)(6);}^{(b)(6);}$  has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his trearment.

M.D.

## Best Regards,

(b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

> COREDING NCCHC

<image001.png> Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

From <sup>(b)(6); (b)(7)(C)</sup> Sent: Monday, August 14, 2017 9:04 AM To: <sup>(b)(6); (b)(7)(C)</sup> Cc: Subject: EXTERNAL:hunger strik <sup>(b)(6);</sup> (b)(7)(C)

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

(b)(6); (	b)(7)(C)
(b)(6);	b)(7)(C) , USPHS ld Medical Coordinator
Fie	ld Medical Coordinator
New	York Field Office
201	Varick St. rm(b)(6);

New York, NY, 10014

(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)	
Sent:	15 Aug 2017 01:27:51 +0000	
То:	(b)(6); (b)(7)(C)	
Cc:		
Subject:	Re: EXTERNAL:hunger strike <sup>(b)(6);</sup>	
Attachments:	image001.png, image002.png	

Detainee<sup>(b)(6);</sup> has returned from the Hospital. He is pending follow up with mental health tomorrow.

(b)(6); (b)(7)(C)

RN Health Services Administrator **Hudson County Corrections & Rehibalitation Center** 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

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Sent from my iPhone

On Aug 14, 2017, at 5:12 PM <sup>(b)(6); (b)(7)(C)</sup>	> wrote:
Can you please advise if/when the alien is a	admitted to the hospital?
Thank you,	
(b)(6); (b)(7)(C)	
Supervisory Detention and Deportation Off	
U.S. Immigration and Customs Enforcement	nt
New York Field Office	
From <sup>((b)(6); (b)(7)(C)</sup>	
	Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

2020-ICLI-00042 1087

Date: Monday, Aug 14, 2017, 10:08 AM To <sup>(b)(6); (b)(7)(C)</sup> Cc Subject: RE: EXTERNAL:hunger stri<sup>(b)(6); (b)(7)(C)</sup>

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

Mr.<sup>(b)(6)</sup>; has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his trearment.

Best Regards,	
(b)(6); (b)(7)(C)	M.D.
(b)(6); (b)(7)(C)	
<image001.png> Hudson County Correct 35 Hackensack Ave. Kearny, NJ 07032 (b)(6); (b)(7)(C)</image001.png>	ional Center

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

(b)(6);(b)(7)(C) (b)(6); Field Medical Coordinator

New	York Field Office	
201	Varick St. rm (b)(6):	
New	York NY 10014	
(b)(6); (b	b)(7)(C)	

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	Stevens v ICE 2020- cv- 02735	
	Deportation research clinic	
	https://deportation-research.buffett.northwestern.edu/	
2020-ICLI-00042	1089	

From:	(b)(6); (b)(7)(C)
Sent:	14 Aug 2017 21:31:55 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: EXTERNAL:hunger strik <sup>(b)(6);</sup>

He is still at the hospital in the psych ER pending evaluation.

(b)(6); (b)(7)(C) Health Services Administrator



## Hudson County Corrections & Rehabilitation Center

From:(b)(6); (b)(7)(C)
Sent: Monday, August 14, 2017 5:11 PM
<b>To:</b> (b)(6); (b)(7)(C)
Subject: RE: EXTERINAL: nunger strike(b)(6);

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

(b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement New York Field Office

From:(b)(6); (b)(7)(C)
Date: Monday, Aug 14, 2017, 10:08 AM
<b>To(</b> (b)(6); (b)(7)(C)
Ce
Subject: RE: EXTERNAL:hunger strike hussain

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

 $Mr_{(b)(6);}^{(b)(6);}$  has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his trearment.

Best Regards,		
(b)(6); (b)(7)(C)	M.D.	
(b)(6); (b)(7)(C)		
CFG9 HEALTH NETWORK	CFG HEALTH SYSTEMS,LLC	COREDINES.
Hudson County Correctiona	l Center	
35 Hackensack Ave.		
Kearny, NJ 07032		
(b)(6); (b)(7)(C)		
From: <sup>(b)(6); (b)(7)(C)</sup> Sent: Monday, August 14,	2017 9:04 AM	
<b>To:</b> (b)(6); (b)(7)(C)		
Carl		

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

b)(6);

(b)(6); (b)(7)(C) (b)(6); , USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. rm 1219.
New York, NY, 10014
(b)(6); (b)(7)(C)

Subject: EXTERNAL:hunger strike

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From:	(b)(6); (b)(7)(C)
Sent:	14 Aug 2017 14:08:20 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	KE: EXTERNAL: nunger strik(0)(6);
Importance:	High

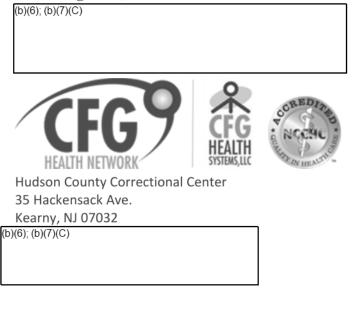
Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

Mr (b)(6); as refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his trearment.

## Best Regards,



From: (b)(6); (b)(7)(C) Sent: Monday, August 14, 2017 9:04 AM To: (b)(6); (b)(7)(C) Cc: Subject: EXTERNAL:hunger strike hussain

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?



Field Medical Coordinator New York Field Office 201 Varick St. rm 1219. New York, NY, 10014

(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	14 Aug 2017 21:52:08 -0400
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:hunger strike(b)(6);

Thank you and have a good night.

#### (b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement New York Field Office

From <sup>(b)(6); (b)(7)(C)</sup>	
Date: Monday, Aug 14, 2017, 9:51 PM	
<b>To:</b> (b)(6); (b)(7)(C)	
Ce:	į.
Subject: Re: EXTERNAL:hunger strike (b)(6);	

No, he did not eat.

(b)(6); (b)(7)(C)

Health Services Administrator Hudson County Corrections & Rehibalitation Center 35<u>Hackensack Ave.</u> Kearny, NJ 07032

(b)(6); (b)(7)(C)

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Sent from my iPhone

	_
On Aug 14, 2017, at 9:29 PM <sup>(b)(6); (b)(7)(C)</sup>	rote
On Aug 14, 2017, at 9.29 T Wicken et al.	noic.

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	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1094

Thank you. Do you know if he ate?

(b)(6); (b)(7)(C)

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement New York Field Office

From (b)(6); (b)(7)(C)

Date: Monday, Aug 14, 2017, 9:27 PM To<sup>(b)(6); (b)(7)(C)</sup>

To<sup>25</sup> Cc

Subject: Re: EXTERNAL:hunger strik<sup>(b)(6); (b)(7)(C)</sup>

Detaine (b)(6); has returned from the Hospital. He is pending follow up with mental health tomorrow.

(b)(6); (b)(7)(C)

Health Services Administrator Hudson County Corrections & Rehibalitation Center 35 <u>Hackensack Ave.</u>

Kearny, NJ 07032

(b)(6); (b)(7)(C)

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Sent from my iPhone

On Aug 14, 2017, at 5:12	$PM,^{(b)(6);(b)(7)(C)}$
(b)(6); (b)(7)(C)	> wrote:

Can you please advise if/when the alien is admitted to the hospital?

From:	(b)(6); (b)(7)(C)
Sent:	4 Apr 2018 14:59:29 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: EXTERNAL:Hunger strike

He was transferred last night.

Respectfully, (b)(6); (b)(7)(C) Regional Manager CFG Health Systems

 From:
 (b)(6); (b)(7)(C)

 Sent:
 Weanesaay, April 04, 2018 6:53 AM

 To:
 (b)(6); (b)(7)(C)

 Subject:
 EXTERNAL:Hunger strike

Good morning, I haven't received any information on the hunger striker, what's his status, is he still there not eating/drinking?

#### CDR<sup>(b)(6); (b)(7)(C)</sup> FMC NYC (b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	16 Aug 2017 13:41:26 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: EXTERNAL

Thank you.

Best Regards,	
(b)(6); (b)(7)(C)	M.D.



## **Medical Director**





Hudson County Correctional Center 35 Hackensack Ave.

Kearny, NJ 07032

(b)(6); (b)(7)(C)

From:(b)(6); (b)(7)(C)	
Sent: Wednesday, August 16, 20	017 9:40 AM
To: (b)(6); (b)(7)(C)	
Subject: RE: EXTERNAL <sup>(b)(6);</sup>	hunger strike

Yes I believe they are working that out now-he may not go back to Hudson.

CDR (b)(6); (b)(7)(C) FMC NYC b)(6); (b)(7)(C)

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From:(b)(6); (b)(7)(C)	
Sent: Wednesday, August 16, 2017 9	:39 AM
<b>To:</b> (b)(6); (b)(7)(C)	
Subject: KE: EXTERINAL	ger strike

Thank you.

Will he be transferred to a different ICE facility ?

## **Best Regards**,

M.D.

# **Medical Director**



Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032 (b)(6); (b)(7)(C)

From: <sup>(b)(6); (b)(7)(C)</sup> Sent: Weanesaay, August 10, 2017 5.17 Am To <sup>(b)(6); (b)(7)(C)</sup> Subject: EXTERNAL:hussain hunger strike

Fyi-saw him this morning at Varick:

: Weight today 149.2# he drank one nutritional shake with DSM (b)(6); (b)(7)(C), and another at 0100 this am, refused other evaluations. DQ(b)(6); hd I spoke to the detainee at Varick this AM, I was able to get vital signs and weight on him, strong radial pulse felt, strong grip, ambulates without difficulty, AAO, BP 148/89, P84, spo2 99%RA T 98.1. I explained the risks associated with not eating. After speaking with (b)(6); and I he stated he does not intend to eat food or drink the nutritional supplements until he is released from custody.

(b)(6); (b)(7)(C) CDR, USPHS Field Medical Coordinator New York Field Office 201 Varick St. rm (b)(6): New York, NY, 10014 (b)(6); (b)(7)(C)

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	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1098

From: (b	)(6); (b)(7)(C)
Sent:	8 Aug 2017 14:13:49 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:potential hunger strike
Good Morning,	
•	(b)(6); (b)(7)(C) — Seen by medical states he wants a place to pray place is found he will not eat. We will weigh him daily every evening using the weight $11/14/16 - 140$ lbs.
	(b)(6); (b)(7)(C) Seen by medical states he wants a place to pray on ce is found he will not eat. We will weigh him daily every evening using the weight $6/8/17 - 140$ lbs.
	(b)(6); (b)(7)(C) Seen by medical states he wants a place to ntil a place is found he will not eat. We will weigh him daily every evening using ast weight $3/6/17 - 187$ lbs.
	- Seen by medical states he feels he does not o on a hunger strike until released. We will weigh him daily every evening using ast weight $8/7/17 - 115$ lbs, initial weight $7/8/17$ 118 lbs.
Please feel free to con	$tact_{(b)(7)(C)}^{(b)(6);}$ pr myself for any questions.
(b)(6); (b)(7)(C)	
(b)(6); (b)(7)(C) RN, MS	N, CCHP-RN
Regional Manager, CF	,
771 W Route 70	
Suite (b)(6);	
Marlton, NJ 08053	
(b)(6); (b)(7)(C)	
<b>CFG</b> HEALTH SYSTEMS,LLC	

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Fro	<b>m:</b> <sup>(b)(6); (b)(7)(C)</sup>
Sen	t: Monday, August 07, 2017 8:36 AM
To:	(b)(6); (b)(7)(C)
Cc:	
Sub	<b>iect:</b> EXTERNAL:potential hunger strike

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

Detainee (b)(6); (b)(7)(C)	
Detainee	
Detainee	
Detainee	
(b)(6); (b)(7)(C)	
CDR, USPHS	
Field Medical Coordinator	
New York Field Office	
201 Varick St. rm (b)(6);	
New York, NY, 1001(h)(7)(C)	
(b)(6); (b)(7)(C)	

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From:	(b)(6); (b)(7)(C)
Sent:	7 Aug 2017 23:43:34 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:potential hunger strike

Just doing emails now while at home. We will have this to you in am.

(b)(6);

(b)(6); (b)(7)(C)	RN, MSN, CCHP-RN
Regional Mana	ger, CFGHS
771 W Route 7	0
Suite (b)(6);	
Marlton. NJ 08	053
(b)(6); (b)(7)(C)	



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From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Monuay, August 07, 2017 d	50 AM
<b>To</b> <sup>(b)(6);</sup> (b)(7)(C)	
Сс	

Subject: EXTERNAL:potential hunger strike

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

Detainee<sup>(b)(6); (b)(7)(C)</sup>

Detainee	(b)(6); (b)(7)(C)	
Detainee		
Detainee		
(b)(6); (b)(7)(		
CDR, US	PHS	
Field M	edical Coordinator	
New Yor	k Field Office	
201 Var	ick St. rm (b)(6);	
New Yor	k, NY, 10014	
(b)(6); (b)(7)(C	;)	

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From:	(b)(6); (b)(7)(C)
Sent:	8 Aug 2017 18:26:48 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:potential hunger strike

Thank you, we will remove him from the list but I believe  $Dr_{(b)(G)}^{(b)(6);}$  may have already spoken to him. Please let us know if he decides to resume a Hunger Strike.

Please inform the evening shift to remove  $\binom{(b)(6)}{(b)(7)(C)}$  from the daily weights.

