



**U.S. Immigration
and Customs
Enforcement**

DETAINEE DEATH REVIEW

Case Number	201111495
Detainee	Irene BAMENGA
Alien Number	(b)(6), (b)(7)c
Citizenship	France
Date of Death	July 27, 2011
Detention Facility	Albany County Jail – Albany, New York
Facility Type	IGSA

OVERVIEW

The U.S. Immigration and Customs Enforcement, Office of Professional Responsibility, Office of Detention Oversight, initiated this review after receiving information that ICE Detainee Irene BAMENGA, a citizen and national of France, died at the Albany Memorial Hospital located in Albany, New York. At the time of her death, Detainee BAMENGA was in ICE custody at the Albany County Jail (ACJ) pending removal proceedings. Detainee BAMENGA died on July 27, 2011, due to cardiomyopathy.

This review found that Detainee BAMENGA was admitted into the United States on July 22, 2005, as a visitor for pleasure under the Visa Waiver Pilot Program. On July 15, 2011, US Customs and Border Protection (CBP) officers encountered BAMENGA at the Lewiston Bridge Port of Entry in Lewiston, NY, after Canadian Immigration officials denied BAMENGA entry into Canada. On the same date, CBP officers issued BAMENGA a Notice to Alien Ordered Removed/Departure Verification, Form I-296, charging removability pursuant to § 212(a) of the Immigration and Nationality Act (INA) or deportable under the provisions of § 237 of the INA as a Visa Waiver Pilot Program violator. On July 15, 2011, BAMENGA entered ICE custody at the Allegany County Jail in Belmont, NY.

On July 21, 2011, ERO FOD Buffalo officers transferred BAMENGA to the Albany County Jail for staging, as she was scheduled for removal through the John F. Kennedy International Airport in New York, NY, on July 28, 2011.

On July 27, 2011, Detainee BAMENGA was found unresponsive in her cell and transported to the Albany Memorial Hospital. Albany Memorial Hospital medical staff pronounced Detainee BAMENGA dead at 1:15 a.m.

A New York State Department of Health Certificate of Death was generated regarding BAMENGA. According to the Certificate of Death report, BAMENGA's immediate cause of death was cardiomyopathy and the time of death is listed as 1:17 a.m. The death certificate indicates an autopsy was performed on BAMENGA. Coroner Timothy Cavanaugh and (b)(6), (b)(7)c, signed the Certificate of Death pertaining to BAMENGA. ICE has been denied access to the BAMENGA autopsy report by the Albany County Department of Law based on New York State County Law 677. The ICE Office of Principal Legal Advisor (OPLA) has made efforts to obtain the autopsy report without success. According to information supplied by Albany County Attorney (b)(6), (b)(7)c (b)(6), (b)(7)c the autopsy report cannot be disclosed at the request of the Department of Homeland Security.

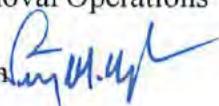
MGT of America, a national management and consultant firm, contracted by ICE to provide subject matter expertise in detention management including health care, reviewed the medical care of Detainee BAMENGA while housed at the ACCF and the ACJ. MGT of America found that the ACCF and the ACJ were not compliant with the ICE NDS for medical care. Specifically, MGT determined that the ACCF and ACJ failed to dispense ordered medications, delayed in starting medications, failed to verify medications, and provided incorrect dosing of medications.

A mortality review was conducted by Dr. (b)(6), (b)(7)c a clinical consultant medical doctor contracted by ICE to evaluate the medical care provided to Detainee BAMENGA while in ICE custody. Dr. (b)(6), (b)(7)c assessed the care provided by the ACCF as inadequate. Specifically, Dr. (b)(6), (b)(7)c documented in her report that both the ACCF and the ACJ were remiss in not conducting a thorough clinical evaluation and assessment of BAMENGA whose congestive heart failure would deteriorate when poorly managed. According to Dr. (b)(6), (b)(7)c report, BAMENGA should have been placed on a restricted sodium diet. Additionally, an electrocardiogram should have been done and a chest x-ray should have been completed. According to Dr. (b)(6), (b)(7)c laboratory testing should have been done to include digoxin levels, electrolytes, a complete blood count, and thyroid function studies.



**U.S. Immigration
and Customs
Enforcement**

MEMORANDUM FOR: Gary Mead
Executive Associate Director
Enforcement and Removal Operations

FROM: Timothy M. Moynihan 
Assistant Director

SUBJECT: Investigative Findings – Death of ICE Detainee Irene
BAMENGA (JICMS Case 201111495)

The Office of Professional Responsibility, Office of Detention Oversight (ODO), has completed the Detainee Death Review regarding ICE Detainee Irene BAMENGA. Detainee BAMENGA died on July 27, 2011, at the Albany Memorial Hospital in Albany, New York due to cardiomyopathy. Prior to her death, Detainee BAMENGA was housed by ICE at the Albany County Jail.

The findings of the review are in the attached report.

If you have any questions, please contact me or have a member of your staff contact ODO Deputy Division Director (b)(6), (b)(7)c at (202) 732-(b)(6), (b)(7)c

Attachment

cc: Kumar Kibble
Beth Gibson
Kevin Landy
Dr. Jon Krohmer



DEPARTMENT OF HOMELAND SECURITY

**Immigration and Customs Enforcement
Office of Professional Responsibility**

REPORT OF INVESTIGATION

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201111495

PREPARED BY

(b)(6), (b)(7)c

2. REPORT NUMBER

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3. TITLE

Bamenga, Irene/Unknown/0108 Death-Detainee/Alien (Unknown Cause)/ALBANY, ALBANY, NY

4. FINAL RESOLUTION

5. STATUS

Closing Report

6. TYPE OF REPORT

Detainee Death Review

7. RELATED CASES

8. TOPIC

Closing Report for Detainee Death Review of Irene BAMENGA

(b)(6), (b)(7)c

9. SYNOPSIS

On July 27, 2011, the Joint Intake Center (JIC), Washington D.C., received notification regarding the death of U.S. Immigration and Customs Enforcement (ICE) Detainee Irene BAMENGA. Detainee BAMENGA, a citizen of France, died on July 27, 2011, at the Albany Memorial Hospital in Albany, New York. The New York State Medical Examiner reported Detainee BAMENGA died due cardiomyopathy.

On August 15, 2011, the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) initiated a Detainee Death Review (DDR) of Irene BAMENGA's death. This report documents the findings of the review.

10. CASE OFFICER (Print Name & Title)

(b)(6), (b)(7)c - ICE-OPR Special Agent Supervisor

11. COMPLETION DATE

12-JAN-2012

14. ORIGIN OFFICE

ICE OPR Office of Detention Oversight (ODO)

12. APPROVED BY(Print Name & Title)

(b)(6), (b)(7)c - ICE-OPR Special Agent Supervisor

13. APPROVED DATE

12-JAN-2012

15. TELEPHONE NUMBER

No Phone Number

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10. NARRATIVE

On July 27, 2011, the JIC was notified of the death of Detainee Irene BAMENGA (Alien Number (b)(6), (b)(7)c). Detainee BAMENGA, a citizen of France was born on November 10, 1981 and died on July 27, 2011 at the Albany Memorial Hospital located at 600 Northern Boulevard, Albany, New York. Detainee BAMENGA was 29 years old at the time of her death.

Detainee BAMENGA was in ICE custody at the Albany County Correctional Facility (ACCF) on the date of her death. The Albany County Sheriff's Office (ACSO) owns and operates the ACCF. The ACCF is a mixed-use facility that houses inmates received from area law enforcement jurisdictions, as well as adult male and female federal detainees over 72 hours. The ACCF is an intergovernmental service agreement (IGSA) facility contracted by the United States Marshals Service (USMS) to house federal detainees. ICE is an Authorized User in accordance with the contract.

During the week of August 22, 2011, OPR ODO Special Agent (SA) (b)(6), (b)(7)c and Supervisory Special Agent (SSA) (b)(6), (b)(7)c conducted the on-site segment of the ODO DDR. The agents were assisted by Program Manager (PM) (b)(6), (b)(7)c PM (b)(6), (b)(7)c is employed by MGT of America Inc. (MGT), a national management and consultant firm, contracted by ICE to provide subject matter expertise in detention management and correctional health care. As part of the review, agents interviewed staff at the ACCF, the Allegany County Jail (ACJ), U.S. Customs and Border Protection (CBP), and the ICE Office of Enforcement and Removal Operations (ERO). Additionally, agents reviewed immigration, medical, and detention records pertaining to Detainee BAMENGA.

The following is a time-line of the events regarding Detainee BAMENGA while she was in ICE custody.

On July 15, 2011, at approximately 5:35 p.m., CBP Officer (CBPO) (b)(6), (b)(7)c encountered Irene BAMENGA at the Lewiston Bridge Port of Entry (POE) in Lewiston, New York. Irene BAMENGA, her husband (b)(6), (b)(7)c and (b)(6), (b)(7)c attempted to enter Canada from the United States. BAMENGA was denied entry into Canada due to lack of a valid I-94 (Arrival-Departure Record) from the United States. All three individuals attempted to re-enter the United States and were detained by CBP officers at the Lewiston Bridge POE. CBP officers researched BAMENGA's immigration status and learned that she entered the United States as a Visa Waiver Pilot Program participant in 2005. BAMENGA was authorized to remain in the United States until October 21, 2005.

SSA (b)(6), (b)(7)c and CBP Internal Affairs (IA) SA (b)(6), (b)(7)c interviewed CBPO (b)(6), (b)(7)c on August



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23, 2011, at the CBP Internal Affairs Office in Buffalo, New York. CBP Officer (b)(6), (b)(7)c vaguely remembered BAMENGA due to the volume of people he encounters daily. CBP Officer (b)(6), (b)(7)c stated that on the day of the encounter he received a radio transmission alert from the radio console officer regarding a vehicle that was denied access to Canada and was directed back to the United States. CBPO (b)(6), (b)(7)c observed the vehicle and stopped it at the POE. CBPO (b)(6), (b)(7)c stated he observed two black males and one black female in the vehicle. CBPO (b)(6), (b)(7)c obtained identification from the three individuals and scanned the identification into the Vehicle Primary Client (VPC) system. The VPC system verifies the validity of travel documents and performs various CBP-related database inquiries. The VPC inquiry revealed BAMENGA required additional screening due to her immigration record. CBPO (b)(6), (b)(7)c referred BAMENGA, Mr. (b)(6), (b)(7)c and Mr. (b)(6), (b)(7)c to the Document Control unit in the Lewiston Operations Building located at the Lewiston Bridge POE. CBP officers escorted all three individuals into the building and seated them in a secure location.

Acting CBPO supervisor (b)(6), (b)(7)c encountered BAMENGA in the secure area of the Lewiston Operations Building. SSA (b)(6), (b)(7)c and CBP IA SA (b)(6), (b)(7)c interviewed CBPO (b)(6), (b)(7)c on August 23, 2011, at the Rainbow Bridge POE. CBPO (b)(6), (b)(7)c stated she examined BAMENGA's passport and observed the most recent CBP admission stamp was documented in 2005. CBPO (b)(6), (b)(7)c stated she knew BAMENGA entered the United States as a Visa Waiver Program Tourist in 2005 and the visa waiver was only valid for 90 days from entry. CBPO (b)(6), (b)(7)c determined that BAMENGA was subject to administrative removal from the United States. During the encounter, BAMENGA advised that she had congestive heart failure (CHF), which required daily medications. CBPO (b)(6), (b)(7)c notified CBP Chief (b)(6), (b)(7)c and CBPO (b)(6), (b)(7)c of the situation.

CBPO (b)(6), (b)(7)c interviewed BAMENGA regarding her immigration status and determined she was subject to removal from the United States. CBPO (b)(6), (b)(7)c arrested and charged Detainee BAMENGA with violations of the Immigration and Nationality Act (INA) Section 237(a)(1)(B), relating to remaining in the United States after admission for a time longer than permitted (Exhibit 01).

SA (b)(6), (b)(7)c and CBP IA SA (b)(6), (b)(7)c interviewed CBPO (b)(6), (b)(7)c on August 24, 2011, at the CBP Internal Affairs Office in Buffalo, New York. CBPO (b)(6), (b)(7)c stated Acting CBPO supervisor (b)(6), (b)(7)c notified him regarding BAMENGA's immigration status. CBPO (b)(6), (b)(7)c interviewed BAMENGA regarding her immigration status and learned that BAMENGA entered the United States in 2005 as part of the Visa Waiver Program to visit her husband. BAMENGA did not depart the United States as required per the Visa Waiver Program. (Agent's note: the I-94



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arrival/departure record related to BAMENGA indicates she was admitted into the United States in accordance with the Visa Waiver Program on July 22, 2005. BAMENGA's admittance into the United States was valid until October 21, 2005 [Exhibit 02].) During the course of the immigration queries, CBPO (b)(6), (b)(7)c observed that Mr. (b)(6), (b)(7)c filed an I-130 petition on behalf of BAMENGA to adjust her immigration status. CBPO (b)(6), (b)(7)c explained to Mr. (b)(6), (b)(7)c and BAMENGA that the I-130 was not valid for adjustment of status based on the fact that Mr. (b)(6), (b)(7)c is not a United States citizen and BAMENGA was in violation of her immigration status. During the course of their conversation, BAMENGA advised CBPO (b)(6), (b)(7)c that she was diagnosed with CHF and that she needs to take medication daily. BAMENGA added that she had taken her required medication that day. CBPO (b)(6), (b)(7)c stated BAMENGA declined medical treatment and stated she was fine.

At approximately 5:21 p.m., CBPO (b)(6), (b)(7)c contacted ICE ERO Immigration Enforcement Agent (IEA) (b)(6), (b)(7)c regarding BAMENGA. IEA (b)(6), (b)(7)c authorized BAMENGA to be housed at the Allegany County Jail (ACJ). CBPO (b)(6), (b)(7)c informed IEA (b)(6), (b)(7)c that BAMENGA was diagnosed with CHF, possessed six (6) different medications, and appeared to be in good health at that time.

No discrepancies were discovered regarding the travel documents or immigration status for Mr. (b)(6), (b)(7)c and Mr. (b)(6), (b)(7)c. CBPO (b)(6), (b)(7)c informed Mr. (b)(6), (b)(7)c that BAMENGA would be housed at the ACJ and provided him the address and telephone number to the facility. All of BAMENGA's property, except for her medications, was released to Mr. (b)(6), (b)(7)c. Mr. (b)(6), (b)(7)c and Mr. (b)(6), (b)(7)c were allowed to enter the United States through the Lewiston Bridge POE.

At approximately 7:58 p.m., CBPO (b)(6), (b)(7)c authorized a pat down search of BAMENGA and CBPO (b)(6), (b)(7)c performed the pat down search. CBPO (b)(6), (b)(7)c witnessed the search which produced negative results for contraband.

SA (b)(6), (b)(7)c and CBP IA Assistant Special Agent in Charge (ASAC) (b)(6), (b)(7)c interviewed CBPO (b)(6), (b)(7)c on August 22, 2011, at the CBP Internal Affairs Office in Buffalo, New York. CBPO (b)(6), (b)(7)c stated that she performed a pat down search on BAMENGA. According to CBPO (b)(6), (b)(7)c she located \$20.00 in BAMENGA's right front pants pocket. CBPO (b)(6), (b)(7)c stated BAMENGA maintained possession of the \$20.00 in order to purchase commissary items at the jail. CBPO (b)(6), (b)(7)c added that all other property possessed by BAMENGA was provided to her husband. Upon completion of the pat down search, BAMENGA was placed in handcuffs and a belly chain in preparation for transport. (Agent's note: a belly chain is a restraint device that is placed around the subject's waistline. The handcuffs are attached to the belly chain to restrict hand movements.) CBPOs (b)(6), (b)(7)c and (b)(6), (b)(7)c escorted BAMENGA to the transport van



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and secured her in the vehicle. CBPO (b)(6), (b)(7)c directed CBPO (b)(6), (b)(7)c and CBPO (b)(6), (b)(7)c (b)(6), (b)(7)c to transport BAMENGA to the ACJ.

At approximately 8:00 p.m., CBP Officers (b)(6), (b)(7)c and (b)(6), (b)(7)c took custody of Detainee BAMENGA and transported her from the Lewiston Bridge POE in Lewiston, New York to the ACJ (Exhibit 03).

SSA (b)(6), (b)(7)c and SSA (b)(6), (b)(7)c interviewed CBP Enforcement Officer (b)(6), (b)(7)c on August 23, 2011, at the CBP Internal Affairs Office in Buffalo, New York. CBPO (b)(6), (b)(7)c stated she was directed by Acting SCBPO (b)(6), (b)(7)c to transport BAMENGA to the ACJ with CBPO (b)(6), (b)(7)c. CBPO (b)(6), (b)(7)c stated she observed CBPO (b)(6), (b)(7)c conduct a pat down search on BAMENGA, place BAMENGA in restraints, and secure BAMENGA in the transport van. CBPO (b)(6), (b)(7)c added that BAMENGA was not placed in leg iron restraints at the direction of CBPO (b)(6), (b)(7)c. CBPO (b)(6), (b)(7)c advised that prior to their departure, CBPO (b)(6), (b)(7)c provided CBPO (b)(6), (b)(7)c an evidence bag containing medication and booking documentation for the jail. According to CBPO (b)(6), (b)(7)c she monitored the temperature in the transport van to ensure a moderate climate was maintained and activated the microphone to hear any comments by BAMENGA. CBPO (b)(6), (b)(7)c stated no conversation took place during the transport between the CBPOs and BAMENGA. CBPO (b)(6), (b)(7)c stated the transport van arrived at the ACJ and the CBPOs escorted BAMENGA inside the facility. CBPO (b)(6), (b)(7)c advised that BAMENGA appeared normal upon arrival to the ACJ. According to CBPO (b)(6), (b)(7)c CBPO (b)(6), (b)(7)c provided all of the booking documentation and medications to the jail.

SSA (b)(6), (b)(7)c and CBP IA SA (b)(6), (b)(7)c interviewed CBPO (b)(6), (b)(7)c on August 22, 2011, at the CBP Internal Affairs Office in Buffalo, New York. CBPO (b)(6), (b)(7)c stated he and CBPO (b)(6), (b)(7)c transported BAMENGA from the Lewiston Bridge POE to the ACJ. CBPO (b)(6), (b)(7)c stated he and CBPO (b)(6), (b)(7)c did not converse with BAMENGA during the transport but BAMENGA requested more heat on several occasions. CBPO (b)(6), (b)(7)c advised that the transport to the ACJ lasted approximately 2.5 hours. CBPO (b)(6), (b)(7)c stated that upon arrival to the ACJ, he transferred custody of BAMENGA and a Ziploc bag of her medication to the ACJ staff.

On July 15, 2011, at approximately 10:30 p.m., BAMENGA arrived at the ACJ in the transport van (Exhibit 04). ACJ Officer (b)(6), (b)(7)c signed the Form I-203 (Order to Detain or Release Alien) acknowledging custody of BAMENGA (Exhibit 05). The Form I-203 indicates BAMENGA has congestive heart failure that is controlled by medication she had with her.

At approximately 11:19 p.m., BAMENGA was processed into the jail by Sergeant (b)(6), (b)(7)c.

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During the intake screening, BAMENGA was asked booking observation questions listed on the Booking Observation Report (Exhibit 06). BAMENGA answered yes to being allergic to food or medication, testing positive for tuberculosis, and having medication. Question 12 of the Booking Observation Report is "Are you on any medication?" The response to question 12 is listed as "lots of them." The booking data sheet shows the booking end time as 11:23 p.m.

SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed Sergeant (b)(6), (b)(7)c at the ACJ on August 23, 2011. Sergeant (b)(6), (b)(7)c stated he recalled processing BAMENGA. Sergeant (b)(6), (b)(7)c stated BAMENGA spoke English and was able to respond to his questions at intake. Sergeant (b)(6), (b)(7)c stated there was a large quantity of medication that accompanied BAMENGA to the facility. Upon receipt in the intake processing area, Sergeant (b)(6), (b)(7)c stated he walked the medication to the medical unit and placed the medication on Nurse Practitioner (NP) (b)(6), (b)(7)c desk. Sergeant (b)(6), (b)(7)c stated that due to the hour of night that BAMENGA arrived at ACJ, no medical personnel were available to receive the medication.

Sergeant (b)(6), (b)(7)c stated BAMENGA joked with him and was friendly during the booking process. BAMENGA did not request any medication or medical care while being processed. Upon completion of the booking process, BAMENGA was fingerprinted, photographed, and was provided facility clothing. BAMENGA was assigned to housing unit D after booking.

On July 16, 2011, Registered Nurse (RN) (b)(6), (b)(7)c conducted an initial medical screening of BAMENGA. SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed RN (b)(6), (b)(7)c at the ACJ on August 23, 2011. RN (b)(6), (b)(7)c stated that the medication BAMENGA arrived with on July 15, 2011, consisted of two large medication organizers containing various medications. BAMENGA advised RN (b)(6), (b)(7)c that she had taken her medication the day prior (July 14, 2011). RN (b)(6), (b)(7)c stated BAMENGA knew the names of the medication she was taking but did not know the dosages. RN (b)(6), (b)(7)c stated the only medical concern BAMENGA expressed during the initial medical screening was that she was unable to have the medicine she had during her arrest. RN (b)(6), (b)(7)c stated BAMENGA's screening was unremarkable thus no further medical action was necessary before Monday (July 18, 2011). The initial medical screening was hand written by RN (b)(6), (b)(7)c and documented on the Booking Observation Report (Exhibit 06).

