



**U.S. Immigration and Customs Enforcement (ICE)  
Detainee Death Report: SANCHEZ-Gotopo, Pablo**

General Demographic/Background Information

- **Date of Birth:** June 3, 1981
- **Date of Death:** October 1, 2021
- **Age:** 40
- **Gender:** Male
- **Country of Citizenship:** Venezuela
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On an unknown date and location, Mr. SANCHEZ-Gotopo entered the United States without authorization or parole by an immigration officer.
- On May 17, 2021, U.S. Border Patrol encountered Mr. SANCHEZ-Gotopo near Del Rio, Texas (TX), determined him to be inadmissible into the United States, and processed for an Expedited Removal. During the initial interview and processing, Mr. SANCHEZ-Gotopo expressed fear of returning to Venezuela.
- On May 21, 2021, Mr. SANCHEZ-Gotopo was transferred to Adams County Detention Center (ACDC) where he was later referred for credible fear determination.

Criminal History

- None

Medical History

**Medical Records from Adams County Detention Center**

**On May 21, 2021**, Mr. SANCHEZ-Gotopo's primary intake screening was completed. Vital signs (VS) were normal, and a negative tuberculosis (TB) screening was noted. Mr. SANCHEZ-Gotopo's accompanying U.S. Customs and Border Protection transfer summary did not list any medications or medical conditions. A medical doctor (MD) ordered Mr. SANCHEZ-Gotopo's chest x-ray (CXR) and coronavirus disease 2019 (COVID-19) polymerase chain reaction test, that showed negative results.

**On June 2, 2021**, an advanced practice provider (APP) completed Mr. SANCHEZ-Gotopo's initial physical and documented normal physical examination findings and VS, except for an elevated temperature of 101 degrees Fahrenheit (°F; normal range 95.5–99.9°F). Mr. SANCHEZ-Gotopo denied any medical conditions but reported a cough and sore throat. The APP ordered medication to lower his temperature, treat his congestion and sore throat.

**On June 18 and 23, 2021**, Mr. SANCHEZ-Gotopo submitted sick call requests for cough and sore throat. An RN triaged both requests as "routine" (requiring evaluation within two weeks) and referred Mr. SANCHEZ-Gotopo to an APP for further evaluation.



**On June 28, 2021**, an APP evaluated Mr. SANCHEZ-Gotopo for cough and sore throat, documented lungs clear to auscultation, mouth “moist and pink, oropharynx [back of throat] red, no exudates,” and ordered combination medications to treat his cough and congestion.

**Between June 29 and July 11, 2021**, Mr. SANCHEZ-Gotopo did not submit any sick call requests or report any concerns.

**On July 12, 2021**, an RN responded to Mr. SANCHEZ-Gotopo’s dorm for a medical emergency for his report of a panic attack and coughing. The RN evaluated Mr. SANCHEZ-Gotopo, documented a heart rate (HR) of 105 beats per minute [(bpm); normal range 60–100 bpm], otherwise normal VS, including an oxygen saturation level (SpO<sub>2</sub>) of 100% (normal range 95–100%), clear lung sounds, normal throat appearance, and referred him to an APP. The APP documented a normal physical examination, except for the presence of a dry cough, and ordered combination medication used to treat cough and congestion.

**On July 15, 2021**, ACDC obtained Mr. SANCHEZ-Gotopo’s consent and administered the Janssen and Janssen COVID-19 vaccine without any complications.

**On July 26, 2021**, a licensed practical nurse evaluated Mr. SANCHEZ-Gotopo for a cough and fatigue, documented an HR of 116 bpm, a respiratory rate (RR) of 24 respirations per minute [(rpm); normal range 12–20 rpm], otherwise normal VS, including an SpO<sub>2</sub> of 98%, a normal exam, except for “throat is white and patchy,” and consulted with a medical doctor (MD). The MD gave a verbal order to perform a CXR (results not available for review), a rapid strep (a test used to assist in the diagnosis of a bacterial infection in the throat), which showed negative results, start over-the-counter medications to treat his cough and cold symptoms, azithromycin (antibiotic), and referral to an APP for a follow-up evaluation.