(b)(6);	
(b)(7)(C)	

(b)(6); (b)(7)(C) MSN, RN, CCHP-RN Regional IVIAna ger CFGHS 765 East Route 70 Suite<sup>(b)(6)</sup>; (b)(6); (b)(6); (b)(7)(C)

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From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Tuesday, August 08, 2017 1:33 PM	
To (b)(6); (b)(7)(C) Cc: Subject: RE: EXTERNAL:potential hunger strike	
(b)(6); (b)(7)(C	
Detaine $\binom{(b)(6);}{(b)(7)(C)}$ ate lunch and dinner yesterday, and apparently this list.	y ate today. He should no longer be on
Detaine $\binom{(b)(6);}{(b)(7)(C)}$ eceived his lunch tray yesterday and was observed tray. He then handed the rest of the food to $\binom{(b)(6);}{(b)(7)(C)}$ . He subsequed	ved taking a nutritional bar from the uently refused his dinner tray.
Both detainees $\frac{(b)(6)}{(b)(7)}$ and $\frac{(b)(6)}{(b)}$ efused all three of their food tray	ys yesterday.
(b)(6); (b)(7)(C)	
	Stevens v ICE 2020- cv- 02735 Deportation research clinic

https://deportation-research.buffett.northwestern.edu/

2020-ICLI-00042 1103

Supervisory Detention and Deportation Officer U.S. Immigration and Customs Enforcement

From:(b)(6); (b)(7)(C)
Sent: Tuesday, August 08, 2017 10:59 AM
Tq(b)(6); (b)(7)(C) Cq
Subject: RE: EXTERNAL:potential hunger strike
Good Morning,
Detaine <sup>(b)(6); (b)(7)(C)</sup> – He has no medical or mental health problems
and is not on any medications
Detaine $(b)(6); (b)(7)(C)$ He has no chronic medical or mental health problems. He was started 8/7/17 on an antifungal cream for a rash; the order is for 30 days.
Detainee <sup>(b)(6); (b)(7)(C)</sup> He has no medical or mental health problems and is not on any medications
Detained $(b)(6)$ ; $(b)(7)(C)$ He has no chronic medical or mental health problems. He was started 8/8/17 on Tylenol for a headache; the order is for 5 days.
I spoke with $Dr_{(b)(6)}^{(b)(6)}$ who will be seeing the detainees to assess their mental health status at this time.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)	RN, MSN, CCHP-RN
Regional Mana	ager, CFGHS
771 W Route 7	70
Suite (b)(6);	
Marlton, NJ 08	8053
(b)(6); (b)(7)(C)	



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From:(b)(6); (b)(7)(C)	
Sent: Tuesday, August 08, 2017 10:36 AM	
To: (b)(6); (b)(7)(C)	1
Cc:	
Subject: RE. EATERNAL.potential nunger suike	1
· · · · · · · · · · · · · · · · · · ·	

Thank you, please let me know if any of them have any current medical/mental health issues, and if they are on any medications. I will be requesting updates daily for this information once they reach the 72hr/9 meal mark.

For your assistance, below is what we do in IHSC sites, of course there are other guidance's such as your own policy/procedure and detention standards :

Medical providers must complete an initial medical and psychiatric evaluation of the detainee, and repeat as necessary.

**Medical Evaluation**: The CD or designee must perform an initial evaluation of the detainee to include:

Medical history; Physical examination to include height, weight, and orthostatic blood pressures;

Vital signs; Urinalysis; Clinically necessary laboratory tests deemed appropriate (e.g., complete metabolic panel, pre-albumin, complete blood count, etc.);

Weight and orthostatic vital sign measurement must be recorded at least once every 24 hours during the hunger strike, and other procedures as medically indicated; and standard treatment protocols should be modified or augmented when medically indicated, monitoring I&O. When clinically indicated, medical staff may refer the detainee to a hospital.

**Psychiatric Evaluation:** A behavioral health provider (BHP) must evaluate the detainee to assess for possible psychiatric causes for the hunger strike, and to provide supportive counseling that may help end the hunger strike.

**Detainee Education of Medical Risks:** The CD, designee, or other healthcare providers, along with a BHP, should counsel the detainee in a language and a manner that the detainee understands regarding medical risks of continuing the hunger strike and encourage the termination of the hunger strike. The healthcare providers must document this counseling in the detainee's health record.

Document any refusals of care.

CDR (b)(6); (b)(7)(C) FMC NYC (b)(6); (b)(7)(C)

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From (b)(6); (b)(7)(C)
Sent: Tuesday, August 08, 2017 10:14 AM
To:(b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:potential hunger strike

Good Morning,

Detainee (b)(6); (b)(7)(C)on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 11/14/16 - 140 lbs.

Detained<sup>(b)(6); (b)(7)(C)</sup> Fridays and untra place is round no with not call. We will weigh him daily every evening using the infirmary scale . Last weight 6/8/17 – 140 lbs.

Detainee  $^{(b)(6); (b)(7)(C)}$  Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 3/6/17 - 187 lbs.

Detainee  $^{(b)(6); (b)(7)(C)}$  Seen by medical states he feels he does not belong here and will go on a nunger surke until released. We will weigh him daily every evening using the infirmary scale. Last weight 8/7/17 - 115 lbs, initial weight 7/8/17 118 lbs.

Please feel free to contact Melessia or myself for any questions.



(b)(6); (b)(7)(C) N, MSN, CCHP-RN
Regional Manager, CFGHS
771 W Route 70
Suite(b)(6);
Marlton, NJ 08053
(b)(6); (b)(7)(C)



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From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Monday, August 07, 2017 8:	36 AM
<b>To:</b> (b)(6); (b)(7)(C) <b>Cc:</b>	
Cc:	
Subject: EXTERNAL:potential hunger strike	

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

Detainee	(b)(6); (b)(7)(C)
Detainee	
Detainee	
Detainee	

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	Deportation research clinic	
	https://deportation-research.buffett.northwestern.edu/	
2020-ICLI-00042	1107	

(b)(6); (b)(7)(C)
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. rm (b)(6);
New York, NY, 10014
(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	29 Jan 2018 15:18:40 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:RE: Hunger Strike

Admission Weight from 12-19-2018 Weight (lbs): 210, Height (in.): 68 Current Weight: 205 (01/28/2018 4:45:42 PM), Height (in.): 68 No medications, no previous mental health issues. Frustrated about language and communication, Language line had to used, he does not like the food and water. Patient denied suicidal/homicidal ideations.

Have a Fabolous Day, R.N. M.S.N.

Director of Nursing

35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)



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From: (b)(6); (b)(7)(C)		
Sent: Honday, January 29, 2010 0.24 AM		
To:(b)(6); (b)(7)(C)		
Cc:		
Subject: EXTERNAL:RE: Hunger Strike		
-		

Thank you, can you please send his intake weight and height on arrival, and if he is on any medications or has any medical/mental health problems?

Thank you,

CDR (b)(6); (b)(7)(C) RN FMC NYC	
(b)(6); (b)(7)(C)	
under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and di policy relating to FOUO information and is not to be released to the public or other personnel who do not hav prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either	isposed of in accordance with DHS ve a valid 'need-to-know' without
From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Monuay, January 29, 2010 7.27 AM	
To <sup>(b)(6); (b)(7)(C)</sup> Cc	
Subject: Hunger Strike	
(b)(6); (b)(7)(C) -started on a hunger strike yesterday a	fter lunch. He is only
drinking fluids no food. He say he doesn't want to be here.	
Have a Fabolous Day,	
<i>Ms</i> , <sup>(b)(6); (b)(7)(C)</sup> R.N. M.S.N.	
Director of Nursing	
HEALTH HEALTH	
REALIN NEIWORK	
Hudson County Correctional Center 35 Hackensack Ave.	
Kearny, NJ 07032 b)(6); (b)(7)(C)	

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	https://deportation-research.buffett.northwestern.edu	
2020-ICLI-00042	1110	

From:	(b)(6); (b)(7)(C)
Sent:	10 Jul 2017 17:28:08 +0000

(b)(6); (b)(7)(C)

subject:

NE. EXTERINAL. NE. ICE IIIIIII au au IIISSION

Thank you! The infirmary nurse confirmed that he ate"100%" of his lunch

From: <sup>(b)(6);</sup> (b)(7)(C)	
Sent: Monday, July 10, 2017 12:44 PM	
(b)(6); (b)(7)(C)	

#### Subject: EXTERNAL:RE: ICE infirmary admission

Crisis averted,

After allowing detainee (b)(0); o speak with the consulate of Jamaica this morning to confirm his removal, the subject decided to eat his lunch this afternoon.

From:(b)(6); (b)(7)(C)	
Sent: Sunday, July 09, 2017 6:18 PM	
(b)(6); (b)(7)(C)	

ICE detainee (b)(6); (b)(7)(C) admitted to the infirmary. Detainee claims he has not eaten since Friday. As per the charge nurse, Detainee (b)(6); (b)(7)(C) tated that he was on a hunger strike because "he did not leave". He is refusing vital signs, to be weighed and food/ liquids.

#### Sent from my iPhone

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From:	(b)(6); (b)(7)(C)
Sent:	28 Mar 2018 16:37:25 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE: EXTERNAL:RE: Ice Pt. Up-date
Attachments:	Ice Patients update 3-28-18.docx

Have a Fabulous	Day,	
<i>Ms</i> . <sup>(b)(6); (b)(7)(C)</sup>		R.N. M.S.N.

**Director of Nursing** 



Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

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From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Wednesday, March 28, 2018 8:58 AM	1
<b>To:</b> (b)(6); (b)(7)(C)	
Cc:	
Subject: EXTERNAL:RE: ICE Pt. Op-date	
oubject Extrema Enter recent op date	

Thank you, I was also waiting on an update on these:

 (b)(6); (b)(7)(C)
 rent to ER for rec injury yesterday.

 (b)(6); (b)(7)(C)
 results of cardiology consult done.

(b)(6); (b)(7)(C) was being seen yesterday concerning reports of migraines and previous brain injury/surgery.

CDR(b)(6): (b)(7)(C) RN FMC NYC

Ofc:(b)(6);(b)(7)(C)

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From(b)(6); (b)(7)(C)

Sent: Wednesday, March 28, 2018 8:44 AM To: (b)(6); (b)(7)(C)

Cc:

Subject: Ice Pt. Up-date

Have a Fabulous Day,

Ms<sup>(b)(6); (b)(7)(C)</sup>

**Director of Nursing** 



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1. <sup>(b)(6); (b)(7)(C)</sup>			commitment#	(b)(6); (b)(7)(C) <b>BI#:</b>
29 Years (	<b>Old DOB: 10</b> /	/08/1988	-	
Race: Hispanic	Gender: Male	LOC: H N	OR 202 01	Inmate Type: ICE
HLCN: HCCC	<b>A#:</b>			

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with  $Dr.^{(b)(6); (b)(7)(C)}$  the psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78
Temperature: 98.2 Temperature site: Temporal
Pulse rate: 76 Pulse rhythm: Regular
Respirations: 17 Respiration Type: Regular
Pulse Ox% 98 Room Air: Yes

**Medications** 

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily

REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI#: 39 Years Old DOB: 04/26/1978 Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE HLCN: HCCC ) A#:

## Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

## Ice Patient's Up-Date

Standing BP: 132 / 72
Temperature: 97.6 Temperature site: Temporal
Pulse rate: 78 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Regular
Pulse Ox% 98 Room Air: Yes

3. (b)(6); (b)(7)(C) DOB: 09/06/1981 Race: Black or African American Gender: Male LOC: I INF 112 09 Inmate Type: ICE HLCN: HCCC ) A#:(b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

#### A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery Cast removed today-**3-27-2018** Continue current medication and care Encourage to elevate left foot daily or PRN Return follow up in 3 weeks See scanned ortho consult note



Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain Maalox 30ml by mouth stat Stat EKG - Wnl Patient education: Return to clinic as directed. Seek medical attention if symptoms worsen. Patient verbalized understanding.

## Mental Health--Subjective

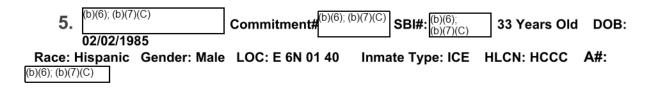
Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

## Assessment

**Impression:** The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

## Plan

No Mental Health Intervention



Date: 03/27/2018 Time Code Called: 4:25p Describe: S/P Sports Injury Right shoulder dislocation Describe Code: Responded to code white, patient found siiting next to round table AAOX3, patient complaining pain right shoulder, patient complaining of severe pain 10 of 10 on pain scale, patient states: "I was playing soccer and I fell and hit my right shoulder." Inmate Condition: Oriented/Alert

Patient AAOX3, patient complaining of severe pain right shoulder, s/p from playing soccer, unable to do ROM, sling applied. Ambulance called, for patient to transfer to JCMC-ER,

Patient return from JCMC s/p close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation Chief Complaint: Patient return from JCMC sp close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation

X-ray report from JCMC shows anteriorly dislocated shoulder with hill sachs deformity refer to OrthO

Active Medications: : ACETAMINOPHEN ER 650 MG ORAL TABLET EXTENDED RELEASE take 1 tablet PO BID, CTM 4 MG. 1 tab by mouth twice daily as needed x 5 days., MOTRIN 200 MG. 2 tabs by mouth twice daily as needed x 5 days..

<b>6.</b> <sup>(b)(6); (b)(7)(C)</sup>	Commitment#	(b)(6); (b)(7)(C)	<sup>(); (b)(7)(C)</sup> 48 Years
Old DOB: 12/16/1969 <u>Race: Unspe</u> cified Gender: Male (b)(6); (b)(7)(C)	LOC: D 5W 605 01	Inmate Type: ICE	HLCN: HCCC A#:

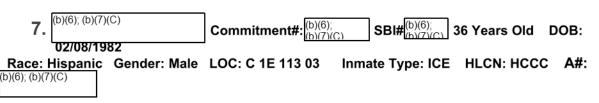
### **Cardiology Consult**

48 year old African-American male returns from Cardiology consult. Nuclear Stress Test was positive. LVEF 32%-38%. Cardiology recommends follow-up Catheterization. Plavix 300mg ordered as 1 time STAT dose for today 3/27/18, then Plavix 75mg PO daily for 90 days starts tomorrow 3/28/18. CBC and CMP recommended as PT is on unknown dose of Lisinopril-recommending monitoring Potassium and Creatine. Other orders include Aspirin 81 mg PO daily x 90 days, Lipitor 80 mg PO daily at night X 90 days, and Coreg 6.25 PO BID x 90 days

**Pt return from St.Michael's Cardiology 3-27-2018 11:07AM--** B/P 158/89 P59 RR17 T96.7 Sp02 98%RA Alert verbally responsive ambulates with steady gait Denies NV Denies HA Pt sent with new scripts for Plavix 75mg Po Daily ,ASA 81 mg Po Daily Lipitor Po Daily 80mg Coreg 6.25 Mg BID

## Orders:Added

Added new Test order of CBC with Differential (0053-9) - Signed Added new Test order of Chem 8: Ca++, Na+, K, CL-, CO2, Glucose, BUN, Cr (2555-1) - Signed Added new Test order of Outside Specialty (providerclinic)



## Brief Subject (20 Characters Max): provider sick call

S: 36 yrs old Hispanic male seen today for complaints of chronic headache not relieved by current pain regimen. Inmate appears stable, in no acute distress. Communicated with inmate via a Spanish interpreter # 252386. Inmate reported that he had Hx of head trauma in 2015 and as a result was in coma for one month at Bay Shore hospital in NY. Inmate added that he was not having headache on the street but started having severe headache since incarceration -about 5 months now. States the headache starts from the occipital region of his head and radiates to the back of his right eye, forehead and parietal region of his head. Currently, inmate is on Excedrin twice daily as needed for headache but states it is not relieving his headache. Reported his pain scale is 10/10. No facial grimacing or any sign of pain observed during consultation. Mood, affect and vital signs are wnl.