On July 18, 2011, NP (b)(6), (b)(7)c conducted a physical examination of BAMENGA. The examination is documented in the ACJ History and Physical Examination report (Exhibit 07). According to the report, BAMENGA was ordered the following medications with start date of July 18, 2011:

- ASA 81 mg daily



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- Spironalactone 25 mg twice daily
- Lasix 20 mg daily
- Digoxin 0.25 mg daily
- Carvedilol 20 mg daily
- Lisinopril 20 mg daily

The report additionally states BAMENGA is allergic to Tramadol. A review of the ACJ Medication Record (MR) for BAMENGA indicates she did not receive medication until July 19, 2011 (Exhibit 08). ACJ Sergeant (b)(6), (b)(7)c classified BAMEGNA for general population and assigned her to housing unit D08. On July 19, 2011, at approximately 10:10 a.m., IEA (b)(6), (b)(7)c visited the ACJ.

SA (b)(6), (b)(7)c and CBP IA SA (b)(6), (b)(7)c interviewed IEA (b)(6), (b)(7)c on August 23, 2011, at the CBP Internal Affairs Office in Buffalo, New York. IEA (b)(6), (b)(7)c stated he conducts weekly visits to ICE detention facilities in order to conduct detainee interviews. IEA (b)(6), (b)(7)c stated he inquires about any problems, questions, or concerns on behalf of the detainee during the detainee interviews. IEA (b)(6), (b)(7)c stated that on July 19, 2011, BAMENGA was 1 of 15 detainees whom he interviewed at the ACJ (Exhibit 09). Prior to the interview with BAMENGA, IEA (b)(6), (b)(7)c spoke with RN (b)(6), (b)(7)c or RN (b)(6), (b)(7)c in the medical department and was advised that BAMENGA entered the facility with a large quantity of medication. IEA (b)(6), (b)(7)c interviewed BAMENGA and explained the immigration process. IEA (b)(6), (b)(7)c issued BAMENGA a National Detainee Handbook (Exhibit 10). Additionally, IEA (b)(6), (b)(7)c stated he issued a Detainee Handbook specific to the ACJ. IEA (b)(6), (b)(7)c explained personal property procedures (Exhibit 11) and also completed a Detainee Interview/Visitation Worksheet (Exhibit 12). The interview worksheet indicates BAMENGA did not have any questions during the interview. According to IEA (b)(6), (b)(7)c, BAMENGA appeared healthy during her interview. A review of grievance records revealed no grievances were filed by BAMENGA while housed at the ACJ (Exhibit 13).

On July 21, 2011, at approximately 9:20 a.m., ICE IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c arrived at ACJ and took custody of BAMENGA and Detainee (b)(6), (b)(7)c (Exhibit 14).

SA (b)(6), (b)(7)c and CBP IA SA (b)(6), (b)(7)c interviewed IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c on August 23, 2011, at the CBP Internal Affairs Office in Buffalo, New York. IEA (b)(6), (b)(7)c stated he was notified by Supervisory Detention and Deportation Officer (SDDO) (b)(6), (b)(7)c that he and IEA (b)(6), (b)(7)c

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were required to transport two detainees from the ACJ to exit 36 on Interstate 90 (Exhibit 15). Additionally, the IEAs were required to cash the detainee's checks from the ACJ. IEA (b)(6), (b)(7)c stated the purpose of the trip was to meet with ERO officers from Albany, NY, at exit 36 to exchange detainees. According to IEA (b)(6), (b)(7)c he and IEA (b)(6), (b)(7)c arrived at the ACJ at approximately 9:15 a.m., and took custody of BAMENGA and (b)(6), (b)(7)c IEA (b)(6), (b)(7)c completed a Form I-203 to obtain custody of BAMENGA and ACJ Officer (b)(6), (b)(7)c signed the form as the releasing officer (Exhibit 16). According to IEA (b)(6), (b)(7)c the ACJ provided property, medications, and sealed health transfer summaries for the two detainees. According to IEA (b)(6), (b)(7)c IEA (b)(6), (b)(7)c asked both detainees if they received their medications that day and both detainees responded, "Yes."

IEA (b)(6), (b)(7)c stated they departed the ACJ with the detainees at approximately 9:20 a.m., and proceeded to the Steuban Trust Bank located at 11 Schuyler street Belmont, New York. IEA (b)(6), (b)(7)c entered the bank and cashed the checks for the detainees while IEA (b)(6), (b)(7)c remained with the detainees in the transport van. IEA (b)(6), (b)(7)c cashed Allegany County Sheriff's Office check number (b)(6), (b)(7)c in the amount of \$12.70 for BAMENGA (Exhibit 17). Upon completion of the financial transactions, the transport continued towards their destination. IEA (b)(6), (b)(7)c contacted ERO IEA (b)(6), (b)(7)c of the Albany, New York office while traveling to the meeting location. IEA (b)(6), (b)(7)c advised IEA (b)(6), (b)(7)c that their estimated time of arrival to exit 36 was approximately 12:00 p.m. IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c stated that BAMENGA appeared normal during the trip. They also stated that they did not converse with either detainee during the transport.

At approximately 12:00 p.m., the IEAs from ERO Buffalo and Albany arrived at exit 36 on Interstate 90. ERO Albany IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c arrived with Detainee (b)(6), (b)(7)c (b)(6), (b)(7)c SA (b)(6), (b)(7)c and SSA (b)(6), (b)(7)c interviewed IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c on August 24, 2011, at the Albany, New York ERO office. According to IEA (b)(6), (b)(7)c he verified and exchanged the detainee-related transfer documentation and property with IEA (b)(6), (b)(7)c [Agent's note: IEA (b)(6), (b)(7)c and (b)(6), (b)(7)c documented in a memorandum that they did not complete a Detainee Transfer sheet related to BAMENGA because they did not know BAMENGA's final destination (Exhibit 18).] IEA (b)(6), (b)(7)c completed Form I-216 (Record of Persons and Property Transferred) pertaining to BAMENGA and (b)(6), (b)(7)c (Exhibit 19). Form I-216 indicates IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c received custody of BAMENGA and her property. According to IEA (b)(6), (b)(7)c he received approximately five different medications as part of BAMENGA's property. The medication was labeled with BAMENGA's name, the types of medications, and the respective dosage amounts.

Upon completion of the detainee exchange, IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c transported Detainees



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BAMENGA and (b)(6), (b)(7)c from exit 36 on Interstate 90 in Syracuse, New York, to the ACCF located in Albany, New York. According to IEA (b)(6), (b)(7)c at approximately 1:15 p.m., the transport stopped at exit 31 on Interstate 90 and allowed both detainees to use the restroom at an unknown gas station. At approximately 1:25 p.m., both were secured in the van and the transport continued to the ACCF. While traveling to the ACCF, IEA (b)(6), (b)(7)c contacted an unknown medical staff member at the ACCF regarding BAMENGA's medication. The staff member agreed to accept BAMENGA at the ACCF. According to IEA (b)(6), (b)(7)c IEA (b)(6), (b)(7)c conversed briefly with BAMENGA regarding her heart condition. IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c indicated BAMENGA appeared healthy and did not request medical care while in their custody.

On July 21, 2011, at approximately 2:30 p.m., the transport van arrived at the ACCF. Upon arrival at the ACCF, IEAs (b)(6), (b)(7)c and (b)(6), (b)(7)c escorted BAMENGA and (b)(6), (b)(7)c into the facility. All property, medications, and documents were turned over to booking officers at the ACCF.

SA (b)(6), (b)(7)c and SSA (b)(6), (b)(7)c interviewed ACCF Officer (b)(6), (b)(7)c on August 25, 2011, at the ACCF. Officer (b)(6), (b)(7)c explained the booking process at the ACCF. According to Officer (b)(6), (b)(7)c detainees are interviewed by booking officers, who obtain basic biographical data. Detainees are issued yellow jumpsuits, bedding, and granted access to telephones. Officers in the booking area perform mental health screening and issue color-coded wristbands. Officer (b)(6), (b)(7)c advised that booking officers are not aware of the ICE National Detention Standards (NDS).

Upon completion in the booking process, detainees are screened by medical personnel. Officer (b)(6), (b)(7)c stated the medical screening is performed in a private area in the medical unit. The detainees are interviewed by the Inmate Services Unit, and then housed with other arriving detainees until classified. Upon completion of the classification process, detainees are housed according to their classification levels.

At approximately 5:58 p.m., ACCF Officer (b)(6), (b)(7)c booked BAMENGA into the ACCF via the Offender Management System (OMS) (Exhibit 20). SSA (b)(6), (b)(7)c interviewed ACCF Officer (b)(6), (b)(7)c on August 26, 2011, at the ACCF. Officer (b)(6), (b)(7)c stated he did not recall processing BAMENGA due to the large number of inmates he encounters on a daily basis. Officer (b)(6), (b)(7)c was presented with the ACCF OMS data related to BAMENGA and confirmed he entered BAMENGA's information into the computer system during the booking process. Officer (b)(6), (b)(7)c stated BAMENGA was referred to the medical department due to her medications and her responses to medical questions.



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On July 21, 2011, at approximately 6:30 p.m., ACCF RN (b)(6), (b)(7)c completed a Correctional Medical Services Medical and Mental Health History and Screening form pertaining to BAMENGA (Exhibit 21). The form documents that BAMENGA responded affirmatively when asked if she had any medical problems. CHF is recorded as the explanatory response in the comments section of the form. RN (b)(6), (b)(7)c recorded BAMENGA's weight as 194 lbs. and blood pressure (BP) as 140/88. BAMENGA signed a statement at the bottom of the screening form consenting to routine care and acknowledging she was told how to access health care services. A review of the Interdisciplinary Progress Notes prepared by RN (b)(6), (b)(7)c indicates BAMENGA was screened without difficulty. The Progress Notes document that BAMENGA had a history of positive PPD (tuberculosis) and was ordered a chest x-ray. Additionally, the Progress Notes indicate BAMENGA had a history of hypertension (HTN), CHF, and anemia (Exhibit 22).

SA (b)(6), (b)(7)c, SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed RN (b)(6), (b)(7)c on August 25, 2011, at the ACCF. RN (b)(6), (b)(7)c stated she did not recall BAMENGA or any complaints made by her. RN (b)(6), (b)(7)c stated she documented BAMENGA's health problems reported during the medical screening process. RN (b)(6), (b)(7)c stated she documented BAMENGA had a history of congestive heart failure (CHF), hypertension (HTN), and anemia. RN (b)(6), (b)(7)c stated BAMENGA did not make any comments concerning her medications and did not express any concerns or complaints. RN (b)(6), (b)(7)c advised that Dr. (b)(6), (b)(7)c approved BAMENGA's medications and she documented BAMENGA's medications in the Physicians' Orders. A review of the ACCF Progress Notes related to BAMENGA indicates, "Call placed to M.D. orders received" (Exhibit 22).

A review of the Physician Orders documented the following prescriptions, all with start dates of July 21, 2011, and stop dates of August 20, 2011 (Exhibit 23):

- ASA 81 mg daily
- Spironalactone 25 mg twice daily
- Lasix 20 mg daily
- Digoxin 0.25 mg daily
- Lisinopril 20 mg daily
- Coreg (same medication as Carvedilol) 20 mg daily

A review of the ACCF Medication Administration Record (MAR) revealed BAMENGA received her medications on July 21, 2011, except for Digoxin which was started on July 25, 2011, and Coreg which was started on July 26, 2011 (Exhibit 24).



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SA (b)(6), (b)(7)c SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed Dr. (b)(6), (b)(7)c on August 25, 2011, at the ACCF. Dr. (b)(6), (b)(7)c stated he is an independent contractor employed by the ACCF as an on-call physician, as needed. Dr. (b)(6), (b)(7)c stated he never interacted with BAMENGA. Dr. (b)(6), (b)(7)c stated (b)(6), (b)(7)c or other ACCF medical staff contacted him and advised that BAMENGA arrived at the facility with medications. Dr. (b)(6), (b)(7)c advised the medical staff to continue her medications.

Upon completion of the booking process and medical evaluation, BAMENGA was assigned to housing unit 8 West, Left Block, cell 6, bed 2 at the ACCF (Exhibit 25).

On July 25, 2011, BAMENGA completed two Correctional Medical Services Health Services Request Forms (Exhibit 26). The first health services request form documents that BAMENGA alleged she was not provided her complete dosage of her medications. In the second health services request form BAMENGA wrote she had shortness of breath, palpitations when lying down, and dizziness upon standing.

On July 26, 2011, at approximately 9:40 a.m., Nurse Practitioner (NP) (b)(6), (b)(7)c examined BAMEGNA. SA (b)(6), (b)(7)c SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed NP (b)(6), (b)(7)c on August 25, 2011, at the ACCF. NP (b)(6), (b)(7)c stated she reviewed BAMENGA's intake screening form, medical history, surgical history, and medication. During the exam, BAMENGA advised NP (b)(6), (b)(7)c that she had congestive heart failure and hypertension. NP (b)(6), (b)(7)c listened to BAMENGA's heart and lungs, examined her eyes and ears, and obtained BAMENGA's body temperature, blood pressure, and pulse rate. According to NP (b)(6), (b)(7)c all measurements were within normal limits.

NP (b)(6), (b)(7)c stated that BAMENGA was well-versed in her medication requirements. According to NP (b)(6), (b)(7)c BAMENGA stated she was not receiving two types of medication. NP (b)(6), (b)(7)c reviewed BAMENGA's medication record and observed that the medication Coreg was provided to BAMENGA once a day. NP (b)(6), (b)(7)c increased the dosage of Coreg to twice a day and documented the action in the Physician's Orders (Exhibit 23). NP (b)(6), (b)(7)c advised BAMENGA that her Spironalactone medication was ordered for twice a day and that she would need to ensure she obtained the medication during medical pass.

NP (b)(6), (b)(7)c stated she consistently documented her actions on the health services request forms and signed her initials on the health services request form related to BAMENGA. NP (b)(6), (b)(7)c stated she was not aware of the second health services request form filed by BAMENGA. According to NP (b)(6), (b)(7)c BAMENGA's physical exam was normal and she appeared healthy. BAMENGA did not complain about shortness of breath or chest pain during her exam with NP

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(b)(6), (b)(7)c NP (b)(6), (b)(7)c advised that she is not familiar with the ICE NDS.

On July 26, 2011, BAMENGA was interviewed by ACCF Inmate Services Specialist (ISS) (b)(6), (b)(7)c SA (b)(6), (b)(7)c SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed ACCF ISS (b)(6), (b)(7)c on August 25, 2011, at the ACCF. ISS (b)(6), (b)(7)c stated she usually sees new detainees within 24 hours of their arrival to the ACCF. ISS (b)(6), (b)(7)c stated her role as an Inmate Services Specialist requires her to interview detainees and advise them of various services offered at the ACCF. ISS (b)(6), (b)(7)c provides detainees with an Incoming Package Form (IPF) that instructs the detainee how to receive various items at the facility from family or friends. ISS (b)(6), (b)(7)c also provides detainees with a Program Request Form (PRF) that instructs detainees how to join self-improvement programs within the facility.

According to ISS (b)(6), (b)(7)c BAMENGA stated during her interview on July 26, 2011, that she had not been receiving her medication. ISS (b)(6), (b)(7)c asked BAMENGA if she spoke with someone in the medical department about receiving her medication and she stated "Yes." ISS (b)(6), (b)(7)c provided BAMENGA the IPF and PRF documents and informed her how to obtain medical services at the facility. ISS (b)(6), (b)(7)c advised that BAMENGA was calm and cooperative during her interview and ISS (b)(6), (b)(7)c cleared BAMENGA for normal classification. ISS (b)(6), (b)(7)c completed an Inmate Service Unit Intake Interview packet regarding her interaction with BAMENGA (Exhibit 27). ISS (b)(6), (b)(7)c stated she is not familiar with the ICE NDS. According to ISS (b)(6), (b)(7)c the classification process is the final stage for detainees to be housed at the facility.

On July 26, 2011, at approximately 1:10 p.m., ICE ERO IEA (b)(6), (b)(7)c visited BAMENGA at the ACCF (Exhibit 28). SA (b)(6), (b)(7)c and SSA (b)(6), (b)(7)c interviewed IEA (b)(6), (b)(7)c at the Albany, New York ERO office on August 24, 2011. IEA (b)(6), (b)(7)c stated he went to the ACCF on July 26, 2011, to interview approximately 10 detainees regarding their immigration status and verify telephones available to detainees were in proper working order. IEA (b)(6), (b)(7)c stated he conducts weekly visits to facilities that house ICE detainees and interviews them regarding their immigration status. During his interview of detainees, IEA (b)(6), (b)(7)c stated he inquires about any problems, questions, or concerns on behalf of the detainee.

IEA (b)(6), (b)(7)c completed a Detainee Interview/Visitation Worksheet regarding his interview with BAMENGA (Exhibit 29). During the interview, BAMENGA requested to know the disposition of her case and when she could return to France. IEA (b)(6), (b)(7)c advised BAMENGA he would provide her answers to her questions after speaking with her case officer. IEA (b)(6), (b)(7)c stated the interview lasted approximately 5 minutes and BAMENGA appeared healthy during the encounter. According to IEA (b)(6), (b)(7)c BAMENGA did not ask any questions regarding her medication or her illness.



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On July 26, 2011, at approximately 2:30 p.m., BAMENGA was classified by ACCF (b)(6), (b)(7)c as a level 3 detainee based on the ACCF Inmate Classification Test results (Exhibit 30).

SA (b)(6), (b)(7)c, SSA (b)(6), (b)(7)c, and PM (b)(6), (b)(7)c interviewed Sergeant (b)(6), (b)(7)c on August 25, 2011, at the ACCF. Sergeant (b)(6), (b)(7)c stated the ACCF uses five different classification levels when classifying detainees. [Agent's note: the ACCF policy indicates six levels of classification (Exhibit 31)]. Sergeant (b)(6), (b)(7)c stated each classification level is segregated from other classification levels. Sergeant (b)(6), (b)(7)c advised that she inputs data into the computer-based Inmate Classification Test and the computer provides a classification level. Sergeant (b)(6), (b)(7)c stated she did not have any direct contact with BAMENGA but generally uses information from the Inmate Services Unit, interviews with detainees, and medical information to determine classifications. Sergeant (b)(6), (b)(7)c stated a level 3 classification was applied to BAMEGNA based on the fact that BAMEGNA was detained without the ability for release on bond. Sergeant (b)(6), (b)(7)c advised that she is not familiar with the ICE NDS and does not use information from ICE to classify detainees. Upon completion of the classification process, BAMENGA was reassigned to housing unit 6 West, Left 3, Cell 9, Bed 1 at the ACCF.

On July 27, 2011, ACCF Corrections Officer (b)(6), (b)(7)c was the officer on duty for post 6 West. A review of post log information indicates that at approximately 12:15 a.m., inmates in Left Bay #3 notified CO (b)(6), (b)(7)c that BAMENGA was sick (Exhibit 32).

SSA (b)(6), (b)(7)c and PM (b)(6), (b)(7)c interviewed CO (b)(6), (b)(7)c on August 25, 2011, at the ACCF. Officer (b)(6), (b)(7)c stated that at approximately 12:15 a.m., he notified the relief officer so that BAMENGA could be escorted to the medical unit. At approximately 12:19 a.m., CO (b)(6), (b)(7)c notified Sergeant (b)(6), (b)(7)c. At approximately 12:23 a.m., CO (b)(6), (b)(7)c entered Left Bay #3 and observed that BAMENGA was unresponsive. CO (b)(6), (b)(7)c notified the medical staff via his portable radio and exited Left Bay #3 to activate the alarm system for assistance. According to CO (b)(6), (b)(7)c at approximately 12:24 a.m., ACCF medical staff entered the cell and cardiopulmonary resuscitation (CPR) was performed on BAMENGA. CO (b)(6), (b)(7)c stated he administered chest compressions to BAMENGA while Nurse (b)(6), (b)(7)c operated the ambu bag. [Agent's note: the ambu bag is a trademark for a self-reinflating bag used during resuscitation (www.medical-dictionary.com.)]

At approximately 12:32 a.m., Colonie Emergency Medical Services (EMS) arrived at the ACCF and assumed care for BAMENGA. A Colonie EMS Prehospital Care Report was generated regarding the care provided to BAMENGA (Exhibit 33). According to the report, Advanced Emergency Medical Technician Paramedics (AEMT-P) (b)(6), (b)(7)c and

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(b)(6), (b)(7)(c) provided care to BAMENGA. At approximately 12:55 a.m., Colonie EMS personnel departed the ACCF with BAMENGA and transported her to the Albany Memorial Hospital. The care report indicates the EMS personnel and BAMENGA arrived at the Albany Memorial Hospital at 1:08 a.m.

ACCF COs (b)(6), (b)(7)(c) and (b)(6), (b)(7)(c) accompanied BAMENGA to the hospital. ACCF Incident Report # 11-106 documents actions taken by ACCF staff (Exhibit 34). SA (b)(6), (b)(7)(c) interviewed CO (b)(6), (b)(7)(c) on August 25, 2011, at the ACCF. CO (b)(6), (b)(7)(c) stated that on July 27, 2011, he was instructed by ACCF Captain (b)(6), (b)(7)(c) to prepare for a hospital escort. CO (b)(6), (b)(7)(c) was sitting in his vehicle when he observed EMS personnel exit the ACCF with BAMENGA. CO (b)(6), (b)(7)(c) observed CPR equipment on BAMENGA and observed EMS personnel place her in the ambulance. Officer (b)(6), (b)(7)(c) followed the ambulance to the hospital while CO (b)(6), (b)(7)(c) rode in the ambulance with BAMENGA.