**On July 28, 2021**, an MD evaluated Mr. SANCHEZ-Gotopo for shortness of breath, documented an SpO<sub>2</sub> between 89–92%, an HR of 115, “decreased air movement” in both lung bases, and negative CXR dated July 27, 2021. The MD ordered a rapid COVID-19 test, which showed negative results, and referred him to the Merit Health Natchez (MHN) Medical Center emergency room (ER) via emergency medical services for further evaluation.

**On July 29, 2021**, an MHN ER MD admitted Mr. SANCHEZ-Gotopo for hypoxia (inadequate oxygen supply in the tissues to sustain bodily functions). An MD ordered a chest computed tomography (CT) scan (diagnostic imaging that provides greater detail than x-rays). The MD ordered broad-spectrum antibiotics to treat pneumonia, an echocardiogram (evaluates the heart’s ability to pump blood), which showed normal results, and initiated a cardiology consult to rule out congestive heart failure (CHF).

**Between July 30 and August 1, 2021**, MHN ruled out CHF as Mr. SANCHEZ-Gotopo’s cause of pulmonary edema, ruled out the presence of a pulmonary embolism (blood clot in the lung), and initiated several laboratory tests, which included blood cultures (identifies bacteria in the bloodstream), sputum, and blood tests for TB (all showed normal results).

**On August 2, 2021**, an MD ordered Mr. SANCHEZ-Gotopo’s COVID-19 test, which showed negative results, and initiated an infectious disease consult.



**On August 3, 2021**, Mr. Sanchez was diagnosed with human immunodeficiency virus (HIV) and on 8/5/21, he was diagnosed with acquired immunodeficiency syndrome (AIDS) based on his CD4 count results.

**On August 11, 2021**, Mr. SANCHEZ-Gotopo experienced “significant respiratory distress requiring intubation (placement of an endotracheal tube into the trachea to support breathing) and transfer to the intensive care unit (ICU) for higher-level care, with subsequent insertion of a chest tube.

**On August 27, 2021**, an MD extubated (removal of the endotracheal tube) Mr. SANCHEZ-Gotopo, placed him on supplemental oxygen therapy via nasal canula, and documented he remained confused and disoriented, despite breathing without ventilatory support.

**On August 29, 2021**, an MD ordered Mr. SANCHEZ-Gotopo’s placement on a bi-level positive airway pressure (BiPAP; method of noninvasive ventilation to support breathing) machine for hypoxia to maintain adequate oxygenation.

**On September 5, 2021**, an MD consulted with Mr. SANCHEZ-Gotopo’s family members regarding his condition, received their input, and honored their requests related to future medical interventions.

**On September 15, 2021**, Mr. SANCHEZ-Gotopo’s condition declined, and his repeat COVID-19 test showed positive results.

**On September 25, 2021**, MHN transferred Mr. SANCHEZ-Gotopo to Merit Health River Oaks (MHRO) hospital in Flowood, Mississippi, for further evaluation and intervention.

**On September 28, 2021**, Mr. SANCHEZ-Gotopo’s condition deteriorated, his kidney function declined, he experienced hypotension [low blood pressure (BP)], and tachycardia (elevated HR).

**On October 1, 2021**, Mr. SANCHEZ-Gotopo experienced agonal breathing (natural gasping reflex when receiving an inadequate supply of oxygen that often indicates approaching death) throughout the day.

- **At 5:02 p.m.**, MHRO medical personnel pronounced Mr. SANCHEZ-Gotopo deceased.

**On October 13, 2021**, Mr. SANCHEZ-Gotopo’s pathology report showed the cause of death was: pneumonia, with AIDS and COVID-19 infection.