Vitals: BP= 110 / 60 ,P= 63 ,RR= 16 ,T=98, 02 sat 99% r/a

## A/Headache

Continue current regimen - Excedrin extra strength 250-250-65mg by mouth twice daily prn

- Add Ibuprofen 600mg by mouth twice daily as needed with meal for breakthrough pain
- Referral to UH Neurology for evaluation
- trip / CX sheets completed
- Patient education:
- Take all prescribed medications.
- Return to clinic as directed.
- Seek medical attention if symptoms worsen.

Patient verbalized understanding.

From:	(b)(6); (b)(7)(C)	7	
Sent:	6 Nov 2019 15:49:06 ·	 +0000	
(b)(6); (b)(7)(C)			
Subject:	(b)(6); (b)(7)(C)		
	alized he is going on a seen by both medica	n to medical this mornin hunger strike. His last r al and medical health sta	neal was dinner
(b)(6); (b)(7)(C) Assistant Health Servic Wellpath Hudson County Correc 35 South Hackensack A Kearny, NJ 07032	ctions and Rehabilitation Cen	ıter	
(b)(6); (b)(7)(C)			

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From: Sent:	(b)(6); (b)(7)(C) 15 Nov 2019 1	7:46:24 +0000
(b)(6); (b)(7)(C)		
Subject:	(b)(6); (b)(7)(C)	- potential hunger strike

Good afternoon,

Patient<sup>(b)(6); (b)(7)(C)</sup> claimed he was on a Kosher diet since he

arrived. The diet stopped yesterday. The patient claimed his last full meal was at 4pm. Since, he has had some snacks yesterday evening but has not eaten this morning and at lunch. Once we were notified, we brought him down to medical and gave him two boost. He drank one at noon. He was sent back to his housing unit.

He height is 5'8"; weight is 161lbs; bp 132/79; HR 66.

He is not on any current medication.

He refused to see mental health staff.

Please let me know if you have any questions.

(b)(6); (b)(7)(C)

Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032 (b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)	
Sent:	29 Jan 2018 00:02:22 +0000	
(b)(6); (b)(7)(C)		
Subject:	Hunger strike watch	

Detainee (b)(6): (b)(7)(C) // (b)(7)(C) // (c) // (

(b)(6); (b)(7)(C) Health Services Administrator Hudson County Corrections & Rehabilitation Center 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

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From:	(b)(6); (b)(7)(C)
Sent:	9 Aug 2017 16:56:14 +0000
То:	(b)(6); (b)(7)(C)
Subject:	ICE Hunger Strikes
Importance:	High
-	-

Commande<sup>(b)(6);</sup>

Thank you for forwarding the information on the ICE Detainees who are on a hunger strike.

- 1. (b)(6); (b)(7)(C) refused to meet with me and even when I approached him directly he refused. He was polite and respectful, but refused emphatically.
- (b)(6); (b)(7)(C) vas very softspoken and appeared deflated. He denies any mental health hx.
   ne denied any suicidal thoughts or intent. He said he will continue to refuse to eat unless released and given his freedom. He said it is unfair that he has been detained for almost three years and is without a criminal record. He said he traveled through 14 countries to get to the U.S. He declined any offer of mental health counseling or support.
- 3. <sup>(b)(6); (b)(7)(C)</sup> eports he has been in the U.S. for 25 years, committed no crime, has a wife, two children and a career in construction. No mental health hx, and denies any hx or current suicidality, but said he might accept a counseling follow up visit. He said most definitively that he will refuse to eat.

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	Stevens v ICE 2020- cv- 02735
	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-1011-00042	1123

From:	(b)(6); (b)(7)(C)
Sent:	28 Mar 2018 12:44:21 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	Ice Pt. Up-date
Attachments:	Ice Patients update.docx

Have a Fabulous Day,	
<b>Ms</b> <sup>(b)(6); (b)(7)(C)</sup>	R.N. M.S.N.
Director of Nursing	



Hudson County Correctional Center 35 Hackensack Ave. Kearny, NJ 07032

(b)(6); (b)(7)(C)

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1. (b)(6); (b)(7)(C)			]Commitment#	<sup>(b)(6); (b)(7)(C)</sup> <b>SBI#:</b>
29 Years (	<b>Old DOB: 10</b> /	08/1988		
Race: Hispanic	Gender: Male	LOC: H	NOR 202 01	Inmate Type: ICE
HLCN: HCCC	<b>A#:</b>			

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with  $Dr_{(D)(6); (D)(7)(C)}^{(D)(6); (D)(7)(C)}$  he psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78
Temperature: 98.2 Temperature site: Temporal
Pulse rate: 76 Pulse rhythm: Regular
Respirations: 17 Respiration Type: Regular
Pulse Ox% 98 Room Air: Yes

## **Medications**

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. MORO, ANACLETO Commitment#: 09323324 SBI#: 39 Years Old DOB: 04/26/1978 Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE HLCN: HCCC ) A#:

## Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

## Ice Patient's Up-Date

Standing BP: 132 / 72
Temperature: 97.6 Temperature site: Temporal
Pulse rate: 78 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Regular
Pulse Ox% 98 Room Air: Yes

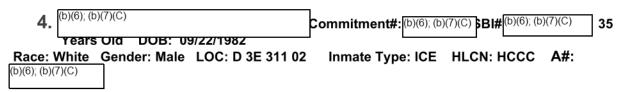
3. (b)(6); (b)(7)(C) DOB: 09/06/1981 Race: Black or African American Gender: Male LOC: I INF 112 09 Inmate Type: ICE HLCN: HCCC ) A# (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

#### A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery Cast removed today-**3-27-2018** Continue current medication and care Encourage to elevate left foot daily or PRN Return follow up in 3 weeks See scanned ortho consult note



Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain Maalox 30ml by mouth stat Stat EKG - Wnl Patient education: Return to clinic as directed. Seek medical attention if symptoms worsen. Patient verbalized understanding.

## Mental Health--Subjective

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

### Assessment

**Impression:** The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies both suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

### Plan

No Mental Health Intervention

From: Sent:	(b)(6); (b)(7)(C) 5 Feb 2018 02:02:27 +0000
)(6); (b)(7)(C)	5105201002.02.27 10000
Subject:	Infirmary Admission: Psych Observation and hunger strike
b)(6); (b)(7)(C)	has been admitted on Psych
	e detainee stated he will hang himself if he did not come out the cell as
•	on lock down. He was seen by the NP on duty and placed on psych
observation as I	he stated he was only joking.
(b)(6); (b)(7)(C)	admitted on hunger strike and psych
	stamee states ne and not eat for 4 days. Last ate this morning a few
	ank water on the tier. Weight 162lbs, b/p 120/90, pulse 82, respect 15, O2
	thinks he is a snake and has been also placed on psych observation.
<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(b)(6); (b)(7)(C)	N, CCHP
nearun Services	- Administrator
	Corrections & Rehabilitation Center
35 Hackensack	
Kearny, NJ 070	132
b)(6); (b)(7)(C)	
Disclaimer	
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Disclaimer

From:	(b)(6); (b)(7)(C)	
Sent: (b)(6); (b)(7)(C)	6 Nov 2019 16:17:55 +0000	
(b)(b), (b)(7)(C)		
Subject:	<b>Re:</b> ((b)(6); (b)(7)(C)	
Subject.	Re. (b)(b), (b)(7)(c)	
Will do.		
Savitre Bettencourt	t	
	ervices Administrator	
Wellpath	rrections and Rehabilitation Center	
35 South Hackensad		
Kearny, NJ 07032		
Phone: 201-395-560		
Sbettencourt@well	lpath.us	
From: <sup>(b)(6); (b)(7)(C)</sup>		1
	y, November 6, 2019 11:03 AM	]
(b)(6); (b)(7)(C)	,	
Subject: [EXT] R	<b>₹E;</b> (b)(6); (b)(7)(C)	
Please keen us un	odated on any confirmed missed meals.	
riedse keep us up	Juated on any commence missed means.	
Thank you,		
(b)(6); (b)(7)(C)		
	tention and Deportation Officer	
ICE/ERO		
	et $12^{\text{th}}$ floor, Rm.(b)(6);	
New York, NY	10014	
(b)(6); (b)(7)(C)		
From:(b)(6); (b)(7)(C)	```	
	y, November 06, 2019 10:52 AM	
(b)(6); (b)(7)(C)	,, November 00, 2019 10.02 / Wi	
<b>Subject.</b> NL. (b)(6);	; (b)(7)(C)	
Also if he has any	v medical/mental health diagnoses and me	dications?
(b)(6); (b)(7)(C)		
CDR	' RN FMC NYC	
Ofc (b)(6); (b)(7)(C) Warning: this document		ontains information that may be exempt from
	e Freedom of Information Act (5 USC. 552). It is to be cont	
		Stevens v ICE 2020- cv- 02735
	,	Deportation research clinic
	113 2020-ICLI-00042	://deportation-research.buffett.northwestern.edu/ 30
	2020-1021-00044	

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From (b)(6); (b)(7)(C)	
Sent: Wednesday, November 6, 2019 10:49 AM	
(b)(6); (b)(7)(C)	
Subject (b)(6): (b)(7)(C)	

#### Good Morning,

Detainee<sup>(b)(6); (b)(7)(C)</sup> was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89 Pulse - 106 Temp - 97.6 Pluse Ox - 98

(b)(6); (b)(7)(C)

Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032

(b)(6); (b)(7)(C)

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From: Sent:	(b)(6); (b)(7)(C) 6 Nov 2019 16:17:31 +0000	
(b)(6); (b)(7)(C)		
Cc: Subject:	(b)(6); (b)(7)(C)	

Here you go.

Weight - 206 Height - 7' 3"

11-04-2019	Acute	Musculo	oskeletal	Low back pain
08-16-2019	Chronic	: Psych	Adjustment disc	order with anxiety
08-16-2019	Chronic	: Psych	Alcohol abuse,	uncomplicated

(Naproxen) Naprosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN for 14 days. PRN Reason: Pain..

Clotrimazole 1 % Topical Cream: give 1 cream Topical BID AM & HS for 7 days. KOP.

doxycycline monohydrate 100 mg capsule: give 1 capsule by mouth BID AM & HS for 7 days.

(Sertraline) Zoloft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days .

(Hydroxyzine Pamoate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS for 60 days give with 25mg.

(Hydroxyzine Pamoate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS for 60 days .

calcium citrate-vitamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM for 90 days .

(b)(6); (b)(7)(C)

Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave <u>Kearny, NJ 07032</u>

b)(6); (b)(7)(C)

From(b)(6); (b)(7)(C)

**Sent:** Wednesday, November 6, 2019 10:52 AM (b)(6); (b)(7)(C)

Subject: [EXT] RE(b)(6); (b)(7)(C)

Also if he has any medical/mental health diagnoses and medications?

From:	(b)(6); (b)(7)(C)
Sent:	6 Nov 2019 16:24:50 +0000
(b)(6); (b)(7)(C)	
Subject:	Re: (b)(6); (b)(7)(C)
35 South Hackensack Kearny, NJ 07032 (b)(6); (b)(7)(C)	ces Administrator ctions and Rehabilitation Center
From:(b)(6); (b)(7)(C)	
Sent: Wednesday, M (b)(6); (b)(7)(C)	November 6, 2019 11:17 AM
<b>Subject:</b> Re: <sup>(b)(6); (b)</sup>	(7)(C)
Here you go.	
Weight - 206 Height - 7' 3''	
11-04-2019 08-16-2019 08-16-2019	Acute Musculoskeletal Low back pain Chronic Psych Adjustment disorder with anxiety Chronic Psych Alcohol abuse, uncomplicated
for 14 days. PRN	rosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN N Reason: Pain 6 Topical Cream: give 1 cream Topical BID AM & HS for 7 days.
KOP.	ohydrate 100 mg capsule: give 1 capsule by mouth BID AM &
HS for 7 days.	
	ft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days . moate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS with 25mg.
	moate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS
•	itamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM

(b)(6); (b)(7)(C)

Assistant Health Services Administrator

From: Sent:	(b)(6); (b)(7)(C) 21 Jun 2018 11:06:58 +0000
То:	John Geoghegan
(b)(6); (b)(7)(C)	
Subject:	RE: EXTERNAL:Faux Hunger Strike- Detainee <sup>(b)(6); (b)(7)(C)</sup>
(b)(6); (b)(7)(C)	

That's good for being proactive, we all have to keep or eyes and ears open. (GOOD JOB).

From: <sup>(b)(6); (b)(7)(C)</sup>	
Sent: Wednesday, June 20, 2018 8:17 PM	
(b)(6); (b)(7)(C)	
Subject: EXTERNAL: Faux Hunger Strike- Detainee <sup>(b)(6); (b)(7)(C)</sup>	l
Good afternoon Ms <sup>(b)(6);</sup>	
Detained by Sgt $(b)(6)$ ; tated that he was going on a hunger strike. He was interviewed by Sgt $(b)(6)$ ;	٦
and $\text{Doctd}_{(b)(6);}^{(b)(6);}$ Detaine $(b)(6);$ then stated that hde was not really on a hunger strike, h	e
just wanted to be moved off of the unit because he was having problems with another detainee	
whom he identified as $(b)(6)$ ; $(b)(7)(C)$ Sgt $(b)(6)$ ; believed that	
detained b)(6); was telling the truth so he had him reclassified to D500East and put in a keep	
separate order for both detainees. Detained $(b)(6)$ ; was given a food tray which he ate in the $(b)(7)(C)$	
presence of Sgtt <sup>(b)(0)</sup> , (b)(7)(C)	
Captain <sup>(b)(6); (b)(7)(C)</sup>	
Hudson County Department of	
Corrections and Rehabilitation	
35 South Hackensack Avenue	
Kearny, N.J. 07032	
(b)(6); (b)(7)(C)	

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	Stevens v ICE 2020- cv- 02735
	Deportation research clinic
	https://deportation-research.buffett.northwestern.edu/
2020-ICLI-00042	1134

From: Sent:	(b)(6); (b)(7)(C) 17 Jan 2018 15:16:02 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: EXTERNAL:FW: Hunger Strike <sup>(b)(6); (b)(7)(C)</sup>

Yes we just did rounds in the infirmary he did not eat breakfast, and lunch was just given to him. We will continue to monitor.

From(b)(6); (b)(7)(C)
Sent: Wednesday, January 17, 2018 9:53 AM
<b>To:</b> (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:FW: Hunger Strike(b)(6); (b)(7)(C)
Great, thank you, I understand $M_{(b)(6)}^{(b)(6)}$ tried speaking to him and he is still refusing.
CDR(b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C)
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prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.
From (b)(6); (b)(7)(C)
Sent: Tuesuay, January 10, 2018 4.59 PM
<b>To</b> (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:FW: Hunger Strike(b)(6); (b)(7)(C)
Subject NE. EXTERNALI W. Hunger Sundolo, (5)(7)(5)

The patient states he had breakfast and lunch time he had coffee. Alt in comfort; VS T 98.4 P94 R14 BP140/80 Sao2 99% room air

# 01/16/2018 WT 192 lb-192lbs

## 10/05/2016 1:33:21 AM Weight: 180lbs

We will keep him down in the infirmary overnight for observation.