SA (b)(6), (b)(7)(c) interviewed CO (b)(6), (b)(7)(c) on August 25, 2011, at the ACCF. CO (b)(6), (b)(7)(c) stated that on July 27, 2011, he was instructed by an unknown ACCF Sergeant to prepare for a hospital escort. CO (b)(6), (b)(7)(c) stated that at approximately 12:50 a.m., he and CO (b)(6), (b)(7)(c) were located in the ACCF exterior booking area. CO (b)(6), (b)(7)(c) observed Colonie EMS personnel exit the ACCF with BAMENGA and place her in the ambulance. CO (b)(6), (b)(7)(c) stated he occupied the front passenger seat of the ambulance and observed paramedics administer medications intravenously. CO (b)(6), (b)(7)(c) stated that upon arrival to the hospital, BAMENGA was transferred to the emergency room and hospital staff assumed care for BAMENGA. CO (b)(6), (b)(7)(c) advised that emergency room personnel were unable to revive BAMENGA and she was pronounced dead by the emergency room physician at 1:15 a.m. CO (b)(6), (b)(7)(c) stated that CO (b)(6), (b)(7)(c) departed the hospital at approximately 5:30 a.m. According to CO (b)(6), (b)(7)(c) he remained with BAMENGA until 8:00 a.m. until he was relieved by ACCF CO (b)(6), (b)(7)(c)

SA (b)(6), (b)(7)(c) reviewed the Albany Memorial Hospital Emergency Department Report regarding BAMENGA (Exhibit 35). According to the report, CPR was continued in the Emergency Department under the supervision of Dr. (b)(6), (b)(7)(c). The report indicates "At 01:15, her total downtime was in excess of 45 minutes with at least 35 minutes of documented asystole and no perfusing rhythm during that entire time." Dr. (b)(6), (b)(7)(c) determined further resuscitative efforts were futile and pronounced BAMENGA dead. The report documents that BAMENGA's husband, (b)(6), (b)(7)(c) was notified. According to the report, "The coroner was notified, and will be taking the body for autopsy."

On August 15, 2011, SA (b)(6), (b)(7)(c) received the New York State Department of Health Certificate of

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Death regarding BAMENGA (Exhibit 36). According to the Certificate of Death report, BAMENGA's immediate cause of death was cardiomyopathy and the time of death is listed as 1:17 a.m. The death certificate indicates an autopsy was performed on BAMENGA. Coroner (b)(6), (b)(7)c and (b)(6), (b)(7)c M.D., signed the Certificate of Death pertaining to BAMENGA. ICE has been denied access to the BAMENGA autopsy report by the Albany County Department of Law based on New York State County Law 677. The ICE Office of Principal Legal Advisor (OPLA) has made efforts to obtain the autopsy report without success. According to information supplied by Albany County Attorney (b)(6), (b)(7)c the autopsy report cannot be disclosed at the request of the Department of Homeland Security (Exhibit 37).

MEDICAL COMPLIANCE REVIEW:

MGT of America, a national management and consultant firm, contracted by ICE to provide subject matter expertise in detention management including health care, reviewed the medical care of Detainee BAMENGA while housed at the ACCF and the ACJ. MGT of America found that the ACCF and the ACJ were not compliant with the ICE NDS for medical care. Specifically, MGT determined that the ACCF and ACJ failed to dispense ordered medications, delayed in starting medications, failed to verify medications, and provided incorrect dosing of medications. The MGT of America report is attached to this ROI (Exhibit 38).

MORTALITY REVIEW:

A mortality review was conducted by Dr. (b)(6), (b)(7)c, a clinical consultant medical doctor contracted by ICE to evaluate the medical care provided to Detainee BAMENGA while in ICE custody. Dr. (b)(6), (b)(7)c assessed the care provided by the ACCF as inadequate. Specifically, Dr. (b)(6), (b)(7)c documented in her report that both the ACCF and the ACJ were remiss in not conducting a thorough clinical evaluation and assessment of BAMENGA whose congestive heart failure would deteriorate when poorly managed. According to Dr. (b)(6), (b)(7)c report, BAMENGA should have been placed on a restricted sodium diet. Additionally, an electrocardiogram should have been done and a chest x-ray should have been completed. According to Dr. (b)(6), (b)(7)c laboratory testing should have been done to include digoxin levels, electrolytes, a complete blood count, and thyroid function studies. Dr. (b)(6), (b)(7)c Mortality Review Report is attached to this report (Exhibit 39).

IMMIGRATION AND DETENTION HISTORY:

Irene BAMENGA, a native of Angola and citizen of France, entered the United States as a visitor

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under the Visa Waiver Program (VWP) at Boston, Massachusetts on July 22, 2005. Detainee BAMENGA was authorized to remain in the United States until October 21, 2005. On July 15, 2011, BAMENGA was encountered by CBP at the Lewiston Bridge, Lewiston, New York, after having been refused entry into Canada for failure to provide a valid I-94, Nonimmigrant Visa Waiver Arrival/Departure Form. CBP Assistant Port Director (b)(6), (b)(7)c issued an Order of Removal for Detainee BAMENGA in accordance with Section 217 of the Immigration and Naturalization Act (INA). From July 15, 2011 to July 21, 2011, Detainee BAMENGA was housed at the Allegany County Jail, located in Belmont, New York pending removal from the United States. On July 21, 2011, Detainee BAMENGA was transferred to Albany County Correctional Facility, located in Albany, New York. Detainee BAMENGA was scheduled for removal from the United States on July 28, 2011.

CRIMINAL HISTORY:

According to the National Crime Information Center (NCIC), Detainee BAMENGA was assigned the FBI # (b)(7)e NCIC records indicate Detainee BAMENGA has no additional arrests prior to her encounter with CBP on July 15, 2011.

INVESTIGATIVE FINDINGS:

Detainee BAMENGA came into ICE custody on July 15, 2011, and her congestive heart failure was documented consistently while in ICE custody. The New York State Department of Health Certificate of Death documents that Detainee BAMENGA's immediate cause of death was cardiomyopathy. A review of the Medical Administration Records (MAR) pertaining to BAMENGA revealed the ACCF and ACJ failed to dispense ordered medications, delayed in starting medications, failed to verify medications, and provided incorrect dosing of medications. According to information provided by Dr. (b)(6), (b)(7)c "missed medication dosing as well as incorrect medication dosing were significant factors that contributed to the decompensation of her congestive heart failure." [Agent's note: decompensation is failure of the heart to maintain adequate blood circulation, marked by labored breathing, engorged blood vessels, and edema (www.medical-dictionary.thefreedictionary.com.)]

This review revealed the ACJ and the ACCF were not in compliance with the ICE NDS Medical Care Standard. The ICE NDS, Medical Care, Section (I), Policy, indicates all detainees shall have access to medical services that promote detainee health and general well-being. MGT of America reviewed Medical Administration Records (MAR) and determined that the ACCF and ACJ failed to

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dispense ordered medications, delayed in starting medications, failed to verify medications, and provided incorrect dosing of medications.

The ACJ and the ACCF were not in compliance with the ICE NDS, Medical Care, Section (III) (D), General, indicates all new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained. The ACJ took appropriate action to request authorization for a chest x-ray, though it was not completed prior to her transfer to the ACCF on July 21, 2011. ACCF Health Services Administrator (HSA) (b)(6), (b)(7)C stated Detainee BAMENGA did not receive a chest x-ray and that RN (b)(6), (b)(7)C failed to write the order for the x-ray.

The ACCF was not in compliance with the ICE NDS, Medical Care, Section (III) (F), Sick Call, which indicates the health care provider will review the request slips and determine when the detainee will be seen. BAMENGA alleged in a health services request form dated July 25, 2011, that she had shortness of breath, palpitations when lying down, and dizziness upon standing. BAMENGA's complaints in this document were not reviewed by medical staff. NP (b)(6), (b)(7)C stated during her interview that she was not aware of this health service request form and did not address this complaint during her exam of BAMENGA.

This review revealed the ACCF and the ACJ were not in compliance with the ICE NDS regarding the Detainee Handbook and Classification. Detainee BAMENGA was not provided an Inmate Handbook upon admission into the ACCF in accordance with the ICE NDS. In addition, Detainee BAMENGA was not classified upon arrival at either facility as required by the ICE NDS. Also, the ICE NDS classification levels range from a level 1 (lowest threat) to a level 3 (highest threat). The ACCF uses a classification system that ranges from level 1 to level 6 and the ACJ uses a classification system that separates detainees by general population or maximum population.

AREAS OF CONCERN:

Based on interviews and documents reviewed during this review, the ACCF correctional staff and the ACCF medical staff are not aware of the requirements of the ICE NDS.

The medical staff at the ACJ and the ACCF failed to obtain BAMENGA's previous medical records. Additionally, the ACJ failed to order medications in a timely manner. The order for medication was made three days following BAMENGA's arrival at the ACJ. ACJ NP (b)(6), (b)(7)C stated the medications ordered, including dosage, were as reported by detainee BAMENGA. NP (b)(6), (b)(7)C did not attempt to verify the medications before ordering them. NP (b)(6), (b)(7)C stated she did not consider pursuing

DEPARTMENT OF HOMELAND SECURITY



**REPORT OF INVESTIGATION
CONTINUATION**

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201111495

PREPARED BY

(b)(6), (b)(7)c

2. REPORT NUMBER

002

10. NARRATIVE

the BAMENGA's medical records from her community provider, or ordering laboratory tests. ACJ policy does not address handling of medications received with new detainees, including documenting receipt, inventory, disposal or release by either booking or medical staff. Interviews with ACJ medical staff revealed that in ACJ practice, medications are turned over to the medical unit when received, and returned to ICE detainees upon release or transfer.

A review of the contract between the United States Marshals Service (USMS) and the ACCF for housing detainees at the ACCF revealed ICE is listed as an "Other Authorized Agency User" (Exhibit 40). According to the contract, "Detainees shall also be housed in a manner that is consistent with federal law and the Federal Performance-based Detention Standards." ICE does not have a separate and independent contract with the ACCF that specifies requirements of the ICE NDS for housing ICE detainees.



DEPARTMENT OF HOMELAND SECURITY

**REPORT OF INVESTIGATION
Exhibit List**

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201111495

PREPARED BY

(b)(6), (b)(7)c

2. REPORT NUMBER

002

- 01 - Form I-213, Record of Deportable/Inadmissible Alien (7/15/2011)
- 02 - I-94 Arrival/Departure information related to BAMENGA
- 03 - CBP Vehicle Utilization Log (7/15/2011)
- 04 - ACJ Vehicle Log used to document activity at the facility (7/15/2011)
- 05 - Homeland Security Form I-203 Order to Detain or Release Alien (7/15/2011)
- 06 - ACJ Booking Observation Report (7/15/2011)
- 07 - ACJ History and Physical Examination (7/18/2011)
- 08 - ACJ Medication Record
- 09 - ICE Detainee Interview Log (7/19/2011)
- 10 - Certificate of Issuance of Immigration Detainee Handbook (7/19/2011)
- 11 - ICE Personal Property Notice (7/19/2011)
- 12 - Detainee Interview /Visitation Worksheet (7/19/2011)
- 13 - ACJ Grievance Records
- 14 - ACJ Vehicle Log used to document activity at the facility (7/21/2011)
- 15 - Email from SDDO (b)(6), (b)(7)c (7/20/2011)
- 16 - Homeland Security Form I-203 Order to Detain or Release Alien (7/21/2011)
- 17 - Copy of Allegany County Sheriff's Office check number (b)(6), (b)(7)c (7/20/2011)
- 18 - Memorandums pertaining to Detainee Transfer Sheets
- 19 - Form I-216 Record of Persons and Property Transferred (7/21/2011)
- 20 - ACCF Offender Management System (OMS) data (7/21/2011)
- 21 - Correctional Medical Services Medical and Mental Health History and Screening form (7/21/2011)
- 22 - ACCF Interdisciplinary Progress Notes
- 23 - Correctional Medical Services Physician Orders
- 24 - ACCF Medication Administration Record
- 25 - ACCF Housing Assignments for BAMENGA
- 26 - Correctional Medical Services Health Services Request Forms (7/25/2011)
- 27 - ACCF Inmate Service Unit Intake Interview packet (7/26/2011)
- 28 - ACCF Register Log (7/26/2011)
- 29 - Detainee Interview/Visitation Worksheet (7/26/2011)
- 30 - ACCF Inmate Classification Test results (7/26/2011)
- 31 - ACCF Classification Policy
- 32 - ACCF Post Log for 6 West (7/27/2011)
- 33 - Colonie EMS Prehospital Care Report
- 34 - ACCF Incident Report # 11-106
- 35 - Albany Memorial Hospital Emergency Department Report (7/27/2011)
- 36 - New York State Department of Health Certificate of Death (7/27/2011)

DEPARTMENT OF HOMELAND SECURITY



**REPORT OF INVESTIGATION
Exhibit List**

HB 4200-01 (37), Special Agent Handbook

1. CASE NUMBER

201111495

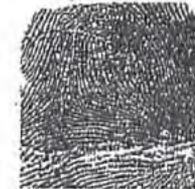
PREPARED BY

(b)(6), (b)(7)c

2. REPORT NUMBER

002

- 37 - Albany County Attorney (b)(6), (b)(7)c Email (8/11/2011)
- 38 - MGT of America Medical Compliance Review (6/29/2011)
- 39 - Mortality Review by Dr. (b)(6), (b)(7)c
- 40 - U.S. Marshals Service IGSA Detention Contract with ACCF

Family Name (CAPS) BAMENGA, Irene		First	Middle	Sex F	Hair BLK	Eyes BLK	Complexion BLK
Country of Citizenship FRANCE	Passport Number and Country of Issue (b)(6), (b)(7)c FRANC	Case No.	File Number (b)(7)e	Height 67	Weight 190	Occupation N/A	
U.S. Address (b)(6), (b)(7)c BELMONT, NEW YORK, 14813,				Scars and Marks SCAR BACK			
Date, Place, Time, and Manner of Last Entry JULY 22, 2005, BOSTON MA, AIR			Passenger Boarded at N/A	F.B.I. Number (b)(7)e			
Number, Street, City, Province (State) and Country of Permanent Residence N/A				<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated			
Date of Birth 11/10/1981	Age: 29	Date of Action 07/15/2011	Location Code BUF/LEW	Method of Location/Apprehension ISB			
City, Province (State) and Country of Birth LUANDA, N/A, ANGOLA		AR <input checked="" type="checkbox"/>	Form: (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>	Date/Time 07/15/2011 1735			
NIV Issuing Post and NIV Number N/A		Social Security Account Name N/A		Status at Entry Non-Immigrant			
Date Visa Issued N/A		Social Security Number N/A		Status When Found IN TRAVEL			
Immigration Record None Found			Criminal Record None Known				
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate) (b)(6), (b)(7)c NATIONALITY: CONGO						Number and Nationality of Minor Children N/A	
Father's Name, Nationality, and Address, if Known (b)(6), (b)(7)c NATIONALITY: CONGO			Mother's Present and Maiden Name, Nationality, and Address, if Known (b)(6), (b)(7)c NATIONALITY: FRANCE				
Manner Date/Property in U.S. Not in Immediate Possession None Claimed		Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks See Narrative	Charge Code Words(s) R1B			
Name and Address of (Last) Current U.S. Employer N/A		Type of Employment N/A	Salary N/A	Employed from/to N/A			
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) FXNB: 1024301886							
		Left Index fingerprint			Right Index fingerprint		
							
OTHER ALIASES KNOWN BY: ----- ZIKIANDA, IRENE							
RECORDS CHECKED ----- AFIS Neg ... (CONTINUED ON I-831)							
Alien has been advised of communication privileges <u>07/15/2011</u> <u>BPV</u> (Date/Initials)			(b)(6), (b)(7)c CBP Enforcement Officer (b)(6), (b)(7)c (Signature and Title of Immigration Officer)				
Distribution: FILE PORT			Received: (Subject and Documents) (Report of Interview) Officer: (b)(6), (b)(7)c on: July 15, 2011 (time) Disposition: WVPP Removal Examining Officer: (b)(6), (b)(7)c				

Alien's Name BAMENGA, Irene		File Number (b)(6), (b)(7)c	Date 07/15/2011
		Event No: (b)(7)e	
CCD Neg CHORO Neg CIS Neg CLAIM Pos CPIC Neg IAFIS Neg NCIC Neg TECS Neg			
SECTION CODES ----- 237a1B			
Record of Deportable/Excludable Alien: ENTRY: Service records and/or admission stamp in passport indicate that the subject was admitted to the US at Boston, MA under the VWP/WT on July 22, 2005. The subject was authorized to remain in the US until October 21, 2005.			
APPREHENSION: BAMENGA, Irene DOB: 11/10/1981 COB: Angola COC: France with French passport number (b)(6), (b)(7)c was encountered at the Lewiston Bridge in Lewiston, NY on July 15, 2011 after having been refused entry into Canada. The subject had been refused entry into Canada because she was not in possession of a valid I-94 from the United States and the last United States entry stamp in her passport was from 2005. The primary officer retained the vehicle keys, deployed the stop stick and called for back-up. CBP Officers escorted the subject to the CBP secure area. The traveler remained under CBP control until the inspection process was complete.			
PRIMARY OFFICER: CBPO (b)(6), (b)(7)c			
Previous Admission Number: I-94W (b)(6), (b)(7)c CRIMINAL RECORD: None found			
Buffalo JTTF was not contacted. FBI was not contacted for record checks.			
INTEL/OTHER: The subject attempted to go to Canada to catch a flight from Toronto, Ontario to Amsterdam. She had remained in the US in violation of her status. The subject's most recent entry to the US was on July 22, 2005 at Boston, MA under the VWP (WT) with authorization to remain until October 21, 2005. Subject had been staying with her Husband located at (b)(6), (b)(7)c Lynn, MA.			
DISCRETION: No emergent circumstances in this case.			
Alien booked in IAFIS: YES FBI#: (b)(7)e			
EVENT#: (b)(7)e		FIN#: 1024301856	
SIGMA#: (b)(6), (b)(7)c			
A#: (b)(6), (b)(7)c			
HEALTH: Good ... (CONTINUED ON NEXT PAGE)			
Signature	(b)(6), (b)(7)c		Title CBP Enforcement Officer

Alien's Name BAMENGA, Irene	File Number (b)(6), (b)(7)c Event No: (b)(7)e	Date 07/15/2011
<p>Medical issues: Congestive Heart Failure she takes medications to control her medical problem. Current condition: Good Medications with the aliens: Subject stated that she has 6 medications with her that she needs to take every morning for her congestive heart failure condition. Pregnant at the time of encounter: no Previous treatment for mental illness: no.</p>		
<p>Telephonic privileges provided: no. Subject was traveling with her husband and did not want to call anyone at this time.</p>		
<p>CONSULAR NOTIFICATION: NON-MANDATORY COUNTRY: The Consulate was not contacted at the request of BAMENGA on July 15 2011 by CBPEO: (b)(6), (b)(7)(C)</p>		
<p>Detention: Detention Removal (ERO) was contacted at 1721 hours by CBPEO (b)(6), (b)(7)c. Deportation Officer (b)(6), (b)(7)c contacted who authorized detention space at the Allegany County Jail 4884 State Route 19 Belmont, NY 14813. Deportation Officer (b)(6), (b)(7)c advised IEA would not assist in the transport to Allegany County jail because it was after hours. CBPO (b)(6), (b)(7)c and CBPO (b)(6), (b)(7)c transported BAMENGA to Allegany County Jail at 2000 hours.</p>		
<p>Patdown: Subject was given a PATDOWN Search prior to transport to Allegany County Jail. This search was authorized by SCBPO (b)(6), (b)(7)c conducted by CBPO (b)(6), (b)(7)c and witnessed by CBPO (b)(6), (b)(7)c. The search began at 1958 hrs, ended at 1959 hrs and returned with negative results.</p>		
<p>AUTHORIZING OFFICER: CBP Chief (b)(6), (b)(7)c</p>		
<p>DISPOSITION: The subject issued a VWP Removal, under Section 217 of the INA. The subject was found to be removable from the United States under Section 237(a)(1)(B) of the INA. The subject was detained at Alleghany County Jail pending removal to France.</p>		
Signature (b)(6), (b)(7)c		Title CBP Enforcement Officer

Record of Sworn Statement in
Administrative Proceedings

U.S. Department of Homeland Security

Office: LEWISTON, NY (QUEENSTONE BRIDGE), POE

Event Number: (b)(7)e

File No: (b)(6), (b)(7)c

Statement by: IRENE BAMENGA

In the case of: IRENE BAMENGA

At: LEWISTON, NEW YORK

Date: July 15, 2011

Before: (b)(6), (b)(7)c CBP Enforcement Officer
(Name and Title)

In the ENGLISH language.

Interpreter: _____ Interpreter employed by: _____

I am an officer of the United States Department of Homeland Security, authorized by law to administer oaths and take testimony in connection with the enforcement of the Immigration and Nationality laws of the United States. I desire to take your sworn statement regarding YOUR STATUS IN THE UNITED STATES.

- Q. Are you comfortable conducting this interview in the English Language?
A. Yes.
Q. Do you understand what I've said to you?
A. Yes.
Q. Do you have any questions?
A. No.
Q. Are you willing to answer my questions at this time?
A. Yes.
Q. Do you swear or affirm that all statements you are about to make are true and complete?
A. Yes.
Q. What is your true and correct name?
A. Irene Bamenga.
Q. Have you ever used any other names?
A. My husbands name Zikianda.
Q. Where were you born?
A. Lunanda Angola.
Q. What is your date of birth?
A. 11/10/1981.
Q. Have you ever used a different date of birth?
A. No.
Q. Of what country or countries are you a citizen?
A. France.
Q. Do you claim to be a United States citizen?
A. No.
Q. Are you a lawful permanent resident of the United States, also known as a green card holder?
A. No.
Q. What is your marital status?
A. Married.
Q. Where was your mother born?
A. Angola.
Q. What is your mother's citizenship?
A. French.
Q. Does your mother have any claim to United States citizenship?
A. No.
... (CONTINUED ON I-831)

Alien's Name IRENE BAMENGA	File Number (b)(6), (b)(7)c Event No: (b)(7)e	Date July 15, 2011
--------------------------------------	---	-----------------------

Q. Where was your father born?
 A. Democratic Republic of Congo.

Q. What is your father's citizenship?
 A. Congo.

Q. Does your father have any claim to United States citizenship?
 A. No.

Q. Does your father have Immigration status in the United States?
 A. No.

Q. Do you have any children?
 A. No.

Q. Were you refused entry into Canada today?
 A. Yes.

Q. What was your mode of transportation?
 A. Car.

Q. Why were you refused entry into Canada?
 A. Because I overstayed in the United States.

Q. Who is traveling with you today?
 A. My cousin and husband.

Q. Why were you all attempting to enter Canada?
 A. I wanted to visit and depart from there to Amsterdam.

Q. How long have you been in the United States since your last entry?
 A. Since 2005, 6 years.

Q. Do you remember the date you last entered the United States?
 A. No.

Q. Do you remember how long you were authorized to remain in the United States on your last entry?
 A. 3 Months.

Q. Do you remember where you entered the United States on your last entry?
 A. Boston, MA.

Q. According to our records, you last entered the United States by air at Boston, MA on July 22, 2005. You were admitted on that date into the U.S. with authorization to remain until October 21, 2005 as a Visa Waiver Visitor for pleasure. Does this sound correct?
 A. Yes.

Q. What was your purpose for entry into the United States on July 22, 2005?
 A. I came to see my husband and be with him to see his family because we just got married.

Q. Did you plan on leaving the United States after you entered on July 22, 2005?
 A. I did.

Q. Have you ever traveled outside the United States after you entered on July 22, 2005?
 A. No.

Q. Have you ever applied for any benefits with the Department of Homeland Security or the Agency formerly known as the Immigration and Naturalization Service that would allow you to live and/or work in the United States?
 A. I applied to extend my stay in the United States.

Q. Was that application approved?
 A. No.

Q. How come you did not leave the United States after that application was denied?
 A. I wanted to try another option and ask for a different visa.

Q. Has anyone ever filed any applications with the Department of Homeland Security or the Agency formerly known as the Immigration and Naturalization Service that would allow you to live and/or work in the United States?
 A. Yes my husband filed an application for me to live here.

Q. Was that application approved?
 ... (CONTINUED ON NEXT PAGE)

Signature (b)(6), (b)(7)c	Title IB CBP Enforcement Officer
------------------------------	--

Alien's Name IRENE BAMENGA	File Number (b)(6), (b)(7)c	Date July 15, 2011
Event No: (b)(7)e		

A. Yes.

Q. Have you ever received authorization to live and work in the United States at any time since your entry into the United States on July 22, 2005?

A. No.

Q. Did you work while you were in the United States?

A. No.

Q. How did you support yourself while you were in the United States?

A. My husband supported me.

Q. Do you understand that by not departing the United States on October 21, 2005, you violated the terms of your entry and are removable from the United States?

A. Yes.

Q. Have you ever been arrested for any crime, anywhere in the World?

A. No.

Q. Because you appear to have overstayed your authorization to be in the United States for a period of 6 years, you appear to be removable from the U.S. pursuant to Section 217 of the Immigration and Nationality Act. Because you applied for entry and were admitted into the U.S. on July 22, 2005 under the Visa Waiver program, you are not entitled to a hearing or a review. Do you understand this?

A. Yes.

Q. Do you understand that you will require a United States visa in order to enter the United States at any time in the future?

A. Yes.

Q. As a result of your removal from the United States under the Visa Waiver program, you are barred from re-entry into the United States for the next ten years. If you attempt re-enter the United States within these 10 years you can be charged criminally pursuant to 8 USC 1326. Do you understand this?

A. Yes.

Q. Why did you leave your home country and move to the United States?

A. I wanted to be with my husband.

Q. Do you have any fear or concern about being returned to your home country or being removed from the United States?

A. No.

Q. Would you be harmed if you are returned to your home country or country of last residence?

A. No.

Q. Do you have any questions or is there anything else you would like to add?

A. No.

I have read (or have had read to me) the foregoing statement consisting of 4 pages. I affirm that the answers attributed to me herein are true and correct to the best of my knowledge and belief and that this statement is a full, true, and correct record of my questioning by the above-named officer of the Immigration and Naturalization Service. I have initialized each page of this statement (and the corrections noted on page(s) 0).

X IB

... (CONTINUED ON NEXT PAGE)

Signature (b)(6), (b)(7)c	Title CBP Enforcement Officer
------------------------------	----------------------------------

Alien's Name IRENE BAMENGA	File Number (b)(6), (b)(7)c	Date July 15, 2011
Event No: (b)(7)e		

Signature of alien: 

Subscribed and sworn to me at: Lewiston Bridge, Lewiston, NY on July 15, 2011

(b)(6), (b)(7)c

(b)(6), (b)(7)c

(Signature of Immigration Officer)

Signature (b)(6), (b)(7)c

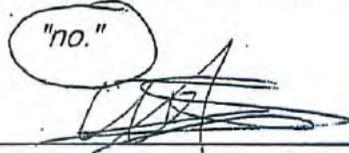
Title
CBP Enforcement Officer

Statement 1: When Consular Notification Is at the Foreign National's Option

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 things. If you want us to notify your country's consular officials, you can request this notification now, or at any time in the future. After your consular officials are notified, they may call or visit you. Do you want us to notify your country's consular officials?

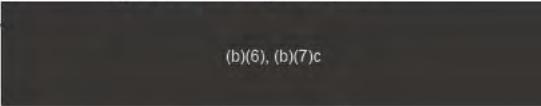
Please circle one: "yes" or "no."

Date: July 15, 2011



Signature of Foreign National

Date: July 15, 2011



(b)(6), (b)(7)c

Signature of Witness

Discretionary Authority Checklist for Alien Applicants

Applicant's Name: **Port #:**
Date of Birth: **Date of Action:**
Citizenship: **Passport / A-#:**

1) Identity / Citizenship:

Identity sufficiently determined: Yes No
 Citizenship sufficiently determined: Yes No

2) Age, Health and Notoriety of Applicant:

Are age or health relevant factors? Yes No
 Is the applicant a public figure? Yes No
 Congressional or media interest? Yes No

****NOTE:** Discretionary authority should generally not be exercised if identity or citizenship can not be established.
REMARKS (to include origin, destination and intended length of stay):

Subject was refused entry into Canada was processed for visa waiver removal because she is an overstay.

3) Intended Purpose of Entry:

Emergency: Yes No
 Medical: Yes No
 Pleasure: Yes No
 Business/Official: Yes No
 Other: Yes No

4) Database queries:

TECS (Subject Query): POS NEG
 NCIC (Match to subject): POS NEG
 CIS / CLAIMS: POS NEG
 CCDI: POS NEG
 IDENT / IAFIS: POS NEG
 ATS-P (Super query): POS NEG

****NOTE:** In the remarks section below, indicate the specific violation(s) or grounds for inadmissibility. The queries listed in number 4 represent the minimum queries that should be conducted.

REMARKS (to include ENFORCE Event # and FIN #, if applicable):

EVENT FIN#1024301856

5) Previous Immigration Violations or Inadmissibility:

Previous Immigration Violation(s): Yes No
 Previous Inadmissibility: Yes No
 Previous Beneficiary of Discretion: Yes No

6) Nature of Inadmissibility:

Minor / Technical: Yes No
 Criminal: Yes No
 National / Homeland Security: Yes No

REMARKS:

Subject has been living in USA for the past 6 years as an overstay

7) Threat posed to the United States:

Terrorist Affiliations or Ties: Yes No
 Criminal History: Yes No
 Recent/Significant Criminal Threat: Yes No
 Likely to Add to Illegal Population: Yes No
 Other Credible Threat: Yes No

****NOTE:** Discretionary authority should generally not be exercised if a threat is posed to the United States.

REMARKS:

8) Other Factors to Consider:

- Legitimate reason for entering the United States:
- Documentary (Passport / Visa) deficiency only:
- Credible claim of official misinformation:
- Relationship to a U.S. employer or resident:
- Intent to circumvent admissibility requirements:
- Misrepresentations made during processing:
- Minor children accompanying or already in the United States:
- Unaware of visa voidance or consequences of VWP overstay:
- Relief available through the parole or waiver process:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

REMARKS:

Visa waiver removal

Examining CBP Officer:

CBPEO (b)(6), (b)(7)

Applicable Ground(s) of Inadmissibility:

237(a)(1)(B)

Applicable Discretionary Action(s):

- Withdrawal of Application for Admission:
- Parole to Depart Foreign / Voluntary Return:
- Humanitarian Parole:
- Waiver of Passport Requirement:
- Waiver of Non-Immigrant Visa Requirement:
- Classification: _____
- Waiver of Immigrant Visa Requirement:
- Waiver of processing fee (if applicable):
- Deferred inspection:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Length of parole sought: _____

Length of parole sought: _____

Period of admission sought: _____

Period of admission sought: _____

Deferral Period and Location: _____

Supervisory CBP Officer:

(b)(6), (b)(7)c

Recommendation:

Approve: Yes No

Disapprove: Yes No

Justification for recommendation (to include alternatives, if disapproval is recommended):

Reviewing 2nd Line Manager:
(GS13 or Above)

SCOMA

Decision:

Approved: Disapproved:

Justification for decision (to include final disposition, if disapproved):

U.S. Department of Homeland Security

Withdrawal of Application for Admission/Consular Notification

Basis for Action (check all that apply).

File No. (b)(6), (b)(7)c

Date: 07/15/2011

- Application for Admission Withdrawn
- Visa/BCC Canceled
- VWPP Refusal
- Ordered removed (inadmissible) by Immigration Judge -Section 235(b)(2)(order attached)
- Ordered removed (inadmissible) by DHS - Section 235(b)(1)(order attached)
- Waiver revoked (212)(d)(3) (order attached)
- Departure required (8 CFR 240.25) (Form I-213 attached)

Notice to: American Consul PARIS, FRANCE
(Location)

From: NIAGRA FALLS, NY US 14302
(Location)

Name (FAMILY, Given, Middle) BAMENGA, Irene		
Citizenship FRANCE	Country of birth ANGOLA	Date of birth 11/10/1981
Complete foreign address (Mailing Address)		
Complete U.S. address (b)(6), (b)(7)c BELMONT NEW YORK 14813		
Airline/Vessel of arrival	Port of arrival LEWISTON, NY	Date of arrival 07/15/2011 1729
Visa number, type	Date, place of visa issuance	Social Security Number
Reasons (Include all pertinent facts concerning denial of application for admission, including use of altered, counterfeit or fraudulent documents):		
 Right Index Finger		
<p>ENTRY: Service records and/or admission stamp in passport indicate that the subject was admitted to the US at Boston, MA under the VWP/WT on July 22, 2005. The subject was authorized to remain in the US until October 21, 2005.</p> <p>APPREHENSION: BAMENGA, Irene DOB: 11/10/1981 COB: Angola COC: France with French passport number (b)(6), (b)(7)c was encountered at the Lewiston Bridge in Lewiston, NY on July 15, 2011 after having been refused entry into Canada. The subject had been refused entry into Canada because she was not in possession of a valid I-94 from the United States and the last United States entry stamp in her passport was from 2005. The primary officer retained the vehicle keys, deployed the stop stick and called for back-up. CBP Officers escorted the subject to the CBP secure area. The traveler remained under CBP control until the inspection process was complete. ... (CONTINUED ON T-831)</p>		
Continue on reverse or attach separate sheet as needed.		

(b)(6), (b)(7)c

CBP Enforcement Office

Name and Title of Officer (Print)

(b)(6), (b)(7)c

Signature of Officer

TO BE COMPLETED BY ALIEN WHEN APPLICATION FOR ADMISSION WITHDRAWN

I understand that my admissibility is questioned for the above reasons., which I have read or which have been read to me. In the ENGLISH language. I request that I be permitted to withdraw my application for admission and return abroad. I understand that my voluntary withdrawal of my application for admission is in lieu of a formal determination concerning my admissibility:

by an immigration officer

in removal proceedings before an immigration judge

Date

Signature of alien

INSTRUCTIONS

For withdrawal procedures, see Inspections Field Manual Chapters 17.2 and 17.15. Aliens who appear inadmissible pursuant to section 235(b)(2) of the INA who elect to withdraw application for admission may choose at any time to appear before an immigration judge for a hearing in removal proceedings. Aliens who appear inadmissible pursuant to section 235(b)(1) or inadmissible pursuant to 8 CFR 217.4 are not entitled to a hearing before an immigration judge.

If a visa is canceled pursuant to 22 CFR 41.112 or a consular-issued Border Crossing Card is voided under authority of 22 CFR 41.32 or 8 CFR 212.6., forward original of I-275 to consular post which issued the canceled or voided document.

ATTACH: Any lifted document
Relating form I-213 or I-862 (Notice to Appear)
Relating removal or waiver revocation order
Any relating memorandum report or sworn statement

Alien's Name BAMENGA, Irene	File Number. (b)(6), (b)(7)c	Date July 15, 2011
Event No: (b)(7)e		

PRIMARY OFFICER: CBPO (b)(6), (b)(7)c

Previous Admission Number: I-94W (b)(6), (b)(7)c
CRIMINAL RECORD: None found

Buffalo JTTF was not contacted.
FBI was not contacted for record checks.

INTEL/OTHER: The subject attempted to go to Canada to catch a flight from Toronto, Ontario to Amsterdam. She had remained in the US in violation of her status. The subject's most recent entry to the US was on July 22, 2005 at Boston, MA under the VWP (WT) with authorization to remain until October 21, 2005. Subject had been staying with her Husband located at (b)(6), (b)(7)c Lynn, MA.

DISCRETION: No emergent circumstances in this case.

Alien booked in IAFIS: YES **FBI#:** (b)(7)e
EVENT#: (b)(7)e **FIN#:** 1024301856
SIGMA#: (b)(6), (b)(7)c
A#: (b)(6), (b)(7)c

HEALTH: Good
Medical issues: Congestive Heart Failure she takes medications to control her medical problem.
Current condition: Good
Medications with the aliens: Subject stated that she has 6 medications with her that she needs to take every morning for her congestive heart failure condition.
Pregnant at the time of encounter: no
Previous treatment for mental illness: no.

Telephonic privileges provided: no. Subject was traveling with her husband and did not want to call anyone at this time.

CONSULAR NOTIFICATION:
NON-MANDATORY COUNTRY: The Consulate was not contacted at the request of BAMENGA on July 15 2011 by CBPEO: (b)(6), (b)(7)(C)

Detention: Detention Removal (ERO) was contacted at 1721 hours by CBPEO (b)(6), (b)(7)c **Deportation Officer** (b)(6), (b)(7)c contacted who authorized detention space at the Allegany County Jail 4884 State Route 19 Belmont, NY 14813. **Deportation Officer** (b)(6), (b)(7)c advised IEA would not assist in the transport to Allegany County jail because it was after hours. CBPO (b)(6), (b)(7)c and CBPO (b)(6), (b)(7)c transported BAMENGA to Allegany County Jail at 2000 hours.

Patdown: Subject was given a PATDOWN Search prior to transport to Allegany County Jail. This search was authorized by SCBPO (b)(6), (b)(7)c conducted by CBPO (b)(6), (b)(7)c and witnessed by CBPO (b)(6), (b)(7)c The search began at 1958 hrs, ended at 1959 hrs and returned with negative results.

AUTHORIZING OFFICER: CBP Chief (b)(6), (b)(7)c

DISPOSITION: The subject issued a VWP Removal, under Section 217 of the INA. The subject was... (CONTINUED ON NEXT PAGE)

Signature (b)(6), (b)(7)c	Title CBP Enforcement Officer
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Allen's Name BAMENGA, Irene	File Number (b)(6), (b)(7)c Event No: (b)(7)e	Date July 15, 2011
---------------------------------------	---	-----------------------

found to be removable from the United States under Section 237(a)(1)(B) of the INA. The subject was detained at Alleghany County Jail pending removal to France.

Signature (b)(6), (b)(7)c	Title CBP Enforcement Officer
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DATE PREPARED 07/15/2011		INFORMATION FOR TRAVEL DOCUMENT OR PASSPORT			FILE A (b)(6), (b)(7)c
1. NAME Irene BAMBAGA				2. SEX F	
3. OTHER NAMES USED OR KNOWN BY BIRIANDA, IRENE				4. CITIZENSHIP FRANCE	
5. DATE OF BIRTH 11/10/1981		6. PLACE OF BIRTH LUANDA. N/A ANGOLA			
7. HEIGHT 67	WEIGHT 190	EYES BLK	HAIR BLK	COMPLEXION BLK	MARKS OR SCARS SCAR BACK
8. NEAREST LARGE CITY TO PLACE OF BIRTH			9. DISTANCE AND DIRECTION OF PLACE OF BIRTH FROM THIS LARGE CITY		
10. IF CITIZENSHIP IS DIFFERENT FROM COUNTRY OF BIRTH, EXPLAIN. IF NATURALIZED IN ANY COUNTRY, SHOW DATE AND PLACE OF NATURALIZATION, CERTIFICATE NUMBER, AND STATE HOW CITIZENSHIP WAS ACQUIRED. france					
11. NAMES, LOCATIONS AND DATES (YEARS) OF ATTENDANCE OF FOREIGN SCHOOLS Not Applicable			12. NAMES, EXACT LOCATIONS AND DATES (YEARS) OF ATTENDANCE OF FOREIGN CHURCHES. INCLUDE DATE AND NATURE OF ANY RELIGIOUS CEREMONY WHICH MAY HAVE BEEN RECORDED. Not Applicable		
13. LAST PERMANENT RESIDENCE IN COUNTRY OF CITIZENSHIP (Show dates of residence)					
14. ADDRESS IN COUNTRY OF LAST FOREIGN RESIDENCE (Show dates of residence, and immigration status there)					
15. PLACE OF ENTRY INTO UNITED STATES BUFFALO, NY				DATE OF ENTRY INTO UNITED STATES 7/15/2011 1729	
16. LIST DATE AND PLACE OF ISSUANCE AND NUMBER OF PASSPORT, BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR DOCUMENT OF IDENTITY. SPECIFY DATES OF MILITARY SERVICE, COUNTRY AND UNIT, RANK, SERIAL NUMBER, AND PLACES OF INDUCTION AND DISCHARGE.					
17. IN POSSESSION OF TRAVEL DOCUMENT OR PASSPORT AT TIME OF ENTRY: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. DESCRIBE DOCUMENT (S). IF SUBJECT DID NOT HAVE TRAVEL DOCUMENT OR PASSPORT AT TIME OF ENTRY, OR DOES NOT HAVE SUCH A DOCUMENT NOW, INDICATE WHETHER EVER OBTAINED ONE: <input type="checkbox"/> YES <input type="checkbox"/> NO. STATE HOW, WHEN, AND WHERE IT WAS OBTAINED. WHAT KIND OF DOCUMENT IT WAS, AND WHAT BECAME OF IT. Not Applicable					
18. FATHER'S NAME (b)(6), (b)(7)c		DATE OF BIRTH (b)(6), (b)(7)c		PLACE OF BIRTH CONGO	
PRESENT ADDRESS					
19. MOTHER'S MAIDEN NAME (b)(6), (b)(7)c		DATE OF BIRTH (b)(6), (b)(7)c		PLACE OF BIRTH ANGOLA	
PRESENT ADDRESS					
20. NAME, RELATIONSHIP, AND ADDRESSES OF RELATIVES ABROAD Not Applicable					
21. PREVIOUSLY <input type="checkbox"/> EXCLUDED <input type="checkbox"/> DEPORTED <input type="checkbox"/> REQUIRED TO DEPART FROM THE UNITED STATES Not Applicable ON _____ (Date) VIA _____ (Port) TO _____ (Country)					
22. INDICATE WHETHER EVER ARRESTED, IN PRISON OR A PUBLIC INSTITUTION IN THE COUNTRY OF WHICH A NATIONAL, SUBJECT OR CITIZEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DATES AND PLACES Not Applicable					
23. NAME, NATIONALITY AND PRESENT ADDRESS OF SPOUSE, AND DATE AND PLACE OF MARRIAGE					
24. NAMES, AGES, AND ADDRESSES OF ALL CHILDREN					
25. IF NONCANADIAN DEPORTABLE TO CANADA, GIVE DATE AND PORT OF ARRIVAL IN CANADA, AND NAME OF VESSEL Not Applicable					

11:15

TECS II - I-94 ARRIVAL/DEPARTURE DISPLAY

090611

(b)(7)e

TID= (b)(7)e

DETAIL VIEW

ADMN REC 001 OF 001

ADMISSION/DEPARTURE NBR (b)(6), (b)(7)c ADMISSION CODE WT VALID TO 10212005

NAME (LAST, FIRST) BAMENGA, IRENE

CITIZENSHIP

DOB 11101981 GENDER F

MISC

PASSPORT NBR (b)(6), (b)(7)c

COUNTRY OF RESIDENCE FR FRANCE

ALIAS LN

ALIAS DOB

ALIAS FN

ALIAS COC

***** ARRIVAL INFORMATION *****

AIRLINE AA AMERICAN AIRLINES FLIGHT NBR 00147 ARRIVAL DATE 07222005

VISA ISSUE CITY VISA ISSUE DATE PORT OF ENTRY BOS

U.S. ADDRESS- (b)(6), (b)(7)c CITY LYNN STATE MA

INSPECTOR NUMBER (b)(6), (b)(7)c MICROFILM NUMBER (b)(6), (b)(7)c TRAVEL MODE AIR

COMMENTS STATUS CODE A

***** DEPARTURE INFORMATION *****

PORT DEPARTURE DATE STATUS

CARRIER FLIGHT NBR/SHIP NAME

NO MORE DATA AVAILABLE

(b)(7)e

Fleet No.: DHS (b)(7)e

Make/Model: FORD/VAN

Program:

Line No.	Date	Time	Driver/Program	Sign Out			Sign In		
				Destination	Beginning Mileage	Purpose	Date	Time	Ending Mileage
1.	07/12/11	1930		RB	13698	Pick up file	07/12/11	2000	13707.5
2.	07/12/11	2100		RB	13707.5	Transport Alien NTA	07/12/11	2300	13766.4
3.	07/13/11	10:40		Amtrak	13766.4	Inspections	7/13/11	1300	13781.4
4.	07/13/11	1640		PB	13781.5	Case file	07/13/11	1800	13824.4
5.	07/14/11	1050		Amtrak	13824.4	Inspections	7/14/11	1310	13831.8
6.	07/14/11	2000		Amtrak	13831.8	Pick up Manifest	07/14/11	2030	13851.7
7.	7/15/11	7030		Amtrak	13851.7	INSPEC/BANK/GAS	7/15/11	1400	13867
8.	7/15/11	1255		Transport	13867	Allagony County	7/15	0045	14079
9.	7/16/11	1030		Transport	14079	Burton	7/16	1245	14190
10.	7/17/11	1030		Amtrak	14190	Inspections	7/17/11	1235	14198.5
11.	7/18/11	1030		Amtrak	14198.5	INSPECTIONS	7/18/11	1345	14258.2
12.	7/18/11	1615		Canada	14258.4	Transport	7/18/11	1615	14260
13.	7/19/11	1040		Amtrak	14260	Inspections	7/19	1300	14268
14.	7/19/11	1410		Low Portland	14268	Pick up certified mail	7/19	1443	14274
15.	7/20/11	1916		Canada	14274	Get 6-44 Stamp	7/20/11	1927	14277
16.	07/21/11	1030		Amtrak	14274	Inspections	07/21/11	1243	14284.1
17.	07/21/11	15:20		Amtrak	14284.1	Pick up Template	07/21/11	1545	14291
18.	07/22/11	1030		Amtrak	14291	Inspections	07/22/11	1400	14306.5

(b)(6), (b)(7)c

(12152003)

Vehicle Log

Date (MM/DD/YYYY)	Time IN OUT	Visitor Name (First Middle Initial, Last)	Badge Number	Agency	Vehicle Plate No.	Remarks (Name of Inmate etc.)	Signature
07-11-2011	0310 0330			ICE	DHS	P/u 2	
7-11-2011	0730 0745			CAT County	(b)(6), (b)(7)c	P/u 1	
7-11-2011	1505 1520			ICE	DHS	DROP OFF (2)	
7-12-2011	0200 0208			ICE	DHS	P/u 1	
07-12-11	0550 2600			ZCF	015	CONA	
07/12/11	0939 0955			WCSO		(b)(6), (b)(7)c	
07-12-11	1120 1125			ICE	DHS	COURT RETURN	
7-13-11	1200 1205			CBP	DHS	detection	
7-13-11	0550	(b)(6), (b)(7)c		ICE	DHS	COURT P/u	(b)(6), (b)(7)c
7-13-11	0145			CBP	DHS	Deta-	
7/14/11	0804			WCSO	25	(b)(6), (b)(7)c	
7-14-11	1100 1120			DHS	ICE	P/u 1	
7-14-11	1103			WCSO	25		
7-14-11	1140 1145			NYSP			
7-14-11	530P 535P			NYSP		(b)(6), (b)(7)c	
7-14-11	1030 1035			CBP		(b)(6), (b)(7)c	
07-16-11	1005 1015			NYSP			

IN

Subject ID (b)(7)e

ORDER TO DETAIN OR RELEASE ALIEN

TO: (NAME and TITLE of Person in Charge of Facility)

(Name of Facility) ALLEGANY COUNTY JAIL
7 COURT STREET
BRIMONT, NY 14813

Please Detain Release

Date 07/15/2011 Time 07:30pm

Name of Alien Irene BAMBENGA AKA: ZIKIANDA, IRENE

File Number (b)(6) (b)(7)c
Event No: (b)(7)e

Age	Date of Birth (Mo.Day.Yr.)	Sex	Nationality	Foreign Address
29	11/10/1981	F	ANGOLA	(b)(6), (b)(7)c

Nature of Proceedings
Section 217 Removal

REMARKS:

Congestive Heart Failure she takes medications to control her medical problem.
Subject has medication with her.

Signature of Officer Authorizing

(b)(6), (b)(7)c

(b)(6), (b)(7)c

Title

CBP Enforcement Officer

Office

BUF/LEW

Form I-203 (Rev. 08/01/07)

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

**Booking Observation Report
Allegany County Jail**

day's Date: 07/16/2011

inmate information

Last	First	Middle	Affix	Sex	Race	Birth Date
RAMENGA	IRENE			F	B	11/10/1981
book#	06-18797	Permanent#	(b)(6), (b)(7)c			
social Security#	(b)(6), (b)(7)c	County#	11-604			

Note: A check mark indicates a YES response, while unchecked means NO

Booking Observation Questions

Answers are Y=Yes, N or Blank = No, R = Refused to Answer

Order	Question	Y/N/R	Brief Note
0	DO YOU HAVE OR EVER HAD ANY OF THE	N	
0	FOLLOWING HEALTH CONDITIONS?	N	CHF HBP
1	DIABETES	N	12/8/84 doesn't know doesn't
2	ASTHMA	N	ASA 81mg QD
3	ALLERGIES-FOOD OR MEDICATION	Y	Spironolactone BID diazepam QD 20mg Furosemide QD 20mg Digoxin QD 0.25mg Carvedilol (?) 20mg daily
4	DEPRESSION OR ANXIETY	N	tramadone BP 138/92
5	ANY OF THE FOLLOWING WITHIN 6 MOS.	N	Post-HTN CHF dementia
6	NIGHT SWEATS, FEVER, WEIGHT LOSS	N	Post-Pellus
7	COUGHING UP BLOOD	N	smoke - R alcohol - R
8	HAVE YOU TESTED POSITIVE FOR T.B.?	Y	Previous (+) 12 yrs ago - 2000 - was treated UMP 07/01/11
9	BEEN HOSPITALIZED IN LAST 6 MONTHS	N	
10	ANY INJURIES DURING ARREST	N	
11	EVER CONSIDERED COMMITTING SUICIDE	N	

**Booking Observation Report
Allegany County Jail**

Today's Date: 07/16/2011

Inmate Information						
Last Name	First	Middle	Affix	Sex	Race	Birth Date
BAMENGA	IRENE			F	B	11/10/1981
Booking#	08-16797	Permanent#	(b)(6), (b)(7)c			
Social Security#	(b)(6), (b)(7)c		County#	11-004		

Note: A check mark indicates a YES response, while unchecked means NO

Booking Observation Questions

Answers are Y=Yes, N or Blank = No, R = Refused to Answer

Order	Question	Y/N/R	Brief Note
0	DO YOU HAVE OR EVER HAD ANY OF THE	N	
0	FOLLOWING HEALTH CONDITIONS?	N	
1	DIABETES	N	
2	EPILEPSY	N	
3	ALLERGIES-FOOD OR MEDICATION	Y	tramadone
4	DEPRESSION OR ANXIETY	N	
6	ANY OF THE FOLLOWING WITHIN 6 MOS.	N	
6	NIGHT SWEATS, FEVER, WEIGHT LOSS	N	
7	COUGHING UP BLOOD	N	
8	HAVE YOU TESTED POSITIVE FOR T.B.?	Y	12 yrs ago
9	BEEN HOSPITALIZED IN LAST 6 MONTHS	N	
10	ANY INJURIES DURING ARREST	N	
11	EVER CONSIDERED COMMITTING SUICIDE	N	

**Booking Observation Report
Allegany County Jail**

Today's Date: 07/18/2011

- Inmate Information -

Last Name	First	Middle	Affix	Sex	Race	Birth Date
BAMENGA	IRENE			F	B	11/10/1981
Booking#	05-16797	Permanent#	(b)(6), (b)(7)c			
Social Security#	(b)(6), (b)(7)c	County#	11-604			

Note: A check mark indicates a YES response, while unchecked means NO

Booking Observation Questions

Answers are Y=Yes, N or Blank = No, R = Refused to Answer

Order	Question	Y/N/R	Brief Note
12	ARE YOU ON ANY MEDICATION?	Y	lots of them
13	MEDICAL-RELIGIOUS DIET	N	
14	BODY DEFORMITIES-PROSTHESIS	N	
16	DRUGS OR ALCOHOL WITHIN 48 HRS	N	
17	OFFICER OBSERVATION AND ASSESSMENT	N	
18	UNDER INFLUENCE ALCOHOL OR DRUGS	N	
19	INJURIES	N	
20	OBVIOUS PAIN	N	
21	BLEEDING	N	
22	RISK OF SUICIDE OR ASSAULT	N	
23	NEED TO BE ISOLATED-SEPARATED	N	
24	ILLNESS OR NEED FOR MED REFERRAL	N	
28	NEEDS SPECIAL WATCH	N	

**Booking Observation Report
Allegany County Jail**

Today's Date: 07/15/2011

-Inmate Information-

Last Name	First Name	Middle	Affix	Sex	Race	Birth Date
BAMENGA	IRENE			F	B	11/10/1981
Booking#	05-15797	Permanent#	(b)(6), (b)(7)c			
Social Security#	(b)(6), (b)(7)c	County#	11-804			

Note: A check mark indicates a YES response, while unchecked means NO

Booking Observation Questions

Answers are Y=Yes, N or Blank = No, R = Refused to Answer

Order	Question	Y/N/R	Brief Note
26	ANY FURTHER ACTION TAKEN	N	
27	ANY HEALTH INSURANCE	N	n
28	ANY MEDICAL ALERTS	N	

By my signature, I agree that the above is true to the best of my knowledge.



Inmate Signature



Witness Signature

HISTORY AND PHYSICAL EXAMINATION

PATIENT NAME: Irene Bamenga
INMATE NUMBER: 11-604
PHYSICIAN: Dr. (b)(6), (b)(7)c CRNP
DATE: 07/18/11
DOB: 11/10/81

REASON FOR VISIT: HERE FOR A HISTORY AND PHYSICAL**Past Medical History:** CHF, HTN, anemia**PAST SURGICAL HISTORY:** rright lung**MEDICATIONS:** ASA, spironolactone, lisinopril, lasix, digoxin, carvedilol**ALLERGIES:** tramadol**SOCIAL HISTORY:****TOBACCO:** denies**ALCOHOL:** denies**ILLCIT DRUGS:** denies**MARITAL STATUS:** Married**RELIGIOUS AFFILIATION:** Catholic**LEVEL OF EDUCATION:****PCP:** None**SUICIDE SCREEN:** 0**MENTAL HEALTH REFERRAL:** No**OBJECTIVE:****GENERAL APPEARANCE:** WD/WN 29y/o black female appears stated age. A/O**VS:** 88.8-88-20-128/84 Weight: 208#**SKIN:** Warm/dry with good color and turgor. No rashes, lesions, or scars noted**HEAD:** NC/AT**EARS:** Bilateral TM pearly gray with good light reflex noted**EYES:** Reports normal vision PERL, EOMI. Sclera and conjunctivae clear**MOUTH & THROAT:** Oral mucosa pink and moist.

No erythema or exudates noted

NECK: Supple and symmetrical. Trachea is midline. Thyroid is smooth, non-enlarged and without nodules. No cervical lymphadenopathy appreciated. No carotid bruits auscultated.**RESPIRATORY:** Thorax is symmetrical. Breath sounds clear**CARDIAC:** Regular rate and rhythm, Normal S1/S2. PMI at 5th LICSMCL

No S3/S4, murmurs, rubs, clicks or gallops appreciated

ABDOMEN: Flat, soft, non-tender with active bowel sounds

No organomegaly appreciated

EXTREMITIES: Upper and lower extremities WNL**GU/RECTAL:** Deferred**LMP:** 07/01/11**MUSCULOSKELETAL:** Normal cervical, thoracic, and normal lumbar spine of motion.

No scoliosis or kyphosis noted.

NEUROLOGICAL: General Behavior, level of consciousness, thought content and emotional status WNL. Cranial nerves II-XII are grossly intact

MEDICATION LIST

Inmate Name: Irene Bamenga

Allergies: Tramadol

DOB: 11/10/1981

DATE	MEDICATIONS	START	STOP
7/18/2011	ASA 81mg daily	7/18/2011	
	Spironolactone 25mg BID	7/18/2011	
	Lasix 20mg daily	7/18/2011	
	Digoxin 0.25mg daily	7/18/2011	
	Carvedilol 20mg daily	7/18/2011	
	Lisinopril 20mg daily	7/18/2011	

PROBLEM LIST

Inmate Name: Irene Bamenga

DOB: 11/10/81

Allergies: tramadol

Inmate #: 11-604

HT/WT: 67"/208#

PPD: Previous positive

Social Security Number:

PCP: None

Insurance: None

Special Needs: None

DATE

7/7/2011

PROBLEM

HTN

CHF

Anemia

TREATMENT

ASA 81mg daily

Spironalactone 25mg BID

Lasix 20mg daily

Digoxin 0.25mg daily

Carvedilol 20mg daily

Lisinopril 20mg daily

MEDICATION RECORD

(See Instructions on reverse)

Start/Stop	Medication Order (Dose, Frequency, Site, Route)	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Start	Tylenol PO Q 6hrs PRN Only give if Requested	0900																																	
		1500																																	
Stop		2100																																	
Start	EC ASA 81MG PO DAILY	0900																																	
Stop																																			
Start	Spironolactone 25mg PO BID	0900																																	
Stop		2100																																	
Start	Lasix 20mg PO daily	0900																																	
Stop																																			
Start	Digoxin 0.25mg PO daily	0900																																	
Stop																																			
Start	Carvedilol 20mg PO daily	0900																																	
Stop																																			
Start	Lisinopril 20mg PO daily	0900																																	
Stop																																			
Start																																			
Stop																																			
Start																																			
Stop																																			

Initials	Name
(b)(6), (b)(7)c	(b)(6), (b)(7)c

Diagnosis:

Admission Date: 7/18/11	Height: 67"	Weight: 206	DOB: 11/10/81	Allergies: tramadol	Current Mo. / Yr. JULY 2011
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Name: Last	First	Middle	Attending Physician: (b)(6), (b)(7)c	Chart Number: 11-604
				ICB# (b)(7)e

BAMENGA, IRENE



Facility Liaison Visit Checklist

- Local IGSA
- ICE SPC
- ICE CDF

Name of Facility <i>Allegany County Jail</i>	Field Office <i>Buffalo, NY</i>	
Name of IIRB Officer <i>IFR (b)(6), (b)(7)c</i>	Date <i>7-19-11</i>	
Arrival Time <i>1010</i>	Departure Time <i>1135</i>	
Total Facility Count 126 <i>126</i>	ICE Facility Count <i>15</i>	DFTS Count <i>15</i>
ICE Detainees in SMU's Admin. Seg. <i>0</i>	ICE Detainees in SMU's Disc Seg. <i>1</i>	
ICE Detainees in Infirmiry <i>0</i>	Housing Units Visited <i>0 pod</i>	
Was DETS Count Verified / Reconciled? (List all discrepancies on back of checklist)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments:
General Facility Sanitation	Exc <input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor <input type="checkbox"/>	Comments:
Staff Observations (Check all that apply)	Well Staffed <input checked="" type="checkbox"/> Organized <input checked="" type="checkbox"/> Knowledgeable <input checked="" type="checkbox"/> Available <input checked="" type="checkbox"/> Helpful <input checked="" type="checkbox"/> Direct Supv <input checked="" type="checkbox"/>	Comments:
Detainee Observations (Check all that apply)	Content <input checked="" type="checkbox"/> Informed <input checked="" type="checkbox"/> Valuable <input type="checkbox"/> Depressed <input type="checkbox"/> Suspicious <input type="checkbox"/>	Comments:
Medical Staff Observations (Check all that apply)	Well Staffed <input checked="" type="checkbox"/> Organized <input checked="" type="checkbox"/> Knowledgeable <input checked="" type="checkbox"/> Available <input checked="" type="checkbox"/> Helpful <input checked="" type="checkbox"/>	Comments:
Phone System (Complaints / Resolution)	Many <input type="checkbox"/> Few <input type="checkbox"/> None <input checked="" type="checkbox"/> Forwarded to Local PCS POC for Action Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: (if forwarded, to whom and when?)
Law Library Access	Exc <input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor <input type="checkbox"/>	Comments:
SMU Observations (meals served, recreation, visitors, etc)	Exc <input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor <input type="checkbox"/>	Comments:
General Grievance Observations (Procedures being followed, etc)	Exc <input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor <input type="checkbox"/>	Comments:
Total Number of Scheduled Interviews? (List all names on back of checklist)	<i>see log book</i> <i>15</i>	Comments:
Total Number of Unscheduled and Informal Interviews? (List all names on back of checklist)	<i>0</i>	Comments:

CERTIFICATE OF ISSUANCE OF IMMIGRATION DETAINEE HANDBOOK

On 7-19-11, I BAMENGA Irene
Date Name

bearing Immigration Alien Number (b)(6), (b)(7)c, did receive an immigration
A#

Detainee book while detained at the Allegany County Jail.
Facility Name

I understand that if I have any questions concerning my immigration case that I may
direct them to the immigration officers who visit the facility each week, or by writing
directly to my assigned deportation officer.

[Signature]
Signature of alien

7-19-11
Date

(b)(6), (b)(7)c

7-19-11
Date

Immigration and Customs Enforcement Personal Property Notice

You are currently being housed at an Immigration and Customs Enforcement Non-Service Detention facility. Any personal property and/or valuables in your possession at the time of arrest will be secured at this facility. In the event the facility is not willing to accept your property it will be secured by Immigration and Customs Enforcement (ICE).

While in ICE custody your property is subject to the following rules:

- ICE will secure a maximum of one bag not to exceed forty (40) pounds.
- ICE will secure your property and/or valuables for thirty (30) days after you are released from ICE custody. If your property and/or valuables have not been picked up within thirty days of your release from ICE custody, they will be declared abandoned and disposed of in accordance with the ICE Detention Standards.
- You may designate a third party to receive your property and/or valuables in the event that you are removed from the United States or released from the custody of ICE. In the event that the third party wants to pick up your property, they may contact the District Office at (716) 551-4741 and ask to speak to the Property Officer in order to make the appropriate arrangements.

I, BAMENGA, Irene, bearing Alien Number (b)(6), (b)(7)c, acknowledge receipt of this notice and designate the following third party to receive my property in the event I am removed from the United States or released from ICE custody:

Name:

(b)(6), (b)(7)c

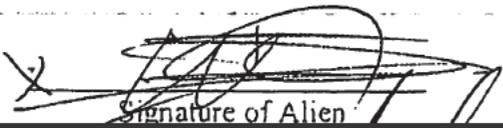
Address:

LYNN, NA 01922

Phone:

857-234

(b)(6), (b)(7)c


Signature of Alien

7-19-11
Date

(b)(6), (b)(7)c

7-19-11
Date

(7)

DETAINEE INTERVIEW/VISITATION WORKSHEET

Pursuant to the Detention Standards of the Bureau of Immigration and Customs Enforcement (ICE) of the Department of Homeland Security, "Federal detainees must have the ability to communicate with ICE personnel and/or make written requests to ICE staff and receive an answer in an acceptable time frame". In an effort to comply with the above mentioned standard, we are requesting that facilities housing ICE detainees supply said detainees with this form in order to initiate communication with ICE staff. The standard further requires ICE staff to make weekly visits to facilities housing ICE detainees.

DATE OF REQUEST: 7-19-11

FACILITY : Allegany County Jail

ALIEN'S NAME : BAMENGA Irene (F)

FILE / A # : (b)(6), (b)(7)c (France)

REQUEST : NO Questions

CASE OFFICER : (b)(6), (b)(7)c

DATE OF REPLY :

RESPONSE :

VISITING OFFICER : (b)(6), (b)(7)c DATE: 7-19-11

Forms should be collected from the facility when performing the visit and forwarded to the case officer in the event that an answer cannot be supplied by the visiting ICE staff member. When completed forward this form to the Buffalo Field Office for filing.

ALLEGANY COUNTY GRIEVANCE
RECORD FOR 2011

GRIEVANCE NUMBER	DATE GIVEN	INMATE GIVEN TOO	WHO GAVE	DATE RETURNED	WHO PICKED UP	NOTES
G11-031	6/10/11	(b)(6), (b)(7)c	(b)(6), (b)(7)c	6/10/11	(b)(6), (b)(7)c	Returned per 7032.4(F)
G11-032	6/10/11			6/10/11		Formal on 6/17/11
G11-033	6/23/11			6/23/11		Formal on 6/29/11
G11-034	7/2/11			7/2/11		Returned per 7032.4(G)
G11-035	7/9/11			7/9/11		Formal on 7/6/11
G11-036	7/11/11			7/11/11		Formal on 7/18/11
G11-037	7/13/11			7/13/11		Formal on 7/18/11
G11-038	7/22/11			7/22/11		Formal on 7/30/11
G11-040	8/3/11			8/3/11		Formal on 8/9/11
G11-039	7/30/11			7/30/11		Formal on 7/21/11
G11-041	8/11/11			8/11/11		Formal on 8/18/11

Vehicle Log

Date (MM/DD/YYYY)	Time IN OUT	Visitor Name (First Middle Initial, Last)	Badge Number	Agency	Vehicle Plate No.	Remarks (Name of Inmate etc.)	Signature
07/17/11	4:40 4:47			CBP	DHS		
7/17/11	10:52 ³⁰ 10:45			NYS	(b)(6), (b)(7)c		
7/17/11	18:30 19:00			DHS	ICE		
7/18/11	02:50 03:00			DHS	ICE		
7/18/11	15:15 15:20			DHS	ICE		
7-20-11	05:50 06:00			DHS	ICE		
07-20-11	11:15 11:35			DHS	ICE		
7-21-11	09:15 09:20			DHS	ICE		
7/21/11	02:10 02:15	(b)(6), (b)(7)c		DHS	ICE	(b)(6), (b)(7)c	
7/22/11	03:03 03:10			USBP	DHS		
7/22/11	11:11 ^{am} 11:20			WCSO			
7/22/11	11:11 ^{am} 11:20			WCSO			
07-22-11	4:10 4:15			NYS	(b)(6), (b)(7)c		
7/23/11	3:44 ^{am} 3:44 ^{am}			NYS			
7/23/11	3:50 ^{am} 4:00 ^{am}			CUBAPP			
7/23/11	17:20 17:50			ICE	DHS		
7/24/11	04:45 04:5			CBP	DHS		

OUT

(b)(6), (b)(7)c

From: (b)(6), (b)(7)c
Sent: Wednesday, July 20, 2011 12:53 PM
To: (b)(6), (b)(7)c
Cc:
Subject: FW: females for removal by ALB next week
Importance: High
Attachments: image003.jpg; image001.jpg

Pick both females up at Allegany on Thursday 7/21, cash checks, meet ALB at exit 36 (1200hrs). Start at 070hrs.