Thanks Ms<sup>(b)(6); 6);</sup> (b)(7)(C) 7)(C) N MSN DON

Medication

\* HYDROCORTISONE CREAM 1 % Apply to affected area twice daily

Diagnosis Musculoskeletal pain

> Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/ 2020-ICLI-00042 1135

DHS

## Deviated nasal septum

**Tinea versicolor** 

From: (b)(6); (b)(7)(C)		
Sent: 1uesday, January 16, 2018 4:001	אר	
To:(b)(6); (b)(7)(C)		
Subject: EXTERNAL:FW: Hunger Strike	(b)(6); (b)(7)(C)	

Has he missed any meals? Any chronic c medical or mental health issues/medications?

Please also send admission weight and latest weight taken, thank you!

CDR (b)(6); (b)(7)(C) FMC NYC

Ofd<sup>(b)(6); (b)(7)(C)</sup>

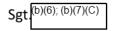
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Subject: FW: Hunger Strike <sup>(b)(6); (b)(7)(C)</sup>	
Fyi	
y; (b)(7)(C)	
DO DHS/ICE/ERO/NYC )(6); (b)(7)(C)	
From (b)(6); (b)(7)(C) Date: Tuesday, Jan 16, 2018, 3:47 PM )(6); (b)(7)(C)	
a 1 (b)(6); (b)(7)(C)	
Subject: Hunger Strike <sup>(b)(6); (b)(7)(C)</sup>	
Good Afternoon,	

2020-ICLI-00042 1136

edu/

Detainee<sup>(b)(6); (b)(7)(C)</sup> located on Echo 400 South, has declared his intention to begin a hunger strike, due to his current Immigration situation. In accordance with our policy, the detainee will be kept in isolation in the medical infirmary.



#### Disclaimer

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		(b)(6); (b)(7)(C)	ENY	19/3	10/4	10/4	
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-	(b)(6); (b)(7)(C)	-		10/	10/	10/	10/			
Kiosk		Ň	wel	1/10	5/0/	1%	19/12			
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- Kiosk	#2611A E									
	(b)(6); (b)(7)(C)	5	ins	10/17	1%	1%	1/17			
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Kink	- Sich Call Forn Non	DS	-	117	1.7	17	10-			
Linu	(b)(6)·(b)(7)(C)				101	- 101	int			
		DS	E	10/13	10/8	1%	1/18			
- Liosk	(b)(6); (b)(7)(C)	Heavy IT								
-3	(b)(b), (b)(7)(C)	BSG	5	10/14	10/18	10/18	2/2			
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ling	(b)(6); (b)(7)(C)	RICAME	ND	quak		unat				
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-1	(b)(6); (b)(7)(C)	1)35		10/00	1%2	122	1/22	8		
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Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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lesix	Mes- liter Det (b)(6); (b)(7)(	C) D3E			1	1000
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		EAN	"/1z	"/13	"/13	-
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	b)(6); (b)(7)(C)	BJE	"/13	1/15	11/13	
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	GITL RESET : 320639 3	31880		1	1	100
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	(b)(6); (b)(7)(C)		CSE	"/22	1/63	11/20				
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Kind	(b)(6); (b)(7)(C)	BX	"/27	"128	1/28	"53
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147 EBRUARIA 2/4 2/4 2/3 (b)(6); (b)(7)(C) DSC (b)(6); (b)(7)(C) Xy 44 2/2 DSE (Dic/ Lock IN 2/4 2/4 2/4 1/20 Pauperry dup NG (1002 +332461 DSE DISCIPINER 1/22 (b)(6); (b)(7)(C) 22 20 Non-Guardent 18an (b)(6); (b)(7)(C) DATY DLOCK E38 6 5 (b)(6); (b)(7)(C) MO-TX TOWARD 14044 C DSE (b)(6); (b)(7)(C) (DENT L 17 Kjock 2/7 7 (b)(6); (b)(7)(C) 32G 7 (b)(6); (b)(7)(C) leo 7 epts RUGULI Juglicerre 22 logy Locit R 119 X. 18 18 2/8 Issue Gunami NIN and SEC (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) lan 100. 48 18 CK 48 2/8 20 2/11 4,1 2/9 (b)(6); (b)(7)(C) 44 Mes - AlleyelAcian, Olam. 12 issue ul Kolovez MONTOUSLE ME TOF NDI 21.19 4 sd 2/11 11 2/8 133E (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Consut 1,, 1, 8 BBE Stall 9., Const 712 化 4 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) DSE tucking on ATTU stud 21- bott. ATTY 2/2 2/12 2/10 Ja Sorvices 121 FNO IN ICE M 1/2 412 7. (b)(6); (b)(7)(C) 24 (b)(6); (b)(7)(C) SCON IND MOD. 2/12 /2 (b)(6); (b)(7)(C) LAISON CHANGED FROM TCE (b)(6); (b)(7)(C) II 10 2020-ICLI-00042 1146

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157 DATINUED 2019 AV spi E 3al (b)(6); (b)(7)(C) 5/23 5/3 (b)(6); (b)(7)(C) Kisch Mars Olla envires -5/3 5/3 5/23 930 # 14069 Men- Henrich issue -Cost where Carb 503 5/29 5Zq 1/29 (b)(6); (b)(7)(C) DJE #14070 Her sta 5/29 5/29 Cuaro · D3NJ. 5/29 mighun. (.v.L SERVICE EXAM 414071 HED. ON This name No Form 5 Appec) ١ HED ! MEDZ (2) Menum DIX STAR 2 CLASS .3 Can 2 3 mapan 8 8 Contrel Cust Dup FAVOR KIOSK 12 2 N Ξ 13 -Manuel 2 IN FORTR ١ 5 poec 26 VOTH 2 JUBRITO 35 G one mis long itang Spu elfilit (b)(6); (b)(7)(C) SUCOG Conso R (b)(6); (b)(7)(C) Jos Lauben Slevet) ¢' 1 . Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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159 19 D3N 10 6/18 4 6/20 6/24 (b)(6); (b)(7)(C) EMAIL Legal Asrocan - Mes/Ford Survices NYLPI FILM - INVERTIGATION NICA 6/4 6/4 (b)(6); (b)(7)(C) 4/20 N ipu DJE A (b)(6); (b)(7)(C) 4/20 6/20 the DBE # 14079 (b)(6); (b)(7)(C) 6/07 1/27 467 E3N #14080 (MED) 20050 4/27 1/27 6/07 1/27 NOTIFICATION SLAFF USTODY # 14079 Issue FORM Issue / Logo. Securit DISCUPTION 6/07 (b)(6); (b)(7)(C) 667 127 6/07 6/2 6/07 6/00 (b)(6); (b)(7)(C) 4/24 6/07 6/27 253 Kingk (Contractor) item ! (b)(6); (b)(7)(C) 6/17 6/07 127 WW ·by Lugh (b)(6); (b)(7)(C) (h.) 123 45-1/27 6/2-7 2051 (b)(6); (b)(7)(C) Ares 6/8 6/27 6/22 1/2r 352 Kingt USB) 6/28 6/28 13 (b)(6); (b)(7)(C) · pr ELN Lingh (b)(6); (b)(7)(C) 6/27 1/28 1/28 6/2/ EAV L. Well J Sime. mypurior (i6/25 by 1/28 (b)(6); (b)(7)(C) KERN £17081 OWK() (b)(6); (b)(7)(C) 6/28 6/w 6/28 6/55 (m) Suppris. 2-TOTAL Ter 11 (3) IN FATHE OF MONUEL KWSX 11. 8 Herrical DENTAL (3.) MEDICATION (3) (2) Treasmens COMM. (A) LOOD (7) MAIL 1 Sport CADING 3 CLASS 1) ottel 2) GTL ١ MAINT (5) Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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163 2019 Continues (b)(6); (b)(7)(C) 7/21 7/22 17/22 DBE KASK Maint / Aia (b)(6); (b)(7)(C) 7/20 7/22 7/02 D3W VKITS LIESK (b)(6); (b)(7)(C) 7/19 7/22 7/22 ELS STAFF CONDUT % DATE LIOSK Chan Ligran 7/21 7/22 7/2Z (b)(6); (b)(7)(C) Survice 7/23 7/23 7/20 DJE # 140 GI Dunkate of 417 19 2 14090 MATTA Thy Th 7/24 DISCIPAGUL 7Gi (b)(6); (b)(7)(C) 7/21 7/18 721 7/19 TRA 7/24 7/34 7by gross DJW Jay inplants Concellos Due Jo Heas DUISIDE # 14192 10. 7/17 7/25 7/05 7/25 (b)(6); (b)(7)(C) 7/12/19 0 Nashilat NV VERSION OF EVENTS JELAK Menical 7/24 7 24 7/26 The 7/17/19 Suptune v ZS (b)(6); (b)(7)(C) ( classes Atta Care 727 (b)(6); (b)(7)(C) 7/29 765 Ebl REACH (b)(6); (b)(7)(C) 7/22 7/se 7/23 7/29 ELS NAVARO Losk STAFF LANDIE UNFOUNDED. 7/31 7/32 129 81 (b)(6); (b)(7)(C) ELS Augli Score Meal Novembers an Foundard - I fears Disguesed was They Wind steris MED 61 & SUB 9/100 IN FAVOR 10 8 Ded NETON LEPSUT FOR SISTEMED AND MU isciplum 3 5 FOUD and Library A Maisi Class ١ 2 WPWAU Connig 3 TB STOPF DHM 61 Appe al Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/ Kiosk =39 Marial 1/ NA '5 Appeal = C

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		<u> </u>			

From:	(b)(6); (b)(7)(C)
Sent:	<u>6 Nov 2019 15:50:36 +0000</u>
То:	(b)(6); (b)(7)(C)
Subject:	FW: Detainee (b)(6); (b)(7)(C)
Attachments:	Hunger Strike.pdf

All,

Any chance we could get the TD in time to place him on the Nov. charter? Please have case officer reach out to the Consulate for a status update, update comments.

Thank you,

)(6); (b)(7)(C)	
Assistant Field Office Director U.S. Immigration and Customs Enforcement Telephone(b)(6); (b)(7)(C)	
From (b)(6); (b)(7)(C)	
Sent: Wednesday, November 06, 2019 10:46 AM	
(b)(6); (b)(7)(C)	
Subject: RE: Detainee <sup>(b)(6); (b)(7)(C)</sup>	
Thank you for the notification.	
1 <sup>st</sup> meal missed - 11/6/2019 Breakfast	
Noted.	

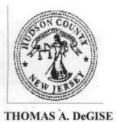
(b)(6); (b)(7)(C) Assistant Field Office Director U.S. Immigration and Customs Enforcement Telephone (b)(6); (b)(7)(C) From (b)(6); (b)(7)(C)	Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/
Sent: Wednesday, November 06, 2019 10:42 AM (b)(6); (b)(7)(C)	

(b)(6); (b)(7)(C) **Subject:** Detainee<sup>(b)(6); (b)(7)(C)</sup>

Please see attached report. Detainee states that he is on a hunger strike.

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

2020-ICLI-00042 1171



COUNTY EXECUTIVE

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COUNTY OF HUDSON DEPARTMENT OF CORRECTIONS AND REHABILITATION 30 Hackensack Avenue Kearny, NJ 07032



**INCIDENT REPORT** 

RONALD P. EDWARDS DIRECTOR

Type of Incident	Code Yello	w Code	Blue Cod	e Orange	Co	de Red 🛛 F	Property Damag	e 🗹 Other
If Property Dama Detainee state				n a Hu	naer S	Strike		
Officer Informatio								
Name (Last. First. M )(6); (b)(7)(C)	D:			Badge:		Rank: OfC.	Injured: NO	Used Force: NO
Persons Involved								
b); (b)(7)(C)	<b>m</b> .			<b>I.D.</b> # (b)(6);		Weapon: No	Injured: No	Taken to Medical: Yes
Resisted Officer: NO	Threaten NO	ed Officer:	Assaulted C NO	Officer:	Char No		Pre-Hearing NO	Detention:
10								
	11):			I.D. #		Weapon:	Injured:	Taken to Medical:
Name (Last, First, N		ned Officer:	Assaulted C		Chai	Weapon: rged:	Injured: Pre-Hearing De	
Name (Last, First, M Resisted Officer: On November 6 approximately 7	Threater 5, 2019 I, 0 7:30AM Do	Officer (b)(6)	; was (b)(7)(C)	Difficer:	(If ed to C	rged: additional su Charlie 100	Pre-Hearing De bjects were invol East during informed r	etention: ved, refer to reverse side) the 6-2 Tour. At me that he is
Name (Last, First, M Resisted Officer: On November 6 approximately 7 starting a Hung Sergeant ((b)(6);	Threater 5, 2019 I, 0 7:30AM Do	Officer (b)(6)	; was (b)(7)(C)	Officer: assigne fast ther Ster Dep	(If ed to C n locke	rged: additional su Charlie 100 ed back int d back int v ICE 2020 ion resear	Pre-Hearing De bjects were invol ) East during informed r to his cell (21	etention: ved, refer to reverse side) the 6-2 Tour. At me that he is 1). I notified
Name (Last, First, M Resisted Officer: On November 6 approximately 7 starting a Hung	Threater 5, 2019 I, 0 7:30AM Do	Officer (b)(6)	; was (b)(7)(C)	Officer: assigne fast ther Ster Dep	(If ed to C n locke	rged: additional su Charlie 100 ed back int d back int v ICE 2020 ion resear	Pre-Hearing De bjects were invol ) East during informed r to his cell (21	etention: ved, refer to reverse side) the 6-2 Tour. At me that he is
Name (Last, First, M Resisted Officer: On November 6 approximately 7 starting a Hung	Threater 5, 2019 I, 0 2:30AM Do er Strike a	Officer (b)(6)	; was (b)(7)(C)	Officer: assigne fast ther Ster Dep	(If ed to C n locke	rged: additional su Charlie 100 ed back int d back int v ICE 2020 ion resear	Pre-Hearing De bjects were invol ) East during informed r to his cell (21 0- cv- 02735 ch clinic n-research.b	etention: ved, refer to reverse side) the 6-2 Tour. At me that he is 1). I notified