(b)(6), (b)(7)c

Supervisory Immigration Enforcement Agent
 Department of Homeland Security (DHS)
 Immigration and Customs Enforcement (ICE)
 Enforcement and Removal Operation (ERO)
 Buffalo Field Office
 (o) 716-843-
 (c) 716-534-

From: (b)(6), (b)(7)c
Sent: Wednesday, July 20, 2011 11:19 AM
To: (b)(6), (b)(7)c
Subject: females for removal by ALB next week
Importance: High

Guys,

We have two detained females out your way that we're going to need to move east for removal next week (Tue. the 26th and Thu. the 28th):

7/26 removal: (b)(6), (b)(7)c ALLEGANY CO. JAIL (b)(6), (b)(7)c case)

7/28 removal: Irene BAMENGA, (b)(6), (b)(7)c ALLEGANY CO. JAIL (b)(6), (b)(7)c case)

If possible I'd like to get them transferred with cash for their removals. I'm not sure if the jail accounts office can do this at release, or if the IEA's picking them up can go through a drive-through at the bank the jail uses after release to get their checks cashed. I've got no problem with backing the meet up a couple of hours if we know ahead of time and that's the plan.

Let me know if you can help us out with this and when we can get the bodies moved on/before Monday.

Thanks,

(b)(6), (b)(7)c

Supervisory Detention and Deportation Officer
 Senior Firearms Instructor
 Enforcement and Removal Operations
 Buffalo Field Office/Albany sub-office
 Ph. (518) 431- (b)(6), (b)(7) Fax (518) 431- (b)(6), (b)(7)



The mission of ICE's Enforcement and Removal Operations (ERO) is to identify, arrest, and remove aliens who present a danger to national security or are a risk to public safety, as well as those who enter the United States illegally or otherwise defy the integrity of our immigration laws and our border control efforts. ERO upholds America's immigration laws at, within and beyond our borders through

8/23/2011

efficient enforcement and removal operations.

~~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.~~

ORDER TO DETAIN OR RELEASE ALIEN

To: (NAME and TITLE of Person in Charge of Facility) OIC				
(Name of Facility) Allegany				
Please <input type="checkbox"/> Detain <input checked="" type="checkbox"/> Release			Date 7/21/11	Time
Name of Alien BAMENGA, Irene			File Number (b)(6), (b)(7)c	
Age 29	Date of Birth (Mo./Day/Yr.) 11/10/1981	Sex F	Nationality France	Foreign Address
Nature of Proceedings Removal		(b)(6), (b)(7)c		
REMARKS: Being removed via Albany Office				
Signature of Officer Authorizing Action (b)(6), (b)(7)c			Title IEA	Office BUF
Form _____ UNITED STATES DEPARTMENT OF JUSTICE-Immigration and Naturalization Service				

(b)(6), (b)(7)

Release
Receipt # (b)(6), (b)(7)c

Allegany County Jail
07/20/2011 14:00:37
ST 001 / CKBK 1 (b)(6), (b)(7)c

BAMENGA,
IRENE

Booking Number : 11604
Date of Birth :
Location :

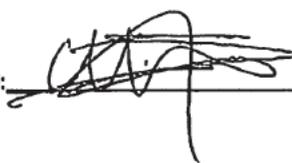
Cash Amount : \$0.00
Check Amount : \$12.70

Total Released : \$12.70

Check Information:
Check # (b)(6), (b)(7)
Memo : Released to ICE

Comment : Released to ICE

Debt Balance : \$0.00
Comrnissary Balance : \$0.00

Signed: 

ALLEGANY COUNTY SHERIFFS OFFICE INMATE FUND ACCOUNT

Date	: July 20, 2011 14:03
Amount	: \$12.70
Payee	: IRENE BAMENGA
Memo	: Released to ICE
Check #	: (b)(6), (b)(7)
Type	: RELEASE
Checkbook:	: 1
Station	: 1
Operator	: (b)(6), (b)(7)
Resident	: BAMENGA, IRENE



U.S. Immigration
and Customs
Enforcement

July 28, 2011

MEMORANDUM FOR: Michael T. Phillips
Field Office Director

THROUGH: (b)(6), (b)(7)c
Supervisory Immigration Enforcement Agent

FROM: (b)(6), (b)(7)c
Immigration Enforcement Agent

SUBJECT: Detainee Transfer Sheet

On July 21, 2011, Officer (b)(6), (b)(7)c and I were assigned to transport two Detainees from Alleghany County Jail who were being removed from the United States. We were assigned to do a meet and greet with Albany ERO at exit 36. At the time it was unaware to us where the detainees would be going. Officer (b)(6), (b)(7)c and I Did not know if the detainees were going to be staged at a facility or transferred further downstate for removal. Due to these Circumstances Detainee Transfer Sheets were not completed.

Statement by (b)(6), (b)(7)c

U.S. Department of Homeland Security
130 Delaware Avenue
Buffalo, New York 14202



U.S. Immigration
and Customs
Enforcement

July 28, 2011

MEMORANDUM FOR: Michael T. Phillips
Field Office Director

THROUGH: Official Channels

FROM: (b)(6), (b)(7)c
Immigration Enforcement Agent

SUBJECT: Detainee Transfer Sheet

On July 21, 2011 I and Agent (b)(6), (b)(7)c were assigned to conduct a transport from Allegany County Jail to Exit 36 for a meet and greet of two female detainees for removal. At the time of transport we were did not know if they were being staged at a specific facility for removal. Due to being unaware of what facility they were going to, we did not complete the Detainee Transfer sheet. The Albany Agents transported the two subjects from exit 36.

Alerts: MEDICAL ALERTS

Name: **BAMENGA, IRENE** Section: [] Block: []
 Admt: [] Cell: [] Bed: [] Location: **MAIN**
 Birth: **11/10/1981** Sex: **F** Race: **B** Release: **07/27/2011** Admt Type: **FD** SS#: (b)(6), (b)(7)c
 Booking#: **11-03216** Permanent#: (b)(6), (b)(7)c Booked Date: **07/21/2011** Classification: **LEVEL 3**



- Booking
- Alias
- Bond
- Charges
- Classify
- Clothing
- Detainers
- Education
- Grievances
- Housing
- ID#s
- Incidents
- Miscducts
- Physical
- Property
- Questions
- Release
- Schedule
- Sentencing
- Separates
- Social
- Status
- Treatment

Personal Information

Last Name: **BAMENGA** First Name: **IRENE** Middle Name: []
 Birth Date: **11/10/1981** Sex: **Female**
 Age at Booking: **29** Current Age: **29**
 Race: **BLACK**
 Ethnicity: **NON-HISPANIC**
 Marital Status: **MARRIED**

Booking Verification

Spn: **2**
 Book Date: **07/21/2011 17:58**
 Inmate ID#: (b)(6), (b)(7)c
 Orig Book Date: **07/21/2011 17:58**

Inmate ID Numbers

Booking#: **11-03216**
 Permanent ID#: (b)(6), (b)(7)c
 Social Security#: (b)(6), (b)(7)c
 State ID#: []
 Police/County ID#: []
 FBI#: (b)(7)e
 ID Number: **N/A** New
 Property Number: **223**
 INS #: []
 DOC #: []

Booking Information

Admission Type: **FEDERAL INMATE**
 Admission Department Type: []
 County Code: **U S HOMELAND SECURITY (INS)**
 Committed By: **IMMIGRATION**
 Transported By: **IMMIGRATION**
 Transporting Street ID: []
 Arrested by: **US IMMIGRATION & NATURALIZATION**

Add Delete Undelete Print Search Nextg

ID Save Abort

Ready

Print ... [] [] []

Alerts: MEDICAL ALERTS

Name: **BAMENGA, IRENE** Section: [] Block: []
 Admt: [] Cell: [] Bed: [] Location: **MAIN**
 Birth: **11/10/1981** Sex: **F** Race: **B** Release: **07/27/2011** Type: **FD** SS#: (b)(6), (b)(7)c
 Booking#: **11-03216** Permanent#: (b)(6), (b)(7)c Booked Date: **07/21/2011** Classification: **LEVEL 3**



- Booking
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- Misconducts
- Physical
- Property
- Question
- Release
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- Separates
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- Treatment

Booking Observation Questions

Answers are Y-Yes, N-No or Blank - No R-Request to Answer

Order	Question	Y/N/R	Brief Note
1	BOOKING CONDITION - NORMAL	Yes	APPEARS OK
2	BOOKING CONDITION - INTOX		
3	BOOKING CONDITION - OTHER		
4	ILLEGAL DRUG USE		
5	MEDICATION	Yes	TAKES MEDS
6	ILLNESS WHEN BOOKED		
7	IS EXAMINATION ORDERED BY COURT		
8	IS EXAMINATION ORDERED BY BOOKING	Yes	

Add Delete Undelete Print Search Nextg.

Save Abort

Ready

Print ... [] [] [X]

Alerts: MEDICAL ALERTS

Name: BAMENGA, IRENE

Section: [] Block: []

Cell: [] Bed: [] Location: MAIN

Birth	Sex	Race	Release	Admt Type	SS#	Booking#	Permanent#	Booked Date	Classification
11/10/1981	F	B	07/27/2011	FD	(b)(6), (b)(7)c	11-03216	(b)(6), (b)(7)	07/21/2011	LEVEL 3



- Booking
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- Treatment

Inmate's Current Legal Address

Line 1: (b)(6), (b)(7)c

Line 2: []

City: LYNN State: MA Zip: 01902-

Country: FRANCE Phone: (857)-234-(b)(6), (b)(7)c

Add/History

Spouse/Emergency Address Information

First Name: (b)(6), (b)(7)c Last Name: (b)(6), (b)(7)c

Line 1: SAME AS INMATE

Line 2: []

City: LYNN State: MA

Zip: 0 - Phone: (857)-234-(b)(6), (b)(7)

Affiliations Information

Citizen of: FRANCE

Place of Birth: FRANCE

Country of Birth: FRANCE

County of Residence: ESSEX

Religion: CATHOLIC

Times Attend church: []

Security Risk Group: []

Drivers License State: []

Other Affiliations: []

Emergency Contact if Different than Above

First Name: [] Last Name: []

Line 1: []

Line 2: []

City: [] State: []

Zip: [] Phone #: [] - [] - []

Employment Information

Employed at incarceration: No

Add Delete Undelete Print Search Nextg

Save Abort

Ready

Print ... [] [] []

Alerts: MEDICAL ALERTS

Name: **EAMENGA, IRENE** Section: Block:
 Cell: Bed: Location: **MAIN**

Birth	Sex	Race	Release	Admt Type	SS#	Booking#	Permanent#	Booked Date	Classification
11/10/1981	F	B	07/27/2011	FD	(b)(6), (b)(7)c	11-03216	(b)(6), (b)(7)c	07/21/2011	LEVEL 3



- Booking
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- Charges
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- Clothing
- Detainers
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- Physical**
- Property
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- Separates
- Social
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- Treatment

Physical Characteristics

Height	5' 7"
Weight	190 POUNDS
Eye color	BROWN
Hair color	BLACK
Complexion	MEDIUM
Build	MEDIUM FRAME
Length of hair	LONG
Facial hair	NONE
Glasses	No
Left/Right Handed	Right

Fingerprint Record

Right Hand

Thumb					Pinky
-------	--	--	--	--	-------

Left Hand

Thumb					Pinky
-------	--	--	--	--	-------

Add Delete Undelete Print Search Nextg

Save Abort

Ready

Print ... [Print] [Close]

Alerts: MEDICAL ALERTS

Name: **BAMENGA, IRENE** Section: Block:
 Cell: Bed: Location: **MAIN**
 Birth: **11/10/1981** Sex: **F** Race: **B** Release: **07/27/2011** Admt Type: **FD** SS#: **000-00-0000** Booking#: **11-03216** Permanent#: **b(6), (b)(7)** Booked Date: **07/21/2011** Classification: **LEVEL 3**



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Legacy

General Education Information

Level School Attended: **FRANCE** Read English Y or N:
 Highest Grade Completed: **12** Language Read:
 Graduate of: **High School** Write English Y or N:
 Graduation Date: **00/00/0000** Language Written:

Program Recommendations

Recommendation	Start Date	End Date	Recommendation	Start Date	End Date
<input type="text"/>	00/00/0000	00/00/0000	<input type="text"/>	00/00/0000	00/00/0000
<input type="text"/>	00/00/0000	00/00/0000	<input type="text"/>	00/00/0000	00/00/0000
<input type="text"/>	00/00/0000	00/00/0000	<input type="text"/>	00/00/0000	00/00/0000

Test Date	Test Type	Test SubType	Test Result	Overall Test Result

Print ...

CORRECTIONAL MEDICAL SERVICE
MEDICAL AND MENTAL HEALTH HISTORY AND SCREENING

Inmate Name: Bromberg, Irene ID# _____ Race: _____ Institution: 0641
DOB: 7/22 11/13/41

IMMEDIATE QUESTIONNAIRE		CURRENT MEDICAL CONDITIONS	
1 Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unconscious	Skin Infection
2 Have you fainted or had a head injury in the past 6 months?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disoriented	Restricted Mobility
3 Have you been seen by a doctor in the past 6 months?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Intoxicated	Skin Rash
4 Do you wear glasses or contact lenses?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Lesions	Jaundice
5 Do you have prosthetics, splint, crutches, cast or brace that you will need while here?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Obvious Pain	Needle marks
6 Do you drink (wine) beer or whiskey?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Bruises	Swollen Glands
How often <u>Occ</u> How Much <u>1-2 sl</u>		Fever	Active Cough
Last time <u>months</u>		Nausea	Vaginal/Penile Discharge
		Uses Tobacco	Head/body lice

HISTORY		MEDICAL HISTORY	
7 Have you had seizures or blackouts when you stop drinking?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Arthritis	Frequent Diarrhea
8 Do you use drugs? Type _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Diabetes	Genital Sores
How often _____ Last Time: _____		Seizure Disorder	V.D.
9 Have you had withdrawal problems when you stop taking drugs?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Asthma	Hepatitis
10 Are you currently detoxing? If yes, from what substance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Special Diet	HIV+
11 Do you have any medical problems we should know about?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Heart Condition	Tuberculosis
12 Have you been in this facility before?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hypertension	Persistent Sore Throat
13 Are you covered by medical insurance or a benefits program?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Stomach Ulcer	Dental Problems
14 Do you have any children?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cancer	Surgeries
15 Have you ever been hospitalized or treated for psychiatric problems?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Sickle Cell Anemia	Chest Pain
16 Have you ever considered or attempted suicide?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Emphysema	Jaundice
17 Are you feeling depressed or extremely sad?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chicken Pox in the past? (Circle one)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
18 Do you want to hurt yourself or someone else?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ever treated with TB drugs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
19 Are you hearing voices? If yes, what are they saying?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Previous PPD test?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
20 History of sex offenses?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Previous Positive Reaction?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21 History of victimization or sexual assault?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If positive result:	
22 History of violent behavior?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	When _____ Where _____	
23 Orientation to person, place and time?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chronic Cough/Blood	Fever _____
24 History of learning or developmental disability?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Recent Weight Loss	Night Sweats _____
25 Education: (highest grade completed) <u>12th</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Recent Appetite Loss	Fatigue _____

GENERAL INFORMATION		PREGNANCY	
26 How do you feel about being incarcerated?	<u>Not happy</u>	Are you pregnant?	LMP <u>2/20/11</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: (Explain "Yes" Responses) Use Progress Notes	<u>CHE</u>	Do you use birth control?	Type _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Have you ever had a baby, miscarriage or abortion?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Pregnancy Test Results:	<u>NS</u>

CURRENT MEDICATIONS/PSYCHOTROPIC MEDICATIONS	
Drug, dose, frequency and last medicated; (complete ROI if on medication to verify)	
<u>All list</u>	

VITAL SIGNS			
HT	<u>5'2"</u>	WT	<u>194</u>
Pulse	<u>82</u>	BP	<u>140/88</u>
Resp	<u>18</u>	Temp	<u>97.6</u>

DISPOSITION	
Referrals: <u>9</u> Nonn	Placement: _____
Emergency Room	Observation
Mental Health	Infirmiry
Physician	Detoxification Setting
Sick Call	General Population
	Other

ALLERGIES	
Medication Allergies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type: <u>Tranexadol</u>	
Other Allergies:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Type: _____	

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare services. I understand that any medications not picked up within 48 hours of release will be destroyed.

Is, STD, breast examination information and dental education sheets given to inmate Inmate Signature: [Signature]

SCREENED BY: [Redacted] (b)(6), (b)(7)c DATE: 2/21/11 TIME: 2:00

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

patient name Domeniga, June I.D. # 11-10-11 Institution 0641

DATE	TIME	NOTES	SIGNATURE
2/21/11		pt. seemed s. diff. p.o.p. Hx (+) Cx n. Hx >> normal. Hx of H.T.N. C.H.F., Anemia. Call placed to m.d. in his unit.	(b)(6), (b)(7)c
7/27/11	0923	CALLED TO GW ^R HPT. BEING UNRESPONSIVE. [REDACTED] ARRIVED ON THE SCENE TO WITNESS C.O. [REDACTED] SHAKING PT. (ARM). THE WRITER IMMEDIATELY ASSISTED IN TAKING PT. ↓ FROM TOP BANK, & SIGNS OF LIFE NOTED. & PULSE, & RESPS, PUPILS FIXED + DILATED. CPR & AIRWAY BAG IMMEDIATELY INSTITUTED. AIRWAY PATENT. EYES (SCLERA) DRY, EXTREMITIES COLD + STAFF SKIN COLOR CYANOTIC. C.O. [REDACTED] TOOK OVER COMPRESSIONS WHILE THE WRITER VED PT. @ 91.2 & BEGAN TO APPLY AED PADS. COLONIA EMS WAS IN ROUTE & NOTIFICATION OF EMERGENCY. CPR CONTINUED UNTIL EMS ARRIVED @ 0944. & A'S NOTED:	(b)(6), (b)(7)c
0958		EMS & PT. TO MEMORIAL HOSPITAL LIFE SUPPORT MACHINES ON PT. & A'S.	(b)(6), (b)(7)c
1000		HSA [REDACTED] INFORMED OF SITUATION	(b)(6), (b)(7)c
1005		MO. [REDACTED] NOTIFIED OF INCIDENT	(b)(6), (b)(7)c
1020		DR. [REDACTED] FROM MEMORIAL HOSPITAL STATED THE PT. WAS PRONOUNCED DEAD @ 1015	(b)(6), (b)(7)c

CORRECTIONAL MEDICAL SERVICES

PHYSICIANS' ORDERS

CC# 0641-



9.	NAME	Start (Date & Time)	
10.	D.O.B.		
11.	LOCATION		
12.	ALLERGIES		
13.			
14.			
15.	Dispense As Written		M.D.
16.	Substitution Permitted		M.D.
17.	NAME <u>Bamanga, Irene</u>	Start (Date & Time) <u>7-26-11 7:00 AM</u>	
18.	D.O.B. <u>11-10-81</u>		
19.	LOCATION <u>8W</u>		<u>Corex 25 mg PO BID x 30 days</u>
20.	ALLERGIES <u>Tramadol</u>		
21.		<u>7/26/11</u>	(b)(6), (b)(7)c
22.			(b)(6), (b)(7)c
23.	Dispense As Written		M.D.
24.	Substitution Permitted		M.D.
25.	NAME <u>Bamanga, Irene</u>	Start (Date & Time) <u>2/21/11 1:00 PM</u>	
26.	D.O.B. <u>11/10/81</u>		
27.	LOCATION <u>8W</u>		<u>Spinalax 25 mg PO qd x 30d</u> <u>E.C.A.S.A 815 PO qd x 30d</u>
28.	ALLERGIES <u>Tramadol</u>		
29.			
30.			(b)(6), (b)(7)c
31.	Dispense As Written		M.D.
32.	Substitution Permitted		M.D.
33.	NAME <u>Bamanga, Irene</u>	Start (Date & Time) <u>2/21/11 1:00 PM</u>	
34.	D.O.B. <u>11/10/81</u>		
35.	LOCATION <u>8W</u>		<u>Meperidine 20 mg PO qd x 30d</u> <u>Morphine 0.25 mg PO qd x 30d</u> <u>Corex 25 mg PO qd x 30d</u> <u>Lasix 20 mg PO qd x 30d</u>
36.	ALLERGIES <u>Tramadol</u>		(b)(6), (b)(7)c
37.			(b)(6), (b)(7)c
38.			(b)(6), (b)(7)c
39.	Dispense As Written		M.D.
40.	Substitution Permitted		M.D.

Inmate: BAMENGA, IRENE

Booking #: 11-03216

Permanent ID: [REDACTED]

6 WEST	L3	09	1	MAIN	[REDACTED]	07/26/2011 14:30	07/27/2011 08:45	
6 WEST	L2	05	1	MAIN	[REDACTED]	07/26/2011 14:24	07/26/2011 14:30	
8 WEST	LEFT	06	2	MAIN	[REDACTED]	07/22/2011 00:22	07/26/2011 14:24	TEMPLATE
8 WEST	RIGHT	12	1	MAIN	AA_NOT REQUIRED	07/21/2011 18:10	07/22/2011 00:22	NEW

FOR MEDICAL USE ONLY

Date Received: _____

Time Received: _____

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: IRIENE KAMENSA Date of Request: 07/25/2011
 ID # (b)(6), (b)(7)c Date of Birth: 11/19/81 Housing Location: 8 W

Nature of problem or request: I am not being given the full dosage of my medication. Two of the six different meds are meant to be taken twice a day and so far I have only received 1 dosage in the morning. The two medications are SPONICEL and CARVEDILOL.
 I consent to be treated by health staff for the condition described.

SIGNATURE _____

**GIVE THIS SLIP TO THE NURSE ON MEDICATION ROUNDS
DO NOT WRITE BELOW THIS AREA**

Triaged by (b)(6), (b)(7)c Referred to: (Circle One)
 NSC Mid-level SC Physician SC MH Dental
 Other: _____

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ T _____ P _____ R _____ Wt _____

Assessment:

Plan:

Seen on 7-26-11
Care on hand
25M P051D

Inmate education handout reviewed with and given to patient.

Refer to: (Circle any applicable) Mid-level Physician MH Dental Other: _____

Signature & Title: _____ Date: _____ Time: _____

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

FOR MEDICAL USE ONLY	
Date Received:	
Time Received:	

Print Name: IRENE BAMEGAS Date of Request: 07/25/2011

ID #: (b)(6), (b)(7)c Date of Birth: 11/17/1951 Housing Location: 9 W

Nature of problem or request: SHORTNESS OF BREATH AT NIGHT
SPECIALLY WHEN LAYING DOWN. PALPITATIONS
WHEN LAYING DOWN. DIZZINESS UPON STANDING UP WHEN
PALPITATIONS AND SHORTNESS OF BREATH OCCURE

I consent to be treated by health staff for the condition described.

SIGNATURE [Signature]

**GIVE THIS SLIP TO THE NURSE ON MEDICATION ROUNDS
DO NOT WRITE BELOW THIS AREA**

Triaged by: INITIALS Referred to: (Circle One)
NSC Mid-level SC Physician SC MH Dental
Other: _____

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ T _____ P _____ R _____ Wt _____

Assessment:

Plan:

Inmate education handout reviewed with and given to patient.

Refer to: (Circle any applicable) Mid-level Physician MH Dental Other: _____
Signature & Title: _____ Date: _____ Time: _____

INMATE SERVICE UNIT INTAKE INTERVIEW FORM
INMATE BACKGROUND

Name Bamenga Terese D. O. A. 7/21/11
Last First Middle

A. K. A. _____ Age 29 D. O. B. 11/10/81

Race B Sex F SS# none

Address [redacted] MA Phone 857234 [redacted]
(b)(6), (b)(7)c

With Whom Spouse Length 6y Marital Status M

Spouse [redacted] Address same Phone same
(b)(6), (b)(7)c

Prior Living Arrangements _____ Length _____

Employed NO Employer _____ Length _____

Address _____ Position _____ Salary _____

Source of income (if not employed) N/A

Veteran NO Service _____ Dates _____ Discharge _____

Education 12 (years completed) Where France

Diploma/GED YES NO College N/A # of yrs _____

Religion Cath Where/Clergy _____

FAMILY BACKGROUND

<u>NAME</u>	<u>FAMILY BACKGROUND</u>	<u>PHONE</u>
	<u>RESIDENCE</u>	
Mother	<u>France</u>	
Father	<u>Congo</u>	
Siblings	<u>France</u>	
<u>4</u>		
Children		
<u>2</u>		

Contact Person [redacted] Relationship husband
(b)(6), (b)(7)c

Address same Home Phone# 857234 [redacted]
(b)(6), (b)(7)c

Work Phone# _____

CRIMINAL HISTORY

Court _____ Judge _____ Charges/Convictions Imm

illegal

Bail Arr. _____ Att. _____ Phone _____

Probation No Yes P.O. _____ Court _____ Date sent. _____

Sentence _____ Conviction _____ Time left _____

Parole No Yes P.O. _____ Court _____ Date sent. _____

Sentence _____ Conviction _____ Date paroled _____

Time left _____ Violated No Yes Why _____

Other Pending Court Actions No Yes What _____

PRIOR OFFENSES
Offense

Date Court Disposition

no file is

*Escape/Attempted Escape No Yes If yes, describe _____

PRIOR INCARCERATIONS
Offense

Date Facility Length of Stay

Any inmate you should have no contact with No Yes If yes, list _____

Any problems during present/ prior incarcerations No Yes if yes, _____

CASE HISTORY

Code 1=daily 3=several times a week 5=doesn't use 7=prior
2=once a week 4=several times a month 6=other

<u>Substance</u>	<u>Frequency/Quantity</u>	<u>Substance</u>	<u>Frequency/Quantity</u>
Alcohol	5/	Crack	5/
Marihuana	/	Hallucinogen	/
Heroin	/	Tranquilizer	/
Cocaine	/	Methodone	/
Other drug usage	/		

Alcohol/Drug Treatment History

Date ___/___/___ Where AS Length _____ Finish _____
Date ___/___/___ Where _____ Length _____ Finish _____
Date ___/___/___ Where _____ Length _____ Finish _____

Mental Health Concerns

Depression AS
Suicide attempts/thoughts NO YES If yes, describe _____
Suicide in family NO YES

Mental Health Treatment History

Date ___/___/___ Where AS Reason _____
Date ___/___/___ Where _____ Reason _____

Medical Concerns

Any major medical concerns NO YES If yes, describe heart anemic

On any medication heart meds

Seen by medical NO YES Inform Medical of above NO YES, Medical Staff
by inmate informed of above.

Who is your Primary Care Physician Community Health Ctr.

What type of Health Care coverage do you have AS

NOTE: Information as noted on pages 1 through 3, as stated by inmate.

NAME Barnes, Irene

H.C.L. 4/10/81

7-21-11 Immigration

(b)(6), (b)(7)c

no lead

PE by Booking

12/6/11 Intake done - med cleared - file for class

(b)(6), (b)(7)c

Inmate Service Unit Staff Notes

calm, coop

INCOMING PACKAGE FORM +
PROGRAM REQUEST FORM

IPF ; PRF given

No med Cr2

Intake conducted by

(b)(6), (b)(7)c

Date

7.26.11

Updated by

Date

Albany County Correctional Facility
INMATE CLASSIFICATION RECOMMENDATION
(Form C-2)

Date: 7/26/11

To: Classification Unit

From: Medical Department (b)(6), (b)(7)c Staff

ALBANY COUNTY
CORRECTIONAL FACILITY
21 JUL 26 P 1:37

Inmate: BAMERSON, TERRY D.O.A. 7 20 14

Sex: Female D.O.B. 11/18/81 Age: _____

Assessment: _____

Recommendation: Checked for C (AS)

For usage by: Medical Department
Mental Health Unit
Inmate Service Unit

Albany County Correctional Facility
INMATE CLASSIFICATION RECOMMENDATION
(Form C-2)

To: Classification Unit

From: Inmate Service Unit

Staff

(b)(6), (b)(7)c

Date: 7/26/11

Inmate: Irene Bamenga D.O.A. 7/21/11

Sex: M D.O.B. 11/10/81 Age: 29

Assessment: calm, coop

Recommendation: AOCM class

For usage by: Inmate Service Unit
Medical Department
Mental Health

REGISTER

DATE	NAME	CHILDREN	REPRESENTING	STREET ADDRESS	HT	Time of Arrival	Time of Departure	CALLING	DATE
12/26/11			DCYF		Albany	10:05	10:30		
2/26/11			DCYF		Albany	10:05	10:25		
1/26/11			ATTY		Schenectady	10:05	11:00		
1/26/11			PAROLE		Albany	12:00	1:00		
2/26/11			self		Albany	12:00	2:30		
1/26/11			ARA		Kingsburgh	12:00	12:55		
2/26/11			self		Scotia	12:00	12:15		
1/26/11			1/Colonie		NY	12:30	12:52		
1/26/11			Parole		Alb	12:35	12:45		
1/26/11			ACDMH		Alb	1:00	4:20		
1/26/11			Schidly		Self	1:00	12:55		
1/26/11			DSS		Alb	13:10			
1/26/11			FCE		Alb	13:10			
1/26/11			RECSS		Renss	13:15			
1/26/11			Ehrlich post		Alb	12:5	2:5		
1/26/11			ACDMH		Alb	2:34	3:40		
1/26/11			Trust		Alb	3:20	4:55		
1/26/11			Equinox		Albany	3:42			
2/26/11			Victory Christian Church		Albany	6:00 pm	9:00		
1/26/11			Victory Church		Albany	6:00	9:00		
1/26/11			Victory Church		Alb	6:00	9:00		
1/26/11			Victory Church		Alb	6:00	9:00		
1/26/11			Atty		Alb	6:00	9:00		
1/26/11			P.O.		Alb	6:27	7:45		
1/26/11			Atty		Schenectady	6:40	7:15		

(b)(6), (b)(7)c

(b)(6), (b)(7)c

(b)(6), (b)(7)c

DETAINEE INTERVIEW/VISITATION WORKSHEET

Pursuant to the Detention Standards of the Bureau of Immigration and Customs Enforcement (ICE) of the Department of Homeland Security, "Federal detainees must have the ability to communicate with ICE personnel and/or make written requests to ICE staff and receive an answer in an acceptable time frame". In an effort to comply with the above mentioned standard, we are requesting that facilities housing ICE detainees supply said detainees with this form in order to initiate communication with ICE staff. The standard further requires ICE staff to make weekly visits to facilities housing ICE detainees.

DATE OF REQUEST : 07-26-2011

FACILITY : Albany County

ALIEN'S NAME : BAMENGA, Irene

FILE / A #

(b)(6), (b)(7)c

REQUEST:

WHAT IS THE DISPOSITION OF
MY CASE? I WOULD LIKE TO KNOW

CASE OFFICER :

DATE OF REPLY :

RESPONSE :

VISITING OFFICER :

(b)(6), (b)(7)c

DATE: 07-26-2011

Forms should be collected from the facility when performing the visit and forwarded to the case officer in the event that an answer

Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY

Today's Date: 07/26/2011

Initial Classification

Page 1 of 7

Inmate Name				Inmate Housing Area							
Last Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#			
ENGA	IRENE			6 WEST	L3	09	1	11-03216			
Date of Birth:	11/10/1981	Sex:	F	Race:	B	Booking Date:	07/21/2011	PCP#:	(b)(7)e	SS#:	(b)(6), (b)(7)c

Date of Initial Classification	07/26/2011	Initial Classification Result	LEVEL 3	Officer	(b)(6), (b)(7)c
Date of 1st Review	07/26/2011	Override Classification Result		Override Officer	
Date of 2nd Review	07/26/2011	Reason for Override			



Notes

Category LENGTH OF STAY FACTORS (BAIL CATEGORY) Logical Answer: Numeric Answer: 4

1. SENTENCED & \$1 - \$499

2. \$500 - \$2499

3. \$2500 - \$9999

\$10,000 & ABOVE

5. NO BAIL

Notes

Category RISK ASSESSMENT (ADDITIONAL) Logical Answer: Numeric Answer: 0

1 ADDITIONAL CHARGE

2 ADDITIONAL CHARGES

3 ADDITIONAL CHARGES

4 OR GREATER ADDITIONAL CHARGES

Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY

Today's Date: 07/26/2011

Initial Classification

Page 2 of 7

Inmate Name

Inmate Housing Area

Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
INGA	IRENE			6 WEST	L3	09	1	11-03216

Date of Birth: 11/10/1981 Sex: F Race: B Booking Date: 07/21/2011 PCP#: (b)(7)e SS#: (b)(6), (b)(7)c

Date of Initial Classification	Initial Classification Result	Officer
07/26/2011	LEVEL 3	(b)(6), (b)(7)c
Date of 1st Review	Override Classification Result	Override Officer
07/26/2011		
Date of 2nd Review	Reason for Override	
07/26/2011		

Officer
(b)(6), (b)(7)c

Override Officer



Notes

Category RISK ASSESSMENT (PRESENTLY CHARGED OR SENT Logical Answer: Numeric Answer: 5

1. VIOLATION

2. MISDEMEANOR

3. MISDEMEANOR (VIOLENT)

FELONY (NON VIOLENT)

5. FELONY (VIOLENT)

6. FED / IMMIGRATION

Notes

Category ESCAPE RISK

Logical Answer: Numeric Answer: 0

6. ESCAPE 3RD CURRENT CHARGE

7. ESCAPE 1ST OR 2ND CURRENT

Notes

Category IN-CUSTODY ASSAULT / DISCIPLINARY
1. COOPERATIVE / NO HISTORY

Logical Answer: Numeric Answer: 0

Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY

Today's Date: 07/26/2011

Initial Classification

Page 3 of 7

Inmate Name		Inmate Housing Area					
First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
IRENE			6 WEST	L3	09	1	11-03216

Date of Birth: 11/10/1981 Sex: F Race: B Booking Date: 07/21/2011 PCP#: (b)(7)e SS#: (b)(6), (b)(7)c

Date of Initial Classification	07/26/2011	Initial Classification Result	LEVEL 3	Officer	(b)(6), (b)(7)c
Date of 1st Review	07/26/2011	Override Classification Result		Override Officer	
Date of 2nd Review	07/26/2011	Reason for Override			



Notes

Category IN-CUSTODY ASSAULT / DISCIPLINARY Logical Answer: Numeric Answer: 0
2. COOPERATIVE/ DIS. HISTORY

3. ASSLT/ NO HISTORY OF DIS.

4. ASSAULTIVE/ HISTORY OF DIS.

Notes

Category CRIMINAL HISTORY Logical Answer: Numeric Answer: 3
NO RECORD

0-3 PRIOR CONVICTIONS

4-6 PRIOR CONVICTIONS

7-11 PRIOR CONVICTIONS

12 OR GREATER PRIOR CONVICTION

Notes

Category SENTENCED STATUS Logical Answer: Numeric Answer: 0
1. IS THE INMATE SENTENCED?
N

**Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY**

Today's Date: 07/26/2011

Initial Classification

Page 5 of 7

Inmate Name			Inmate Housing Area					
Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
NGA	IRENE			6 WEST	L3	09	1	11-03216
Date of Birth:	11/10/1981	Sex: F	Race: B	Booking Date: 07/21/2011	PCP#: (b)(7)e	SS#: (b)(6), (b)(7)c		

Date of Initial Classification	07/26/2011	Initial Classification Result	LEVEL 3
Date of 1st Review	07/26/2011	Override Classification Result	
Date of 2nd Review	07/26/2011	Reason for Override	

Officer
(b)(6), (b)(7)c

Override Officer



Notes

Category DRUG OR ALCOHOL USE / ABUSE
1. NO DRUG OR ALCOHOL USE

Logical Answer: Numeric Answer: 1

2. OCCASIONAL DRUG / ALCOHOL

3. PAST DRUG / ALCOHOL ABUSE

PRESENT DRUG/ALCOHOL ABUSE

Notes

Category WARRANTS / DETAINERS
1. NONE

Logical Answer: Numeric Answer: 0

2. 1 WARRANT / DETAINER

3. VIOLENT FELONY WARRANTS

Notes

Category EDUCATION FACTOR
1. COLLEGE

Logical Answer: Numeric Answer: 2

2. HIGH SCHOOL / GED

Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY

Today's Date: 07/26/2011

Initial Classification

Page 6 of 7

Inmate Name				Inmate Housing Area				
Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
NGA	IRENE			6 WEST	L3	09	1	11-03216

Date of Birth: 11/10/1981 Sex: F Race: B Booking Date: 07/21/2011 PCP#: (b)(7)e SS#: (b)(6), (b)(7)c

Date of Initial Classification	07/26/2011	Initial Classification Result	LEVEL 3	Officer	(b)(6), (b)(7)c
Date of 1st Review	07/26/2011	Override Classification Result		Override Officer	
Date of 2nd Review	07/26/2011	Reason for Override			



Category EDUCATION FACTOR
3. 8TH - 11 GRADE COMPLETED

Notes
Logical Answer: Numeric Answer: 2

4. LESS THAN 8TH GRADE

Category EMPLOYMENT FACTOR (LAST 2 YEARS)
1. 1 YR CONTINUOUS EMPLOYMENT

Notes
Logical Answer: Numeric Answer: 3

2. 6 MONTHS CONTINUOUS

3. LESS THAN 6 MONTHS

4. NO EMPLOYMENT

Category ADDITIONAL WARRANTS
1. 1 ADDITIONAL WARRENT

Notes
Logical Answer: Numeric Answer: 0

2. 2 ADDITIONAL WARRANTS

3. 3 ADDITIONAL WARRANTS

Inmate Classification Test Result
ALBANY COUNTY CORRECTIONAL FACILITY

Today's Date: 07/26/2011

Initial Classification

Page 7 of 7

Inmate Name				Inmate Housing Area				
Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
IGA	IRENE			6 WEST	L3	09	1	11-03216
Date of Birth:	11/10/1981	Sex: F	Race: B	Booking Date: 07/21/2011	PCP#:	(b)(7)e	SS#:	(b)(6), (b)(7)c

Date of Initial Classification	07/26/2011	Initial Classification Result	LEVEL 3	Officer	(b)(6), (b)(7)c
Date of 1st Review	07/26/2011	Override Classification Result		Override Officer	
Date of 2nd Review	07/26/2011	Reason for Override			



Notes

Category ADDITIONAL WARRANTS
4.4 ADDITIONAL WARRANTS

Logical Answer: Numeric Answer: 0

5.5 ADDITIONAL WARRANTS

General Notes

Total Score 18

ALBANY COUNTY SHERIFF'S OFFICE			
GENERAL ORDER	DATE ISSUED 07-16-07	EFFECTIVE DATE 09-16-85	ORDER NUMBER 51-CF-00
SUBJECT: Classification		DISTRIBUTION: All Staff	
AUTHORITY: (b)(6), (b)(7)c Sheriff		ISSUED BY: (b)(6), (b)(7)c Superintendent	
REFERENCE: New York State Commission of Correction, Minimum Standards Section 7013, 7003 New York State Sheriff's Association Standard #33, 46			
REVIEWED: 01-21-11			
REVISED: 04-21-11			

Number of Pages: 9

This date of issue supercedes all prior issues.

- I. Policy:** It is the policy of the Albany County Correctional Facility to provide a safe and secure environment for the effective management of inmate populations to include inmate housing and inmate work details, in accordance with all applicable local, New York State and Federal Law, New York State Commission of Corrections Regulations and New York State Sheriff's Association Accreditation Standards.

The instructions and guidelines contained in this directive are not intended to be all-inclusive. There may be circumstances that are not specifically addressed within. In these circumstances the staff involved must seek assistance and guidance from their supervisor immediately. The contents herein DO NOT supercede any law, statute or regulatory authority.

II. Procedure:

A. Classification System:

1. **Definitions:** The Albany County Correctional Facility has established a system of designated categories for the classification and assignment of inmates to housing units and programs.
 - a. **Classification for Housing Units:** Assignment of inmates to appropriate housing units for the purpose of achieving maximum compatibility and safety of inmates.
 - b. **Classification for Programs:** To determine which inmates can best be facilitated and served by programs made available to them by the facility. The Inmate Service Unit in conjunction with the classification process will determine program approval.

- c. **Classification Plan:** A formal and objective system designed to appropriately classify, house and effectively manage the inmate population in a safe and secure manner.

B. Initial Reception:

1. Upon admission, each inmate shall undergo an initial screening and risk assessment, which shall consist of:
 - a. Review of commitment document(s)
 - b. Visual assessment of each inmate, and screening interview, including completion of the Suicide Prevention Screening Form.
2. Prior to determining each inmate's primary housing assignment, each inmate shall be placed in a housing area designated for classification purposes. Such housing shall be temporary pending completion of the classification process.

C. Classification and Housing Assignment:

1. The classification process including the determination of appropriate housing shall be completed within five (5) business days of each inmate's admission to the facility. The Chief Administrative Officer may extend the time to complete the classification process for a particular inmate up to an additional ten (10) business days if he /she concludes that additional time is necessary to make determination of appropriate housing.
2. The following information shall be utilized to assist in the classification determination if such information is available and accessible:
 - a. Criminal history
 - b. Propensity for victimization
 - c. History of Medical / Mental Illness
 - d. History of sex offenses
 - e. History of hostile relationship(s) with other inmates
 - f. Prior attempts at self-injury or suicide
 - g. Prior escapes and attempted escapes
 - h. Attitude and behavior during present and prior incarceration(s) including any history of assaultive behavior during incarceration. (Records made available to such officer from the court or delivering jurisdiction)
 - i. Information obtained during an inmates initial screening and risk assessment
 - j. Any records from the department of correctional services, any local correctional facility
 - k. Any information, which may affect the safety and welfare of the inmate or the facility staff
 - l. Any other relevant information concerning an inmate's condition brought to the attention of any facility staff person.
3. The following departments will assist in the classification process in the prescribed manner:
 - a. **Medical Unit:** Staff will conduct a medical screening of each inmate and complete an Inmate Classification Assessment Form (C-2 Form). Completed forms are forwarded to the Inmate Service Unit.

b. **Mental Health Unit:** Whenever commitments or referrals deem appropriate, mental health staff will interview inmate(s) to determine mental status. Staff will note their assessment, and recommendations on the C-2 Form. Completed forms will be forwarded to the Inmate Service Unit.

c. **Inmate Service Unit:** Staff will conduct a fact finding intake interview, which will include: personal information, criminal history, incarceration history, substance abuse information, and medical and mental health information. Inmate Service Unit Staff will note their assessment and recommendation(s) on the C-2 Form.

4. **The Classification Evaluator:** Will utilize the formal and objective Albany County Correctional Facility Initial Inmate Classification Form/Program to appropriately determine classification levels and designate primary housing.

5. **Override:** This process is used as a tool to alter an inmates classification based on extenuating circumstances not described in the classification point scale. Whenever an override is exercised, a written justification must be recorded on the Initial Inmate Classification Form/Program.

6. **Classification Decision Notifications:** Within one (1) business day after each classification determination is made, facility staff shall notify the inmate in writing utilizing the Notice of Classification Decision Form (C-6 Form), and explain the classification implications.