**Incident Log:** 

Name (Last, First, M	l):	I.D. #	Weapon:	Injured:	Taken to Medical:
Resisted Officer:	Threatened Officer:	Assaulted Officer:	Charged:	Pre-H	earing Detention:
Name (Last, First, M	D:	I.D. #	Weapon:	Injured:	Taken to Medical:
Funite (East, First, M				-	

## **Supervisory Action**

was notified by Officer<sup>(b)(6); (b)(7)(C)</sup> of Detainee<sup>(b)(6);</sup> Hunger Strike. I immediately I, Sergeant (b)(6)); engaging in a Hunger Strike and today's (11-06-19) spoke to Detainee(b)(6); nd confirmed that ne was breakfast was his first refused meal. I notified Capta (b)(6); (b)(7)(C) of the incident after speaking with Detainee<sup>(b)(6)</sup>; L contacted Medical, spoke to <sup>(b)(6)</sup>; (b)(7)(C) and notified her of the Hunger Strike as well. I then ordered Officer Chess to have Detainee Rose pack his belongings. At 8:10am I escorted Detainee(b)(6); b Medical where he began his evaluation from(b)(6); (b)(7)(C) and DI(b)(6); Detainee (b)(6); (b)(7)(C) will be placed on Close Watch on Alpha 100 East (Medicar). (b)(6); (b)(7)(C) 11-06-2019 Date

## Officer in Charge (O.I.C) Tour Commander Action

After medical as	monitored and a	er assmitte	I to the Anfum gularly.	ary.
		Deportation re	2020- cv- 02735 search clinic ation-research.buffett.ne	orthwestern.edu/
	(b)(6); (l	b)(7)(C)	//	-6-19 Date
Cc: (Check all that apply):		0	/	
Director	Maintenance		ICE (NY) ICE	
Deputy Director	Classification		(LN)	
Internal Affairs	Mail Room		Disciplinary	
Law Department	Medical		Other (Specify)	
Revised 9/04/2019	HCDOC&R	FORM ADMIN 007		Page 1 of 1

From:	(b)(6); (b)(7)(C)
Sent:	6 Nov 2019 17:47:04 +0000
b)(6); (b)(7)(C)	
Subject:	Rt <sup>(b)(6); (b)(7)(C)</sup>
Creat name The	
Great news. Tha	
(b)(6); (b)(7)(C)	
Le D J.S. Immigration and C	
[elephone:(b)(6);	
* (h)(7)(C)	
From: <sup>(b)(6); (b)(7)(C</sup>	
Sent: Wednesda (b)(6); (b)(7)(C)	ay, November 06, 2019 12:46 PM
(5)(0), (5)(1)(0)	
Subject: RI <sup>(b)(6); (</sup>	(b)(7)(C)
AII,	
(DSM) spoke	e with the detainee. He ate some food from a lunch tray. Dr <sup>(b)(6); (b)(7)(C)</sup> was
notified for cor	nfirmation and documentation purposes <sup>(b)(6); (b)(7)(C)</sup>
Sent with Blac	kBerny Work
(www.blackbe	
<u></u>	
(b)(6); (b)(7)(0	C)
From	
)(6); (b)(7)(C)	lay, Nov 06, 2019, 11:25 AM
(b)(6	
Subject: Re <sup>(b)(6</sup>	5), (b)(7)(C)
Sorry all. He is	s 6'3".
b)(6); (b)(7)(C)	
Assistant Health Se Vellpath	ervices Administrator
	prrections and Rehabilitation Center
35 South Hackensa	
(earny, NJ 07032	
(6); (b)(7)(C)	
	Stevens v ICE 2020- cv- 02735
	Deportation research clinic
	https://deportation-research.buffett.northwestern.e

From:	(b)(6); (b)(7)(C)
Sent:	6 Nov 2019 21:05:50 +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	RE:((b)(6), (b)(7)(C)
Thank you so much $\binom{0}{0}$	b)(6); b)(7)(C) Hopefully, he will remain stable.
(b)(6); (b)(7)(C)	
Assistant Field Office Direc U.S. Immigration and Custo	
Telephone(b)(6); (b)(7)(C)	
From <sup>(b)(6);</sup> (b)(7)(C)	,
Sent: Wednesday, N	November 06, 2019 4:05 PM
<b>To:</b> (b)(6); (b)(7)(C)	
Cc:	
Subject: RE:(b)(6); (b)	(7)(C)
(b)(6); (b)(7)(C)	

The detainee was released from the infirmary and returned to Echo 600 North housing unit.

(b)(6); (b)(7)(C)	Detention Services Manager
DHS   Immigration and Custor	ms Enforcement
ERO CMD Detention Monitor	ing Unit
Hudson County <sup>(b)(6); (b)(7)(C)</sup>	
Bergen County	
iPhone(b)(6); (b)(7)(C)	
E-mail:	

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From (b)(6); (b)(7)(C)	
Sent: Wednesday, November 6, 2019 12:47 PM	
(b)(6); (b)(7)(C) 	
Great news. Thank you $(b)(6)$ .	
	Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu
2020-ICLI	I-0 <del>0042 1175</del>

From: Sent:	(b)(6); (b)(7)(C) 6 Nov 2019 15:46:05 +0000
(b)(6); (b)(7)(C)	
Subject:	<b>RE: Detainee</b> (b)(6); (b)(7)(C)
Thank you for the	e notification.
1 <sup>st</sup> meal missed -	- 11/6/2019 Breakfast
Noted.	
(b)(6); (b)(7)(C) Assistant Field Office I U.S. Immigration and C Telephor(b)(6); (b)(7)(C From	Customs Enforcement
Sent: Wednesda	ay, November 06, 2019 10:42 AM
(b)(6); (b)(7)(C)	
Subject: Detaine	<sub>2</sub> <b>e</b> (b)(6); (b)(7)(C)

Please see attached report. Detainee states that he is on a hunger strike.

From:	(b)(6); (b)(7)(C)
Sent:	<u>6 Nov 2019 19:41</u> :07 +0000
То:	(b)(6); (b)(7)(C)
Subject:	FVV (b)(6); (b)(7)(C)

It appears the alien ate lunch today. Please continue to go forward with the subject's TD/removal. Thank you

## (b)(6): (b)(7)(C) Assistant Field Office Director U.S. Immigration and Customs Enforcement Telephone(b)(6); (b)(7)(C)

From (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Subject: KE:<sup>(b)(6); (b)(7)(C)</sup>

All,

I (DSM) spoke with the detainee. He ate some food from a lunch tray. Dr  $h_{(b)(6);}^{(b)(6);}$  was notified for confirmation and documentation purposes.  $h_{(b)(7)(C)}^{(b)(7)(C)}$ 

Sent with BlackBerry Work (www.blackberry.com)

From: <sup>(b)(6); (b)(7)(C)</sup>	]
Date: Wednesday, Nov 06, 2019, 11:25 AM (b)(6); (b)(7)(C)	
Subjects Development	
Subject: Re: (b)(6); (b)(7)(C)	
Sorry all. He is 6'3".	

(b)(6); (b)(7)(C) Assistant Health Services Administrator Wellpath Hudson County Corrections and Rehabilitation Center 35 South Hackensack Ave Kearny, NJ 07032

(b)(6); (b)(7)(C)

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

From: Sent:	(b)(6); (b)(7)(C) 15 Nov 2019 18:25:51 +0000	
(b)(6); (b)(7)(C)		
Subject: Attachments:	Detainee (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)	

Please see attached report. Be advised, the above mentioned detainee stated three separate times that he is not on a hunger strike, and will eat his dinner meal this evening.

Capt. C.	(b)(6); (b)(7)(C)
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	650	N C	UN	
1	S.	-	R.V.	and and a second
in and	*	1	20/	1
	19.00	PIE	N.S. A.S.	

THOMAS A. DeGISE

COUNTY EXECUTIVE

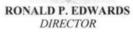
(

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/ COUNTY OF HUDSON DEPARTMENT OF CORRECTIONS AND REHABILITATION

FOLICE

# **INCIDENT REPORT**

30 Hackensack Avenue Kearny, NJ 07032



Date: 11-15-2019	Time: 12:00P	M Locati	on: Media	cal	Incident Log	b)(6); (b)(7)(C)
Type of Incident	e Yellow 🗌 Code B	Blue Code C	)range 🔲 (	Code Red 🔲 I	Property Damag	e 🗹 Other
If Property Damage or o PrecautionaryHun						
Officer Information						
Name (Last, First, MI): b)(6); (b)(7)(C)	· · · · · · · · · · · · · · · · · · ·	£	Badge:	Rank: Sgt	Injured:	Used Force:
Persons Involved Name (Last, First, MI):	(b)(6); (b)(7)(C)		<b>LD_#</b> (b)(6);	Weapon:	Injured:	Taken to Medical: yes
)(0), (D)(7)(C)	reatened Officer:	Assaulted Off	b)(7)(C) icer: Ch	arged:	Pre-Hearing	
Name (Last, First, MI):			I.D. #	Weapon:	Injured:	Taken to Medical:
Resisted Officer: T	hreatened Officer:	Assaulted Off	icer: C	harged:	Pre-Hearing De	tention:
				(If additional su	bjects were invol	ved, refer to reverse side)
receive his Kosher 1 consume some sna have Detainee place	Tray this morning cks from his com ed in Medical to b tive Result's. After abbi (b)(6): adv abbi (b)(7)(C) on ledical to speak w use his kosher tr this tray was sen time I went to Ecl was sent in error	and was re missary last be observed this I responsion vising that D 11/14/2019) with Detaine ray was on p of in error an ho400 North r to which he	(b)(6); (b)(7)(C cost . I res conded to t ctainee's (b)(6); (b)(7)(C cost . I res d Detaine and spok creplied h	eat. Detained this time it w sponded to the <u>he Kitchen a</u> b)(6); (b)(7)(C) was adw ponded to the (b)(6); (b)(7)(C) the to Detained e hadnt. I fu	e further state vas Dr. (b)(6); (b) the gym to se and retrieved vould no long vised that he would no lon would no lor e(b)(6); (b)(7)(C) rther advised	ed that he did (7)(C) request to earch for Rabbi a sheet (attached t er receive Kosher was returned to d was advised by nger be receiving a and asked if he ate
Signature: (b)(6); (b)					D	Pate: 11/15/14
Reviewed By: (b)(6); (b)(7)(6			Superv	b)(6); b)(7)(C)		. 1/ 1/ 1/ 4

Name (Last, First, M	I):	I.D. #	Weapon:	Injured:	Taken to Medical:
Resisted Officer:	Threatened Officer:	Assaulted Officer:	Charged:	Pre-H	learing Detention:
Name (Last, First, M	I):	I.D. #	Weapon:	Injured:	Taken to Medical:
Resisted Officer:	Threatened Officer:	Assaulted Officer:	Charged:		earing Detention:

#### **Supervisory Action**

Stevens v ICE 2020- cv- o Deportation research clir https://deportation-resea	
~	
Signature	Date

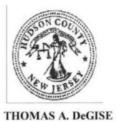
# Officer in Charge (O.I.C) Tour Commander Action

A . A .	1-7	(b)(c): (b)(7)(C)	
A interviewed the	detaine along with,	Sgr. (D)(O), (D)(1)(C) and	
	The detainer admit		
jeursk, and u	anted a posher to	ay because the foo	d
is better and -	he has a sensative.	stomach. A ashead the	
detained three d	afferent times if he a	vos on a hunger strik	4.
Cack time he	responded "NO", and	I assured me he will	
lot his denner	tray. Halso notifue	I Di Woodwood, who went diets anailadly if 1 11-	
will talk to the	detainer about deffe	unt diets anailable if i	us í o
stemaat believes the	in in the futay.	11-,	15-19
second cr	Signature		Date
		1	
Cc: (Check all that apply):			
Director	Maintenance	ICE (NY) ICE	
Deputy Director	Classification	(IV)	
Internal Affairs	Mall Room	Disciplinary	
Law Department	Medical	Other (Specify)	

Revised 9/04/2019

HCDOC&R FORM ADMIN 007

Page \_ of \_



COUNTY EXECUTIVE

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COUNTY OF HUDSON DEPARTMENT OF CORRECTIONS AND REHABILITATION 30 Hackensack Avenue Kearny, NJ 07032



**INCIDENT REPORT** 

RONALD P. EDWARDS DIRECTOR

Precautionary		:				
Officer Information Name (Last, First, MI )(6); (b)(7)(C)			Badge:	Rank: Sgt	Injured:	Used Force:
Persons Involved Name (Last, First, M )(6): (b)(7)(C)	I):		<b>I.D.</b> # (b)(6);	Weapon:	Injured:	Taken to Medical: yes
Resisted Officer:	Threatened Officer:	Assaulted Of	(b)(7)(C)	Charged:	Pre-Hearing	
Name (Last, First, M	I):		I.D. #	Weapon:	Injured:	Taken to Medical:
Resisted Officer: Detainee ( <sup>(b)(6)</sup> ; (b)(	Threatened Officer:	Assaulted Of t if he did n osher food a n to Medical	fficer: ot receivagrees w	Charged: (If additional su e his Kosher T vith him. I had	Pre-Hearing De bjects were invol ray he would Detaine	ved, refer to reverse side) refuse to eat as he put on his
Resisted Officer: Detainee ( <sup>(b)(6); (b)(</sup> has a sensitive s ail issued clothi information to D As of writing of t	Threatened Officer: 7)(C) advised me that stomach and only Kenne and escorted him r.(b)(6); (b)(7)(C) his report Detainee ards to his housing	t if he did n osher food a n to Medical (b)(6); (b)(7)(C) placement.	fficer: ot receiv agrees w I. Once ir was still i	Charged: (If additional surve the his Kosher T with him. I had n Medical I rela	Pre-Hearing De bjects were invol Tray he would Detaine <sup>(b)(6); (b</sup> ayed all over	ved, refer to reverse side) refuse to eat as he $\frac{1}{2}(7)(C)$ put on his the above
Resisted Officer: Detainee ( <sup>(b)(6); (b)(</sup> has a sensitive s ail issued clothi information to D As of writing of t	Threatened Officer: 7)(C) advised me that stomach and only Kong and escorted him r.(b)(6); (b)(7)(C) his report Detainee ards to his housing	t if he did n osher food a n to Medical	fficer: ot receive agrees w I. Once in was still i Steve Depo	Charged: (If additional survey) with him. I had n Medical I relation in Medical awa ens v ICE 2020 ortation resear	Pre-Hearing De bjects were invol Tray he would Detaine <sup>(b)(6); (b</sup> ayed all over aiting a final d	ved, refer to reverse side) refuse to eat as he $\frac{1}{2}(7)(C)$ put on his the above
jail issued clothi information to D As of writing of t (b)(6); (b)(7)(C) in reg	Threatened Officer: 7)(C) advised me that stomach and only Kenne and escorted him r.(b)(6); (b)(7)(C) his report Detainee ards to his housing	t if he did n osher food a n to Medical (b)(6); (b)(7)(C) placement.	fficer: ot receive agrees w I. Once in was still i Steve Depo	Charged: (If additional survey) with him. I had n Medical I relation in Medical awa ens v ICE 2020 ortation resear	Pre-Hearing De bjects were invol Tray he would Detaine <sup>(b)(6); (b</sup> ayed all over atiting a final d	ved, refer to reverse side) refuse to eat as he put on his the above ecision by Dr.

							Incident Log:	
ersons Involved, Cont.								•
Name (Last, First, MI):		I.D. #	We	apon:	Inju	red:	Taken to Medica	al:
Resisted Officer:	Threatened Officer:	Assaulted Officer		Charged:		Pre-Hea	ring Detention:	
lame (Last, First, MI):		_!	We	apon:	Inju	red:	Taken to Medica	 al:
Resisted Officer:	Threatened Officer:	Assaulted Officer	- 	Charged:		Pre-Hea	ring Detention:	
ipervisory Action								I
								•
								•
			Sign	ature				Date
fficer in Charge (O.I.C)	Tour Commander Actio							
		-						•
				ens v ICE ortation r				
								orthwestern.
		L						
		Sigr	nature	:				Date
c: (Check all that apply):								l
Director	[	☐ Maintenance				∐ 1C	E (NY) ICE	
Deputy Director	[	Classification						
Internal Affairs	[	Mail Room					sciplinary	
] Law Department	· (	Medical					ther (Specify)	-
evised 9/04/2019		HCDOC&R	FORM	A ADMIN O	07			Page_of_

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DOMMB



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COUNTY OF HUDSON DEPARTMENT OF CORRECTIONS 35 S. Hackensack Avenue Kearny, NJ 07032-4690



# **Special Diet Sign-Up Form**

•	<sup>*</sup> Any inmate wishing to sign-up for a special diet may do so. The chaplain
	shall verify the religious diet requirement by reviewing files and consulting
	with religious representatives. The chaplain and Facility Services Administrator
-> (ş	(FSA) shall collectively verify the requirement and issue specific written
	instructions for the implementation of the diet as soon as practicable but within
)	10 business days of verification. Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/
	Kosher – Jewish Faith Only Vegan
	Vegetarian Other
·	
-	Print Name ID: <u>736728</u> Location: <u>E4N</u>
	Signature: $(b)(6); (b)(7)(C)$ Authorized Signature: $p_{\mu\nu}$ $(b)(6); (b)(7)(C)$ (b)(6); (b)(7)(C) $(b)(7)(C)$ $(b)(7)(C$
)	Form # SS 001 $N^{O}$ $VO5UUV$ $(b)(7)(C)$ $U/T 1019$ VO5UUV $(b)(7)(C)$ $U/T 1019VO5UUV$ $(b)(7)(C)$
	2020 ICLI-00042 1183

From: Sent:	(b)(6); (b)(7)(C) 15 Nov 2019 18:25:51 +0000	
(b)(6); (b)(7)(C)	15 1107 2015 10.25.51 10000	
Subject:	(b)(6); (b)(7)(C)	
Attachments:		

Please see attached report. Be advised, the above mentioned detainee stated three separate times that he is not on a hunger strike, and will eat his dinner meal this evening.

Capt. C.	(b)(6); (b)(7)(C)
----------	----------------------

From:	(b)(6); (b)(7)(C)
Sent:	<u>5 Oct 2019 15:02</u> :42 +0000
То:	(b)(6); (b)(7)(C)
Subject:	Hospital discharge - Re: (b)(6); (b)(7)(C)

Good morning(b)(6);

I was informed this morning by Hudson County Jail staff that the alien (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) vas discharged from the hospital last night. He was in the nospital for the past 8 days or so. I have the ROR paperwork and I-203 in my possession so I plan releasing him from the jail today.

I just called his daughter and she is arranging to pick him up from the jail as well.

Thank you,

(b)(6); (b)(7)(C) Assistant Field Office Director U.S. Immigration and Customs Enforcement Telephone: (b)(6);

From:	(b)(6); (b)(7)(C)
Sent:	<u>5 Oct 2019 16:3</u> 2:44 +0000
То:	(b)(6); (b)(7)(C)
Subject:	RE: Hospital discharge - Re <sup>(b)(6); (b)(7)(C)</sup>
603	

X-IV.

Sent with BlackBerry Work (www.blackberry.com)

From <sup>(b)(6); (b)(7)(C)</sup>	
Date: Saturday, Oct 05, 2019, 11:02 AM	
<b>To:</b> (b)(6); (b)(7)(C)	
Subject: Hospital discharge - Re: Nelson	(b)(6); (b)(7)(C)

Good morning(b)(6);

I was informed this morning by Hudson County Jail staff that the alien,<sup>(b)(6); (b)(7)(C)</sup>

(b)(6); (b)(7)(C) , was discharged from the hospital last night. He was in the hospital for the past 8 days or so. I have the ROR paperwork and I-203 in my possession so I plan releasing him from the jail today.

I just called his daughter and she is arranging to pick him up from the jail as well.

Thank you,

(b)(6); (b)(7)(C) Assistant Field Office Director U.S. Immigration and Customs Enforcement Telephone (b)(6); (b)(7)(C)

From:	(b)(6); (b)(7)(C)
Sent:	<u>27 Seb 201A 19:35:18</u> +0000
То:	(b)(6); (b)(7)(C)
Cc:	
Subject:	2019SIR0017262 Hospital Admission Hudson County Corrections and
<b>Rehabilitation Center</b>	
Attachments:	2019sir0017262.htm

#### Please see attached and below:

Report Title: Hospital Admission Hudson County Corrections and Rehabilitation Center

ERO New York verified the information contained within this SIR via electronic communication with Orange County Correctional Facility (OCCF) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). ERO New York also queried the following government databases: CIS, NCIC, EARM, and PLAnet.

#### Issue:

On September 26, 2019, at 2133 hours Hudson County Corrections and Rehabilitation Center (HCCRC) Command Staff notified ERO New York that ICE detainee (b)(6); (b)(7)(C) (DPOB: (b)(6); (b)(7)(C), El Salvador; A (b)(6); (b)(7)(C)) was transported to the Jersey City Medical Center (JCMC) due to sepsis fever.

On September 27, 2019 at 0800 hours, HCCRC further notified ERO New York that JCMC subsequently admitte (b)(6); (b)(7)(C) into the intensive care unit.

As of the writing of this SIR, (b)(6); (b)(7)(C), (b)(7)(C), (b)(7)(C) remains in the intensive care unit for observation and further testing (b)(6); (b)(7)(C) is reportedly in stable condition.

HCCRC houses ERO New York detainees under an Inter-GovernmentalService Agreement (IGSA). ERO New York detained (b)(6); (b)(7)(C) on September 21, 2019, which, as of the writing of this SIR, equates to 6 days in ICE custody.

#### BACKGROUND:

(b)(6);(b)(7)(C) first entered the United States on an unknown date and unknown place without being admitted or paroled.

On June 24, 2007, the U.S. Border Patrol (USBP) apprehended((b)(6);(b)(7)(C) at or near Douglas, AZ and granted him voluntary return to Mexico.

On June 29, 2007, the USBP apprehended (b)(6); (b)(7)(C) at or near Douglas, AZ and granted him voluntary return to Mexico.

On June 29, 2007, the USBP apprehended (b)(6); (b)(7)(C) at or near Douglas, AZ and granted him voluntary return to Mexico.

(b)(6);(b)(7)(C) entered the United States on an unknown date and unknown place without being admitted or paroled.

On September 1, 2015, the Nassau County Police Department, Hempstead, NY arrested BARILLAS for the crime of aggravated driving while intoxicated.

On January 24, 2017, the Pacific Enforcement Response Center (PERC) encountered (b)(6); (b)(7)(C) via the Immigration Alien Query (IAQ) as a Priority 2b alien.

On April 11, 2017, the Nassau County 1<sup>st</sup> District Court, NY convicted BARILLAS of aggravated driving while intoxicated and imposed a sentence of 10 days incarceration, two years' probation and a \$1000 fine.

On September 21, 2019, ERO New York arrested (b)(6); (b)(7)(C) pursuant to a warrant of arrest (I-200) and issued him a Notice to Appear (NTA) charging inadmissibility under Section 212(a) (6) (A) (i) of the immigration and nationality act (INA), as an alien present in the United States without admission or parole.

BARILLAS's initial court date before the Executive Office for Immigration Review is pending.

Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved the text of this SIR.

(b)(6); (b)(7)(C)

Supervisory Detention & Deportation Officer New York Field Office Des((b)(6): (b)(7)(C)

Cell

# ICE Significant Incident Report

Incident Date: 9/27/2019	Incident Time: 0800	Incident Location:
ICE Component: Enforcement & Removal Operations	Division: Field Operations Division	Area: Eastern Operations
Case Number: No Case Involved	Office: EY - FOD NEW YORK - NYC	
SEN Incident Number (b)(6); (b)(7)(C)	Initial/Follow-Up: Initial	Event Status: Routine
Related SEN Number:	Related Case Number:	SEACATS Number:
Intel Number:	ENFORCE Number:	

Submitted Date and Time of Report: 9/27/2019 1224 EST

Employee	Operational	Security	Other	
Chots Fired At Employee	Air/Marine Incidents	National Security	Escape	
CShots Fired By Employee	Controlled Delivery	Facility Disturbance	Suicide Attempt	
Employee Assaulted	Significant Seizure	Terrorism Related	Hunger Strike	
Employee Death	Significant Arrest	Foreign Military/Police	Media Interest	
Employee Injured	[IPAS	WMD/HAZMAT	Alien Injury/Death	
Employee Arrested	[SCR	Demonstrations	Vehicle Incidents	
Firearms Discharge to Include Unintentional Discharge	Rescue	[jttf	Other	
Use of Baton or other Impact Weapon	Weapon Violations	Bomb Threat	Predator	
Use of OC Spray or Cother Chemical Agents	Other Agency Interest	[DHS SAR	Gang Related	
Other Use of Force	-Unaccompanied -Children			
Loss or Theft of Firearm or Body Armor				
			<u> </u>	
	Last Name: ((b)(6); (b)(7)(C)		Alien <sup>(b)(6); (b)(7)(C)</sup> (b)(6);	
Date of Birth: 5/10/1975 Country of Birth: El Salvador Citizenship: El Salvador				

### Narrative

#### Report Title: Hospital Admission Hudson County Corrections and Rehabilitation Center

Report Title: Hospital Admission Hudson County Corrections and Rehabilitation Center ERO New York verified the information contained within this SIR via electronic communication with Orange County Correctional Facility (OCCF) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). ERO New York also queried the following government databases: CIS, NCIC, EARM, and PLAnet.

Issue:

On September 26, 2019, at 2133 hours Hudson County Corrections and Rehabilitation Center (HCCRC) Command Staff notified ERO New York that ICE detainee (b)(6); (b)(7)(C) (DPOB: 03/13/1975, El Salvador; A (b)(6): (b)(7)(C) was transported to the Jersey City Medical Center (JCMC) due to sepsis fever.

> Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

On September 27, 2019 at 0800 hours, HCCRC further notified ERO New York that JCMC subsequently admitted (b)(6) into the intensive care unit.

As of the writing of this SIR (b)(6); (b)(7)(C) remains in the intensive care unit for observation and further testing. (b)(6); is reportedly in stable condition.

HCCRC houses ERO New York detainees under an Inter-Governmental Service Agreement (IGSA). ERO New York detained (b)(6); (b)(7)(C) on September 21, 2019, which, as of the writing of this SIR, equates to 6 days in ICE custody.

BACKGROUND:

(b)(6); b)(6); place without being admitted or paroled.

On June 24, 2007, the U.S. Border Patrol (USBP) apprehended (b)(6); near Douglas, AZ and granted him voluntary return to Mexico (b)(7)(C)

On June 29, 2007, the USBP apprehended (b)(6); (b)(7)(C) it or near Douglas, AZ and granted him voluntary return to Mexico.

On June 29, 2007, the USBP apprehended (b)(6); at or near Douglas, AZ and granted him voluntary return to Mexico.

(b)(6); (b)(7)(C) entered the United States on an unknown date and unknown place without being admitted or paroled.

On September 1, 2015, the Nassau County Police Department, Hempstead, NY arrested (b)(6) for the crime of aggravated driving while intoxicated.

On January 24, 2017, the Pacific Enforcement Response Center (PERC) encountered (b)(6); via the Immigration Alien Query (IAQ) as a Priority 2b alien.

On April 11, 2017, the Nassau County 1st District Court, NY convicted (b)(6);(b)(7)(C) of aggravated driving while intoxicated and imposed a sentence of 10 days incarceration, two years' probation and a \$1000 fine.

On September 21, 2019, ERO New York arrested (b)(6): pursuant to a warrant of arrest (I-200) and issued him a Notice to Appear (NTA) charging inadmissibility under Section 212(a)(6)(A)(i) of the immigration and nationality act (INA), as an alien present in the United States without admission or parole.

(b)(6); (b)(7)(C) initial court date before the Executive Office for Immigration Review is pending.

Deputy Field Office Director Darius Reeves reviewed and approved the text of this SIR.

Violations of Law:					
Action Taken	:				
Other Agenci	es Notified:				
Name	Agency	Phone	Date	Time	
none					
Injuries: Fatalities:	Injuries (Names and	Extent of Injury):			
r atantics.			v ICE 2020- c	w- 02735	
		Deporta	ation research	clinic	
		<b>_</b>			.northwestern.edu/

Damage: Unaccompanied Child Count:

Locations	::				
Туре	Address	City	State	Zip	
Other	30-35 Hackensack Ave	Kearney	New Jersey	07032	
Reported	to ICE Operations Center via P	hone: No			
Public Aff Comment	airs Notified: No - Without comr s:	nents			
Reported By: (b)(6); (b)(7)(C) Phone: (b)(6); (b)(7)(C) Cell/Page(b)(6); (b)(7)(C)					
Superviso	<b>pr:(</b> b)(6); (b)(7)(C)	Phone:	Cell/Page		

From:	b)(6); (b)(7)(C)
Sent:	26 Jun 2018 12:07:14 +0000
То:	(b)(6); (b)(7)(C)
Subject:	2018SIR0013215 ERO New York – Hospital Admission – Hudson County
Corrections and Rehabi	litation Center
Attachments:	(b)(6); (b)(7)(C)

Please see attached and below as it relates to a detainee admitted to the Hospital sat HHCRC. Report Title: ERO New York - Hospital Admission - Hudson County Corrections and Rehabilitation Center

The information contained in the SIR has been verified through electronic communication with the Hudson County Corrections and rehabilitation Center (HCCRC) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). Additionally, the following government databases were queried: CIS, NCIC, EARM, and PLAnet.

#### Issue:

On June 25, 2018 at approx. 1211 hours ERO New York (FNY) received notification that HCCRC command staff transported ICE detainee (b)(6). (b)(6); (DPOB: 04/05/1962, Jamaica, (b)(6); (b)(7)(C) ) to the Jersey City Medical Center(JCMC) for complaints of numbress and pain along his entire right side. JCMC admitted (b)(6); in the hospital for continued observation. As of the writing of this SIR, (b)(6); s alert and resting (b)(7)(C comfortably. HCCRC houses ERO/FNY detainees under an Inter-Governmental Service Agreement (IGSA). (b)(6); has been detained in ERO custody for 3 days. History: By way of background,  $\binom{(b)(6)}{by(7)(C)}$  is a native and citizen of Jamaica, who entered the United States on or about an unknown date, at or near an unknown place. On December 13, 1989 the Supreme Court of Nassau County convicted (b)(6); of Assault in the 3<sup>rd</sup> degree. On August 3, 1992 the Supreme Court of Nassau County convicted Blake of Criminal Possession of Marijuana in the 5<sup>th</sup> degree and resisting arrest. On January 21, 1994, the Supreme Court of Nassau County convicted (b)(6); arrest. On February 13, 1995, (b)(6); adjusted status to that of an IR-6 Lawful Permanent Resident, under Section 245 of the Immigration and Nationality Act as amended (INA). On May 11,1995, the Supreme Court of Suffolk County convicted (b)(6); of Criminal Possession of Marijuana in the 4<sup>th</sup> Degree. On February 5, 1998 and again on May 1, 2001, the Supreme Court of Nassau County convicted (b)(6); of Criminal Sale of Marijuana in the 5<sup>th</sup> Degree. On April 25, 2007, FNY CAP encountered BLAKE at Nassau County Jail based upon jail records, (b)(6); was released prior to a detainer being lodged. On October 27, 2009, a Notice to Appear was served, charging removability under Sections

237 (a) (2) (B) (i) and 237 (a) (2) (A) (iii) of the INA as amended. On March 3, 2010, the Immigration Judge in New York, NY ordered (0)(6): removed from the United States in an absentia hearing. On May 31, 2018, the Nassau County Police Department arrested BLAKE for the crimes of Assault, 2<sup>nd</sup> Degree and Criminal Possession of a Weapon, 4<sup>th</sup> Degree. On June 1, 2018, FNY CAP lodged an ICE Detainer (I-247a) with the Nassau County Jail. On June 22, 2018, Nassau County Jail turned BLAKE over to ICE custody. (0)(6): is currently pending removal from the United States. ERO FNY advised the IHSC/FMC, as well as ICE NYC Office of Chief Counsel; they are tracking.

Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved the text of this SIR.

# ICE Significant Incident Report

Incident Date: 6/22/2018	Incident Time: 1408	Incident Location:
ICE Component: Enforcement & Removal	Division: Field Operations	Area: Eastern
Operations	Division	Operations
Case Number: No Case Involved	Office: EY - FOD NEW YORK	- Lead Agency: B - DHS /
	NYC	ICE
SEN Incident Number: 2018SIR0013215	Initial/Follow-Up: Initial	Event Status: Routine
Related SEN Number:	Related Case Number:	SEACATS Number:
Intel Number:	ENFORCE Number:	

Submitted Date and Time of Report: 6/26/2018 0800 EST

Employee	Operational	Security	Other
Shots Fired At Employee	Air/Marine Incidents	National Security	Escape
Shots Fired By Employee	Controlled Delivery	Facility Disturbance	Suicide Attempt
Employee Assaulted	Significant Seizure	Terrorism Related	Hunger Strike
Employee Death	Significant Arrest	Foreign Military/Police	Media Interest
Employee Injured	[IPAS	WMD/HAZMAT	Alien Injury/Death
Employee Arrested	SCR	Demonstrations	Vehicle Incidents
Firearms Discharge to Include Unintentional Discharge	Rescue	[jttf	Other
Use of Baton or other Impact Weapon	Weapon Violations	Bomb Threat	Predator
Use of OC Spray or Cother Chemical Agents	Other Agency Interest	[dhs sar	Gang Related
Other Use of Force			
Loss or Theft of Firearm or Body Armor			
Principal Subject: Person	Last Name(b)(6);	First Name: (b)(6); (b)(7)	Alien ID: (b)(6); (b)(7)(C)(b)
Date of Birth: (b)(6);	Country of Birth: Jamai		

#### Narrative

Report Title: ERO New York - Hospital Admission - Hudson County Corrections and Rehabilitation Center

Report Title: ERO New York - Hospital Admission - Hudson County Corrections and Rehabilitation Center

The information contained in the SIR has been verified through electronic communication with the Hudson County Corrections and rehabilitation Center (HCCRC) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). Additionally, the following government databases were queried: CIS, NCIC, EARM, and PLAnet.

Issue:

On June 25, 2018 at approx. 1211 hours ERO New York (FNY) received notification that HCCRC command staff transported ICE detainee(b)(6); (b)(7)(C)(DPOB: 04/05/1962, Jamaica, (b)(6); (b)(7)(C) to the Jersey City Medical Center(JCMC) for complaints of numbress and pain along his entire right side. JCMC admittee(b)(6); in the hospital for continued observation. As of

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the writing of this SIR(b)(6); is alert and resting comfortably.

HCCRC houses ERO/FNY detainees under an Inter-Governmental Service Agreement (IGSA) (b)(6); has been detained in ERO custody for 3 days.

#### History:

By way of background, (b)(6); is a native and citizen of Jamaica, who entered the United States on  $\frac{bY7VG}{bY7VG}$  about an unknown date, at or near an unknown place. is a native and citizen of Jamaica, who entered On December 13, 1989 the Supreme Court of Nassau County convicted (b)(6); of Assault in the 3rd degree. On August 3, 1992 the Supreme Court of That County convicted Blake of Criminal Possession of Marijuana in the 5th degree and resisting arrest. On January 21, 1994, the Supreme Court of Nassau County convicted (b)(6); of resisting arrest. On February 13, 1995, (b)(6); adjusted status to that of an IR-6 Lawful Permanent Resident, under Section 245 of the Immigration and Nationality Act as <u>amended</u> (INA). On May 11,1995, the Supreme Court of Suffolk County convicted(b)(6); of Criminal Possession of Marijuana in the 4th Degree. On February 5, 1998 and again on May 1, 2001, the Supreme Court of Nassau County convicted (b)(6); of Criminal Sale of Marijuana in the 5th Degree. On April 25, 2007, FNY CAP encountered (b)(6): at Nassau County Jail based upon jail records (b)(6); was released prior to a detainer being lodged. On October 27,  $20\frac{(5)(7)(C)}{9}$ , a Notice to Appear was served, charging removability under Sections 237(a)(2)(B)(i) and 237(a)(2)(A)(iii) of the INA as amended. On March 3, 2010, the Immigration Judge in New York, NY ordered BLAKE removed from the United States in an absentia hearing. On May 31, 2018, the Nassau County Police Department arrested (b)(6): for the crimes of Assault, 2nd Degree and Criminal Possession of a Weapon, 4th Degree. On June 1, 2018, FNY CAP lodged an ICE Detainer (I-247a) with the Nassau County Jail. On June 22, 2018, Nassau County Jail turned (b)(6); over to ICE custody (b)(6); is currently pending removal from the United States.

ERO FNY advised the IHSC/FMC, as well as ICE NYC Office of Chief Counsel; they are tracking.

Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved the text of this SIR.

### Violations of

Law:

Action Taken:

Other Agen	cies Notified:					
Name	Agency	Phone		Date	Time	
none						
Injuries: Fatalities: Damage:	Injuries (Names and	Extent of Injury):				
Locations:						
Туре А	Address		City	State	Zip	
Other 3	0-35 Hackensack Avenue	)	Kearny	New Jersey	07032	
Reported to	ICE Operations Center v	a Phone: No				
Public Affai Comments:	rs Notified: No - Without c	omments				
Reported B	y: <sup>(b)(6); (b)(7)(C)</sup>	Phone <sup>(b)(t</sup>	6); (b)(7)(C)	Cell/Pager.(	b)(6); (b)(7)(C)	
	20	Dep	portation ps://depo	E 2020- cv- ( research clin rtation-resea	,	thwestern.ee

Superviso(b)(6); (b)(7)(C)

Phone:(b)(6); (b)(7)(C)

Cell/Pag<sup>(b)(6); (b)(7)(C)</sup>

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Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

Condition of Confinement Inspection Worksheet (This document must be attached to each G-324A Inspection Worksheet) This Form is to be used for Inspections of Facilities Used Over 72 Hours



# ICE Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

**REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)** 

Facility Information					
Facility Name:			Review Purpose: Not Selected		
Facility Type: CDF	ent (IGSA), ICE Service Processing Center	(SPC) ICE Contra	et Dotontion Facili	hu (CDE)	
Address:					
City:	1	State:		Zip:	
County:					
CEO Name:		8	CEO Title:		
Review Information (Use for	bllowing format for dates: mm/dd/yyyy)				
Start Date: 1/1/2000	End Date: 1/1/2000	Revie	w Type: Head	lquarters	
Lead Name:			Lead Title:		
<b>Review Document Issue S</b>	Summary (See Document Check Section	on to Review/Upd	ate)		
Error(s) Found:	Items Not R				

#### ICE HQ USE ONLY: (DO NOT EDIT\*)

Form Name: PBNDS_2011_G324_072_LYON	Form Key: 25	Form Date: 5/9/2017
Form Type: PBNDS 2011	Form Review Type: Annual	Form Over/Under 72 Status: 072

\*If Edits are required, contact ICE HQ for an updated form.

FOR OFFICIAL USE ONLY (LAW G-324A PBNDS 2011 Detention Inspection Worksheet - Rev: 05/09/2017 - Form Key 25 2020-ICLI-00042 1197

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STANDARD 6.1. DETAINE	E HANDBOOK – Reviewer Summary
	ormat for dates: mm/dd/yyyy)
<b>Overall Remarks:</b> (Record significant facts, observations, o	other sources used, etc.) (5000 Character Max)
	· · · ·
Overall Rating: Not Rated	
Reviewer Name (Printed):	Completion Date:
Reviewer Signature (for printed form submission):	

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STANDARD 6.2. GRIE	EVANCE SYSTEM (Key: AJ)				
This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.					
Components	Rating	Remarks (1000 Char Max)			
<ul> <li>PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:</li> <li>Establishes a procedure for any detainee to file a formal grievance;</li> <li>Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;</li> <li>Establishes reasonable time limits for: <ul> <li>Processing, investigating, and responding to grievances;</li> <li>Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and</li> <li>Providing written responses to detainees who filed formal grievances, including the basis for the decision.</li> </ul> </li> <li>Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;</li> <li>Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;</li> <li>Ensures each grievance receives appropriate review;</li> <li>Provides at least one independent appeal that excludes individuals previously involved in the</li> </ul>	Not Rated	Kemarks (1000 Char Max)			
decision making process for the same grievance;					
<ul> <li>Includes guarantees against reprisal; and</li> </ul>					
<ul> <li>Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.</li> </ul>					
<ol> <li>Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand.</li> </ol>	Not Rated				
3. The grievance section of the handbook explains all steps in the grievance process.	Not Rated				

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# STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components		Rating	Remarks (1000 Char Max)
4.	Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.	Not Rated	
5.	Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations.	Not Rated	
6.	Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.	Not Rated	
7.	Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.	Not Rated	
8.	All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Not Rated	
9.	A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity.	Not Rated	
10.	Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO.	Not Rated	
11.	<u>PRIORITY:</u> Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.	Not Rated	

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### STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
12. <u>PRIORITY</u> : Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.	Not Rated	
13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred.	Not Rated	

## STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Overall Rating: Not Rated Reviewer Name (Printed):

**Completion Date:** 

Reviewer Signature (for printed form submission):

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# Hudson County Department of Corrections & Rehabilitation

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# I.C.E. DETAINEE HANDBOOK ENGLISH

Issued 06/2005

Revised: 10/2015 Revised: 01/2016 Revised: 12/2017 Revised: 01/2018 Revised: 06/2018 Revised: 12/2018 Revised: 05/2019 Revised: 07/2019 Revised: 08/2019

\*NOTE: The ICE Detainee Handbook, updated and reissued, Is also available in a Spanish-language version YOU ARE CURRENTLY IN THE TEMPORARY CUSTODY OF THE UNITED STATES DEPARTMENT OF HOMELAND SECURITY, IMMIGRATION AND CUSTOMS ENFORCEMENT, AT 30-35 HACKENSACK AVE., KEARNY, NEW JERSEY 07032.

- E. <u>THEFT:</u> No stealing of any kind within facility.
- F. <u>CONTRABAND</u>: No contraband, such as: cigarettes, tobacco or smoking paraphernalia, alcoholic beverages, cardboard boxes, and excessive magazines. No pictures of any kind on dormitory walls. All items must be purchased through the commissary only.
- G. <u>FIGHTING:</u> No fighting of any kind in facility.
- H. <u>BED TIME:</u> Regular lights out shall be 11:00 p.m. daily. All detainees must be at their bed at this time. Detainees will not be allowed to visit with each other after lights are out but must stay at their own beds. No one will be allowed in the day rooms after lights out.
- I. <u>RESTRICTED AREAS</u>: No detainee will be allowed to make physical contact with the glass window areas of the dormitories or the fence in the outside recreation areas. You will always remain behind the painted lines in the dorm and outside recreation.
- J. <u>MEALS</u>: Detainees must follow the instructions of the Supervisors. No butting in lines, grabbing trays or glasses or taking trays to the dormitory area is permitted.
- K. <u>GAMBLING:</u> No gambling of any kind in facility.
- L. <u>SELLING PERSONAL ARTICLES</u>: No black-market activities shall take place within facility. (Selling candies, food, clothing etc.)
- M. <u>VERBAL AND PHYSICAL ABUSE:</u> Verbal or physical abuse toward staff.
- N. <u>DESTRUCTION OF H.C.D.O.C. & R PROPERTY</u>: No destruction, alteration, unauthorized use, or wasting of property belonging to H.C.D.O.C. & R or another person.
- O. <u>SEXUAL ACTIVITIES</u>: No engaging in, or pressuring others to engage in sexual activities.
- P. <u>RULES AND REGULATIONS:</u> Detainees shall follow all orders given by H.C.D.O.C. &R staff.

# NN. DETAINEE GRIEVANCE PROCEDURES

Any Detainee residing at H.C.D.O.C &R has the opportunity to file a formal complaint which is considered a Grievance. The process will be explained below. It is important that the procedure listed be followed correctly in order to ensure adequate and appropriate resolutions. Grievances filed improperly will be returned without review.

## OO. <u>GRIEVANCE PROCEDURE</u>:

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You have the right to pursue a grievance in accordance with the following procedures. When you have a complaint or grievance, every effort should be made to resolve it at the lowest level possible. You must present your grievance within five days. You should first attempt to resolve a grievance with the Housing Unit Officer. If an informal grievance is made orally to an officer or 2020-ICL-00042

other staff member, he/she will first attempt to resolve it at that level. If an oral grievance is resolvable at any of the levels, it may be answered orally and documented on the Hudson County Inmate Request form. A copy of the form will be placed in the detainee's detention file. If the attempt to resolve the grievance informally is unsuccessful, you can request a grievance form by asking the Unit Officer for one. In the event a written grievance cannot be resolved by the Supervisor, it will be forwarded to the appropriate department for review and resolution. If it is still not resolved at this level, the request can be forwarded to the ICE. It can also be forwarded to the Director of Corrections or designee within five business days.

The Director or Designee will have five business days to render a decision. If the Detainee does not accept the decision of the Director, he can appeal the decision to ICE/ERO AFOD by notifying the Ombudsman. The Ombudsman will forward the appeal to ICE/ERO AFOD. Place all grievances in the grievance box located near the entry door of the housing unit.

#### (Emergency Grievances)

If a Detainee experiences a situation that is an immediate threat to their health or safety, the Detainee should notify the Officer on duty. The Detainee should explain the severity of the situation to the Officer and request that a supervisor be notified. The Officer on duty will immediately notify the supervisor of the situation. When the supervisor responds the Detainee should present the Emergency Grievance to the supervisor. If the supervisor concurs that the grievance represents an emergency, it shall receive the immediate attention of the Facility Administrator or his designee. If it is determined that the grievance is not an emergency, standard grievance procedures shall apply.

## (Emergency Medical Grievances)

If a Detainee experiences a situation that is an immediate threat to their health or safety the detainee should notify the Officer on Duty and request a Supervisor be notified. When the Supervisor arrives on Post the detainee should present the Emergency Medical Grievance to the Supervisor. The Supervisor will bring the emergency medical grievance directly to the Health Service Administrator, who will act as the Facility Directors designee.

The HSA will review medical grievances and respond within 24 hours. **DO NOT** use the grievance process for routine sick calls as this may delay medical care.

NOTE: All appeals of formal medical grievances and responses shall be reported to ICE.

You may not submit a grievance on behalf of another detainee. You may, however, seek assistance from another detainee or staff member in preparing your grievance. Detainees that are illiterate, disabled, or non-English speaking that require assistance in completing and filing a Grievance will be provided special assistance by notifying the Grievance Coordinator. Your need to obtain assistance will not allow for an extension of the time limit for submission.

No harassment, punishment, or disciplinary action will result to you if you are seeking resolution of legitimate complaints in good faith. However, if you demonstrate a pattern of abuse of the grievance system, resulting in unnecessary burdens at the expense of legitimate complaints, such grievances will be returned unprocessed. A copy of your detainee grievance will be maintained in your detention file for a period of three years.

# **Classification**

All detainees are classified upon arrival, before being admitted to general population. A color coded wrist band is used to identify a detainee's classification level.

# **Classification Levels**

Level 1(RED)

- a. May not be housed with Level 3 detainees
- b. May not include any detainee with a felony conviction that includes an act of physical violence
- c. May not include any detainee with aggravated felony conviction.
- d. May include detainees with minor criminal records and non-violent felonies.

Level 2 (BLUE)

- a. May not include any detainee whose most recent conviction was for any offense listed under HIGHEST section of the severity of offense guideline.
- b. May not include any detainee with a pattern or history of violent behavior whether convicted or not.
- c. May not include any detainee convicted for assault on a Correctional Officer while in custody or where previous institutional records suggest a pattern of assaults while in custody.

Level 3 (GREEN)

- a. May include those detainees reclassified from level one to two due to incidents in facility or changes in classification information.
- b. May be reclassified to Level 2 only based institutional behavior.
- c. Level three detainees are considered a high risk category requiring medium to maximum security housing.
- d. Level three detainees are always monitored and escorted.

# **Classification** Appeal

All new arrivals classified as level two and three may appeal their classification.

All appeals will be directed to the classification unit.

All appeals will be investigated and reconsidered by the classification committee.

All recommendations will be reviewed by the Director or designee.

A written response will be returned to detainee within 30 business days

# **CONTACTING YOUR ICE DEPORTATION OFFICER OR CONSULAR OFFICIAL:**

You may contact your deportation officer by completing a Detainee request form or by following the posted telephone instructions to call their office free of charge.

The request form can be obtained from your Housing Unit Officer. The form must specify a particular concern or question in order to receive a response. The completed form will be forwarded to your deportation officer who will reply to you in writing or in person.

As a non-U.S. citizen who is being arrested or detained, you are entitled to have us notify your country's consular representatives here in the United States. A consular official from your country may be able to help you obtain legal counsel, and may contact your family and visit you in detention, among other services. If you want us to notify your country's consular officials, you can request this notification now or at any time in the future with your deportation officer. After 2020-ICLI-00042 1207



AND REHABILITATION 30 Hackensack Avenue Kearny, NJ 07032 201-395-5600

× NJ ×

RONALD P. EDWARDS DIRECTOR

THOMAS A. DeGISE COUNTY EXECUTIVE

## **INMATE/ DETAINEE GRIEVANCE FORM**

TO: RONALD P. EDWARDS, DIRECTOR

INMATE // DETAINEE'S INFORMATION:

LAST NAME	FIRST NAME INMATE/DETAIN	IEE'S NO. LOCATION
(PLEASE PRINT CLEARLY)		• • • • • • • • • • • • • • • • • • •
	** PART "A" **	
COMPLAINT:	с	
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REMEDT 5000111.		
	-	
Date	Signature of Inmate/Det	ainee
******	Signature of Inmate/Deta	*****
	**PART B**	
INMATE /DETAINEE ADVOCAT	TE (ACTION /RESPONSE):	
	1	f
	,	
Date	Signature of Inmate /Detainee Advocate	Grievance Number
************	** Received By**	********
COMMENTS:		
DATE SIGNATURE OF INVATE /DE	ETAINEE ADVOCATE GRIEVANCE NUMBER	
RECEIVED BY	ETAINEE ADVOCATE GRIEVANCE NUMBER	
COMMENTS:		
COMIMENTS		
	lesignee	Date
Signature of Director or his/her D		
Signature of Director or his/her D	Pesignee Yellow: Record Room	Date Pink: Inmate/Detainee
Signature of Director or his/her D te: Inmate/Detainee Jacket File n #Admin 40	Yellow: Record Room	
Signature of Director or his/her D e: Inmate/Detainee Jacket File		Pink: Inmate/Detainee

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## Re: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

(b)(6); (b)(7)(C)

Tue 12/3/2019 2:55 PM

T(b)(6); (b)(7)(C)

Categories: Orange Category

1 attachment (11 MB)

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(b)(6); (b)(7)(C)

Hudson County Corrections & Rehabilitation Center

Inmate Advocate / PREA Coordinator

(b)(6); (b)(7)(C)

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From:(b)(6); (b)(7)(C)

Sent: Tuesday, December 3, 2019 2:50 PM To: (b)(6); (b)(7)(C) Subject: Fw: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

<sup>(b)(6); (b)(7)(C)</sup> MA - CCHP

Hudson County Corrections & Rehabilitation Center Inmate Advocate / PREA Coordinator

(b)(6); (b)(7)(C)

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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Page 2 of 3

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From: (b)(6); (b)(7)(C) Sent: Tuesday, December 3, 2019 6:56 AM Td<sup>(b)(6); (b)(7)(C)</sup> Subject: Re: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

## As per your request

(b)(6); (b)(7)(C) Hudson County Corrections & Rehabilitation Center Inmate Advocate / PREA Coordinator

(b)(6); (b)(7)(C)

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From<sup>(b)(6); (b)(7)(C)</sup>

Sent: wonday, December 2, 2019 2:58 Pivi

To(b)(6); (b)(7)(C) Subject: Grievance Logs

\*\*\* CAUTION: This email originated from outside the County of Hudson \*\*\*

## Ms. (b)(6);

ICE is required by the Freedom of Information Act (FOIA), 5 U.S.C. Section 552 to produce all logs of grievances (oral and written) submitted by individuals detained at the Hudson County during FY15 until present. ICE has requested this information recently for the GAO inquiry and will be forwarding the same information to FOIA. So, we will only need to obtain the grievance logs for FY 15 and FY16.

The timeframe for this request is December 03, 2019.

Thank you again for your continued support.

Kind Regards,

Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

https://mail.hcnj.us/owa/

(b)(6); (b)(7)(C)

Detention Services Manager DHS | Immigration and Customs Enforcement

ERO|CMD| Detention Monitoring Unit

Hudson County (b)(6); (b)(7)(C)

Bergen County

iPhone(b)(6); (b)(7)(C)

E-mail

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Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/ 1111 ľΛ (b)(6): (b)(7)(C) Kioska E5S #1075728 16 15 114 WADRENT ROOLT DRUSSING CHURCES Tett + functo assault That occurres0 N JULF. FND TO remark (b)(6); rice.lk ans. (hasis) VLOCOUDING TO IT. Burke. TA ANNE 18 5 12 STREAM à amplit -Xo Ν 2CV2E Witho Flon (b)(6); (b)(7)(C) #2415 EBN 5 (MED) Shoon BUNKISCUE × (b)(6); (b)(7)(C) ヰとく E3N MED TSSUC w/ VISION FRU ( )(b)(6); (b)(7)(C) ionk ್ರಶಕ್ತಿ ~ 2 E 4 2 16 1137693 LONST PAINE (b)(6); (b)(7)(C) え 15S ર Link 10 10 Winners # 1167420 Marin (b)(6); (b)(7)(C) N, Zn **ASC** IΑ Pr. New Chanser No partet ISSLIE issue (b)(6); (b)(7)(C) 1 Car <u>E3S</u> S  $G_{i}$ #111.3236 A MENICS SUSM TH Regart (b)(6); (b)(7)(C) 5 A An a q (b)(6); (b)(7)(C) terna 2115 Dedico 2/23/11 # 2417 ESS 1/23/16 (b)(6); (b)(7)(C) tr. Bake Sr. Aug (b)(6) FWO N 21 Els 321 ١Ļ Ά HAMME JSSUE Junie-TRO ١D 721. KLOSK (b)(6); (b)(7)(C) 12/10 EAN ,122109D CLASS) UN/CLASS YW) (b)(6); (b)(7)(C) 3/21/14 3 EGN 18 # 2-18 Chigh Kequest the Jurgery 37.1 1 (b)(6); (b)(7)(C) Y. (16 E38 ĪΑ Kinderer Kale Constant Ø SUG 3]\_\_) (b)(6); (b)(7)(C) 10 3 6, Ê3S 14 (las) 5 11 14 3<sub>[\_\_</sub> (b)(6); (b)(7)(C) (لا) È3S Mart Maran EST dames DWALCH (b)(6); (b)(7)(C) 0 3/15/10 JQ J (Secology) Buch <u>`X</u>\_ Isput 'HOLLIND. abries NUME ROLLS NO WATE 15 \$5.1 <u>v</u> (b)(6); (b)(7)(C) (1) ¥r1µ Inethigh. k Highly Isul Couplant. 2020-ICLI-00042 1228

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	E3S	1/28	1-28	128	128	
(b)(6); (b)(7)(C)	SS 2311TON		-			
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(b)(6); (b)(7)(C)	E3S					
TINCRP. Sound SESTAR	<i>(()</i>					
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(b)(6); (b)(7)(C)	(b)(6);	1	-			
		1/27	11/27	"/57	1/27	
(b)(6); (b)(7)(C)		121	101	- NOT		
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1 Harpersvery of Sta	H.	, í	,	1		
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	42617	(b)(6); (b)(7)(C)	( soukes	ISIE	"/28	"/28	"58	11/29
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	×1001	(b)(6); (b)(7)(C)	Sue)	BIC	1/57	1/58	"/58	
_	Kiosk	(b)(6); (b)(7)(C)	sucz)	BIE	1/58	128	1/28	
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_	(b) Kurk	)(6); (b)(7)(C)		B15	"/79	1/20	"/20	169
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		(b)(6); (b)(7)(C)		<del>4</del> 5	"/28	"/29	"19	
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Stevens v ICE 2020- cv- 02735 Deportation research clinic https://deportation-research.buffett.northwestern.edu/

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147 EBRINARI 2/4 2/4 2/3 DSE (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) 44 2/2 DSK (Dic/ Lock IS 2/4 2/4 2/4 1/20 Paupury dup NG (1002 -332441 DSE DISCIPLUCE 1/22 (b)(6); (b)(7)(C) 22 Non- Guarant- Issue (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) E38 ( (b)(6); (b)(7)(C) 14044 C DSE (DENT) Koek 2/7 7 BEG 7 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) leo epts ENGULI way Juglicerte 1201 X Sp. 18 18 2/8 Issue NIN Janel JEC Cours Fee. (b)(6); (b)(7)(C) 48 18 CK 4 2/8 Sec Cinay The wight the 2/11 Comm. 4,1 2/9 1.4.5 Diane Danswert Mes - alley lourner / 3Hm. B. Jake ul Konover INDIVIDUOLS ME NOT ICE es 21.19 1. 2/11 2/8 35 (b)(6); (b)(7)(C) Stell Consut 1,, 1, X BBE (b)(6); (b)(7)(C) Stall 9., ( 712 nat 化 4 JSG (b)(6); (b)(7)(C) ATTY Kimo-Slype Reality Ord 2/2 2/12 2/10 Maniel Ja Notification of lott. Sources From NY : NO FNO IN ICE M 1/2 4/12 7. Elen (b)(6); (b)(7)(C) Trank Lises Gray pres 300 IND HOD. 2/12 (b)(6); (b)(7)(C) CHANGES FROME TRE IAISON (b)(6); (b)(7)(C) 10 E Stevens v ICE 2020- cv- 02735 Deportation research clinic 1269

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A OSA	(b)(6); (b)(7)(C) DSN	2/2	2/13	0/3	L/L			
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)	(b)(6); (b)(7)(C)	DSE	3/22	3/2	3/22	3/22
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Liosk	(b)(6); (b)(7)(C)	DS (F	) 3/25	3/25	34	3
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