7. **Classification Review:** The following procedures are designed to ensure each inmate the right to due process. The classification Evaluator shall review and revise as necessary utilizing the Albany County Correctional Facility Inmate Classification Review Form an inmate's classification status when one or more of the following conditions occur:

1. The inmate is involved in a serious unusual incident or exhibits adjustment problems, which threatens his/her safety, or the safety, security or good order of the facility.
2. A written request, including justification(s) made by facility staff to alter or review the inmates classification status based on new information or exhibited positive or negative behavior; and/or;
3. The facility medical or mental health director discloses relevant information about the inmate, which has not already been considered in determining the inmate's classification status:
4. If an inmate's classification status is changed pursuant to a review, facility staff shall notify the inmate in writing within one (1) business day, utilizing the Reclassification Decision Form (C-5 Form), and explain the classification implications.

III. **Levels of Classification:** Levels of classification have been designated for effective management of inmate population and housing units in accordance with New York State Minimum Standard Section #7013, Classification, Supervision and Security is in accordance with New York State Minimum Standard Section #7003 and facility guidelines. The levels of classification are denoted as follows:

- A. **Level One:** Inmate Worker/Trustee/Workers In Waiting
1. Inmate General Workers – perform work assignments within the facility.
 2. Inmate Trustee – perform work assignments within the exterior premises.
 3. Workers in Waiting – inmates cleared to work awaiting assignment.

Inmates classified as Level One shall be housed in area designated for Level One Classification.

- B. **Level Two:**
Inmates classified as Level Two have scored between 0-15 points on the Initial Inmate Classification Form, have had their initial classification level overridden, or have been reclassified as the result of a Classification Review. Inmates classified as Level Two shall be housed in areas designated for Level Two classification.

- C. **Level Three:**
Inmates classified as Level Three have scored between 16-23 points on Initial Inmate Classification Form, have had their initial classification level overridden, or have been reclassified as the result of a Classification Review.

Inmates classified as Level Three shall be housed in areas designated for Level Three classification.

- D. **Level Four:**
Inmates classified as Level Four have scored 24 or greater on the Initial Inmate Classification Form, have had their initial classification level overridden, or have been reclassified as the result of a Classification Review.

Inmates classified as Level Four shall be housed in areas designated for Level Four classification.

- E. **Level Five:**
Inmates shall be classified as Level Five upon written recommendation of the Medical and/or Mental Health Departments.

Inmates classified as Level Five shall be housed in areas designated for Level Five classification.

- F. **Level Six:** Program Designation
Inmates classified as Level Six are those approved to be housed in a Program Housing Unit.

Inmates Classified at Level Six shall be housed in areas designated for Level Six classification.

IV. Work Assignments:

A. General Worker

1. Only county sentenced inmates who are free of holds will be considered for work details.

2. A review of Inmates Service Unit records is conducted by the Classification Evaluator to ascertain if inmate is appropriate for work.
3. If deemed appropriate, the Classification Evaluator forwards a Reclassification Request Form (C-4Form) to the Medical Department for review.
4. The Medical Department will indicate on the C-4 Form whether or not the inmate is appropriate for work, and forward the C-4 Form back to the Classification Evaluator.
5. If deemed appropriate by the Medical Department, the inmate is reclassified, and moved to a housing unit designated for workers. The receiving tier is notified of inmate classification and job assignment and the inmate's wristband is changed appropriately.

B. Trustee

Trustees should have no history of extensive drug use, drug related convictions, crime(s) of violence, or sex offenses(s).

1. Steps 1, 2, 3, and 4 described under General Worker shall apply in the processing of trustees.
2. If appropriate, the inmate is moved to a housing unit designated for trustees.
3. Receiving tier is notified of inmate classification and job assignment.
4. The supervisor in charge of trustees is notified of inmate job assignment.
5. The Identification Bureau is notified of inmate assignment and the inmate is issued a Trustee I.D. card as well as an appropriate colored wristband.

V. Quarterly Classification Report

1. Part 7013.13 of NYSCOC minimum standards requires, that on or before the 15th day of February, May, August and November of each year, an Administrator will forward a quarterly report relative to the housing and classification of inmates to the commission which reflects information pertaining to the preceding three-month period.

INMATE CLASSIFICATION ASSESSMENT
(Form C-2)

To: Classification Unit

From: _____ Unit _____ Staff

Date: _____

Inmate; _____ D.O.A. _____

Sex: _____ D.O.B. _____ Age _____

Assessment:

Comments:

For Usage By: Inmate Service Unit
Medical Department
Mental Health Unit

RECLASSIFICATION REQUEST FORM
(Form C-4)

Name _____ Date _____

D.O.B _____ Sex _____ Tier _____ Cell _____

Reason for Reclassification Request: _____

Inmate Signature: _____

Staff Signature: _____

Classification Unit Use Only

Reclassification Request Approved _____ Disapproved _____

Reclassification to Level _____

Housing Unit Assignment _____ Tier _____ Cell _____

Reason(s) for Disapproval: _____

Classification Unit Staff

Date

Albany County Correctional Facility
Notice of Classification Decision
(Form C-6)

To: _____

Date: _____

On _____ a decision was rendered by the Classification Unit as to your Classification Level, as noted below:

Classification Level: _____

Housed on _____ Tier

NOTIFICATION & EXPLANATION:

(Inmate's Signature) (Date)

(Staff's Signature) (Date)

Your classification status is based on your past and present criminal history, the amount of your bail, escape attempts, disciplinary reports, wants, warrants or detainers logged against you, medical and mental health status and any other pertinent information.

Your classification status determines your housing in this facility.

(b)(6), (b)(7)c

27 July 2011

11-7

11:00

The above officer assumes the duties of the 6 West. On (b)(6), (b)(7)c officer (b)(6), (b)(7)c along with off-going officer (b)(6), (b)(7)c walked the unit to verify the head count of (37) inmates. Account for (25) keys. Walked tier, both physically and visually spot checked bars, doors, locks, gates, windows + screens. They appear secure. Read previous shifts log entries. Spoke with off-going officers (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) who reported no problems. Punch made, all appears secure. (b)(6), (b)(7)c

37 Inmates

11:30

Punch made, all appears secure. (b)(6), (b)(7)c

12:00

Punch made, all appears secure. (b)(6), (b)(7)c

12:15

Inmates in 1-3 notified this officer inmate Irene Bamenga is sick. (b)(6), (b)(7)c

12:16

Police officer notified. (b)(6), (b)(7)c

12:19

Sgt notified notified medical notified. (b)(6), (b)(7)c

12:23

Officer (b)(6), (b)(7)c enters bay, Inmate Bamenga not responding, medical notified by Radio, Alarm 2 Activated. (b)(6), (b)(7)c

12:24

MEDICAL ON UNIT (b)(6), (b)(7)c

12:35

EMS ON UNIT. (b)(6), (b)(7)c

LE 12:23

CO (b)(6), (b)(7)c officer to assist Sgt tier. Sgt (b)(6), (b)(7)c

(b)(6), (b)(7)c

6 West

043

12:38 7/27/2011

11-7

(b)(6), (b)(7)c

~~12:38~~ Patrol Made EMS still in L3

Bay.

(b)(6), (b)(7)c

1253 EMS off Tier with inmate Banenda

Sgt

(b)(6), (b)(7)c

escorting

(b)(6), (b)(7)c

100 Patrol Made All gym secure

(b)(6), (b)(7)c

AGENCY NAME Colonie EMS MILEAGE END CALL REC'D 20226
 DISPATCH INFORMATION Echo 9 cardiac arrest LOCATION CODE BEGIN ENROUTE 20227
 CALL LOCATION ACS 840 Alb Shaker Rd 0000 TOTAL 0000 AT SCENE 0000
 FROM SCENE 0000
 AT DESTINATION 0000
 IN SERVICE 0000
 IN QUARTERS 0000

PATIENT INFORMATION
 NAME (b)(6), (b)(7)c
 APPOINTMENT NUMBER (b)(6), (b)(7)c
 D.O.B. MM/DD/YYYY (b)(6), (b)(7)c
 CARE IN PROGRESS ON ARRIVAL:
 None Citizen PD/FD/Other First Responder Other EMS PAD used

MECHANISM OF INJURY
 MVA (seat belt used ->) Fall of feet GSW Machinery
 Struck by vehicle Unarmed assault Knife Other
 Ectrication required Yes No Unknown minutes
 Seat belt used? Yes No Unknown
 Seat Belt Use Reported By Crew Patient Police Other

CHIEF COMPLAINT Cardiac Arrest SUBJECTIVE ASSESSMENT Pt found on floor in ACS
STAFF DOING CPR

PRESENTING PROBLEM
 Allergic Reaction Unconscious/Unresp. Shock Major Trauma OB/GYN Burns
 Syncope Seizure Head Injury Trauma-Blunt Burns
 Stroke/CVA Behavioral Disorder Spinal Injury Trauma-Penetrating Environmental
 General Illness/Malaise Substance Abuse (Potential) Fracture/Dislocation Soft Tissue Injury Heat
 Gastro-Intestinal Distress Amputation Bleeding/Hemorrhage Cold
 Diabetic Related (Potential) Poisoning (Accidental) Other Hazardous Materials
 Cardiac Related (Potential) Cardiac Arrest Palp Obvious Death

PAST MEDICAL HISTORY	VITALS	TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	PUPILS	SKIN	STATUS
<input type="radio"/> None <input type="radio"/> Allergy to <u> </u> <input type="radio"/> Hypertension <input type="radio"/> Stroke <input type="radio"/> Seizures <input type="radio"/> Diabetes <input type="radio"/> COPD <input type="radio"/> Cardiac <input type="radio"/> Other <u> </u> <input type="radio"/> Asthma Current Medications (List) <u> </u>	VITALS		Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored	Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Irregular	<u> </u>	<input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp.	<u> </u>	<input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constricted <input type="radio"/> Sluggish <input type="radio"/> No-Reaction	<input type="radio"/> Unremarkable <input type="radio"/> Cool <input type="radio"/> Warm <input type="radio"/> Moist <input type="radio"/> Dry	<u> </u> AC OU OP OS
			Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored	Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Irregular	<u> </u>	<input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp.	<u> </u>	<input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constricted <input type="radio"/> Sluggish <input type="radio"/> No-Reaction	<input type="radio"/> Unremarkable <input type="radio"/> Cool <input type="radio"/> Warm <input type="radio"/> Moist <input type="radio"/> Dry	<u> </u> OC OU OP OS
			Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Shallow <input type="radio"/> Labored	Rate: <u> </u> <input type="radio"/> Regular <input type="radio"/> Irregular	<u> </u>	<input type="radio"/> Alert <input type="radio"/> Voice <input type="radio"/> Pain <input type="radio"/> Unresp.	<u> </u>	<input type="radio"/> Normal <input type="radio"/> Dilated <input type="radio"/> Constricted <input type="radio"/> Sluggish <input type="radio"/> No-Reaction	<input type="radio"/> Unremarkable <input type="radio"/> Cool <input type="radio"/> Warm <input type="radio"/> Moist <input type="radio"/> Dry	<u> </u> OC OU OP OS

OBJECTIVE PHYSICAL ASSESSMENT 29 Y/O F UNCONSCIOUS / UNRESPONSIVE PULSELESS / APNEIC
 LAST TALKED TO APPROX 2 HRS PRIOR EMS WAS CALLED FOLLOW INMATES STATE SHE WAS "JUST LAYING IN BED WITH HER EYES OPEN" THEN CALLED THE GUARDS.

COMMENTS CPR CONTINUED - PLACED ON THUMPER MECHANICAL CPR. (G) VISIBLE SIGNS OF LIVIDITY. PT VENTILATED IN OPA IN PLACE THEN INTUBATION ATTEMPTED x 1/3

TREATMENT GIVEN FILL IN CIRCLE
 Moved to ambulance on stretcher/backboard
 Moved to ambulance on stair chair
 Walked to ambulance
 Airway Cleared
 Oral / Nasal Airway
 Esophageal Obturator Airway / Esophageal Gastric Tube Airway (EOA/EGTA)
 Endotracheal Tube (E/T)
 Oxygen Administered @ 25 L.P.M., Method Vent
 Suction Used
 Artificial Ventilation Method Vent
 C.P.R. in progress on arrival by: Citizen PD/FD/Other First Responder Other
 C.P.R. Started @ Time 2026 Time from Arrest Until C.P.R. UNK minutes
 EKG Monitored (Attach Tracing) (Rhythm(s))
 Defibrillation/Cardioversion No. Times Manual Semi-automatic
 Medication Administered (Use Continuation Form)
 IV Established Fluid NS Cath. Gauge 20
 Mast Inflated @ Time
 Bleeding / Hemorrhage Controlled (Method Used:)
 Spinal Immobilization Neck and Back
 Limb Immobilized by Fixation Traction
 (Heat) or (Cold) Applied
 Vomiting Induced @ Time Method
 Restraints Applied, Type
 Baby Delivered @ Time In County
 Alive Stillborn Male Female
 Transported in Trendelenburg position
 Transported in left lateral recumbent position
 Transported with head elevated
 Other:

DISPOSITION (See List) Memorial Hosp DISP CODE 014 CONTINUATION FORM USED
 IN CHARGE (b)(6), (b)(7)c DRIVER'S NAME (b)(6), (b)(7)c NAME (b)(6), (b)(7)c NAME (b)(6), (b)(7)c
 EMT AEMT CFR EMT AEMT #

Prehospital Care Report

DATE: 07/27/11 USE BALL POINT PEN ONLY

AGENCY NAME: Colonie EMS Enter PCR ID#: Top Center of PCR:

PATIENTS NAME: Erene Bamenga RECEIVING HOSPITAL: Memorial RECEIVING HOSP ID: 014 MEDICAL CONTROL: (b)(6), (b)(7)c Pts Approx Weight in lbs: 160

TIME	RESP	BREATH SOUNDS	PULSE	EKG	B.P.	G.C.S.	MEDICATIONS	DOSE	ROUTE
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	R NORMAL DECREASED ABSENT RALES RONCHI WHEEZES L	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> DEFIB @ <u> </u> J		EO V M Tot		<input type="checkbox"/> Adenosine <input type="checkbox"/> Diltiazem <input type="checkbox"/> Lidocaine <input type="checkbox"/> Albuterol <input type="checkbox"/> Epinephrine <input type="checkbox"/> Morphine <input type="checkbox"/> Atropine <input type="checkbox"/> Furosemide <input type="checkbox"/> Nitroglyc. <input type="checkbox"/> Dextrose <input type="checkbox"/> Other		
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	R NORMAL DECREASED ABSENT RALES RONCHI WHEEZES L	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> DEFIB @ <u> </u> J		EO V M Tot		<input type="checkbox"/> Adenosine <input type="checkbox"/> Diltiazem <input type="checkbox"/> Lidocaine <input type="checkbox"/> Albuterol <input type="checkbox"/> Epinephrine <input type="checkbox"/> Morphine <input type="checkbox"/> Atropine <input type="checkbox"/> Furosemide <input type="checkbox"/> Nitroglyc. <input type="checkbox"/> Dextrose <input type="checkbox"/> Other		
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	R NORMAL DECREASED ABSENT RALES RONCHI WHEEZES L	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> DEFIB @ <u> </u> J		EO V M Tot		<input type="checkbox"/> Adenosine <input type="checkbox"/> Diltiazem <input type="checkbox"/> Lidocaine <input type="checkbox"/> Albuterol <input type="checkbox"/> Epinephrine <input type="checkbox"/> Morphine <input type="checkbox"/> Atropine <input type="checkbox"/> Furosemide <input type="checkbox"/> Nitroglyc. <input type="checkbox"/> Dextrose <input type="checkbox"/> Other		

NARRATIVE: Medic 766 @ x1 PT WAS Repositioned & Intubated x1 medic 769 tube passed through chords @ Foggy, at tube @ wave form initial ETCO2 36 @ 24 Lap Line @ B1 all fields @ EPICASTIC medic (b)(6), (b)(7)c EST IV NS @ AC #22ga & Admin Epi; Atropine / Asystole Protocol @ 5 min. PT ALSO Received 2mg Narcan IVP. due to possibility of opiate use @ A CPR continued. @ 4th Round of Epi / Atropine PT had a brief period of J-fib & was Defib x1 @ 200 J & converted back to Asystole & medic 783 contacted Memorial Hosp via cell phone & spoke to MD 469 & orders to follow ACLS protocol. PT WAS Transported to Memorial Hosp RN / TOT 5 staff Relat Given

VITALS on PAGE 3

MEDICAL CONTROL RECORD	MEDICAL CONTROL FACILITY	ON-LINE MED CTRL PHYSICIAN: PRINT NAME	MD ID#	SIGNATURE (OPTIONAL)
Controlled Substance Destroyed	DRUG QTY	DATE	DRUG DESTROYED WITNESS: PRINT NAME	SIGNATURE LICENSE #
INDIVIDUAL ADMINISTERING MEDICATION and/or IN CHARGE - PLEASE PRINT - SIGNATURE				EMT/AEMT CERT NUMBER

Prehospital Care Report

CONTINUATION FORM

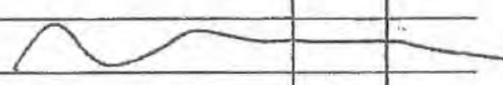
DATE 10/27/11 USE BALL POINT PEN ONLY

PRESS DOWN FIRMLY; PRINT NEATLY

PATIENTS NAME <u>Ernie Barrena</u>		AGENCY NAME <u>Colonie EMS</u>	RECEIVING HOSPITAL <u>Memorial</u>	RECEIVING HOSP ID <u>014</u>	Enter PCR ID# Top Center of PCR	MEDICAL CONTROL ID <u>(b)(6), (b)(7)c</u>	Pts Approx Weight In kgs <u>100</u>
---------------------------------------	--	-----------------------------------	---------------------------------------	---------------------------------	------------------------------------	--	--

TIME	RESP	BREATH SOUNDS	PULSE	EKG	B.P.	G.C.S.	MEDICATIONS	DOSE	ROUTE	
0043	RATE: <u>100</u> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input checked="" type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT RALES RONCHI WHEEZES	RATE: <u>0</u> <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB	<u>0</u>	EO <u>1</u> V <u>1</u> M <u>1</u> Tot <u>3</u>	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose	<input type="checkbox"/> Diazepam <input checked="" type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other	<input type="checkbox"/> Lidocaine <input type="checkbox"/> Morphine <input type="checkbox"/> Nitroglyc.	<u>1mg</u> <u>IVP</u>
0045	RATE: <u>90</u> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input checked="" type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT RALES RONCHI WHEEZES	RATE: <u>0</u> <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB	<u>0</u>	EO <u>1</u> V <u>1</u> M <u>1</u> Tot <u>3</u>	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input checked="" type="checkbox"/> Atropine <input type="checkbox"/> Dextrose	<input type="checkbox"/> Diazepam <input type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other	<input type="checkbox"/> Lidocaine <input type="checkbox"/> Morphine <input type="checkbox"/> Nitroglyc.	<u>1mg</u> <u>IVP</u>
0050	RATE: <u>90</u> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input checked="" type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT RALES RONCHI WHEEZES	RATE: <u>0</u> <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB	<u>0</u>	EO <u>1</u> V <u>1</u> M <u>1</u> Tot <u>3</u>	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input checked="" type="checkbox"/> Atropine <input type="checkbox"/> Dextrose	<input type="checkbox"/> Diazepam <input checked="" type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other	<input type="checkbox"/> Lidocaine <input type="checkbox"/> Morphine <input type="checkbox"/> Nitroglyc.	<u>1mg</u> <u>IVP</u>

NARRATIVE:

0052	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Atropine</u>	<u>1mg</u>	<u>IVP</u>
0055	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Ep. 1:1000</u>	<u>1mg</u>	<u>IVP</u>
0057	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Atropine</u>	<u>1mg</u>	<u>IVP</u>
0058	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Narcan</u>	<u>2mg</u>	<u>IVP</u>
0102	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Ep. 1:1000</u>	<u>1mg</u>	<u>IVP</u>
0105	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>	<u>Atropine</u>	<u>1mg</u>	<u>IVP</u>
0108	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Vfib</u>	<u>0</u>	<u>1/1/3</u>	<u>Defib 200J</u>	<u>/</u>	<u>/</u>
0109	<u>Vent</u>	<u>Normal</u>	<u>0</u>	<u>Asystole</u>	<u>0</u>	<u>1/1/3</u>			

MEDICAL CONTROL RECORD	MEDICAL CONTROL FACILITY	ON-LINE MED CTRL PHYSICIAN:	PRINT NAME	MD ID#	SIGNATURE (OPTIONAL)
Controlled Substance Destroyed	DRUG	QTY	DATE	DRUG DESTROYED WITNESS:	PRINT NAME
INDIVIDUAL ADMINISTERING MEDICATION and/or IN CHARGE - PLEASE PRINT				SIGNATURE	EMT/AEMT CERT NUMBER

ALBANY COUNTY CORRECTIONAL FACILITY

Quick Reference Report

Incident Information:		
Investigative Report No: 11-106	Subject: INMATE DEATH	
Date: 07/27/11	Time: 12:23A.M.	Location: 6 WEST L-3
Investigative Report on File: <input checked="" type="checkbox"/> Yes () No		LRI: <input checked="" type="checkbox"/> Yes () No
Video (s) Reviewed: <input checked="" type="checkbox"/> Yes () No		If no, Why not: CONSISTENT WITH REPORT

Involved Persons:			
Tour Commander: CAPT. (b)(6), (b)(7)c (b)(6), (b)(7)c			
Inmate (1): IRENE BAMENGA	Housing Area Assigned: 6 WEST L-3	Inmate (2):	Housing Area Assigned:
Inmate (3):	Housing Area Assigned:	Inmate (4):	Housing Area Assigned:
Inmate (5):	Housing Area Assigned:	Inmate (6):	Housing Area Assigned:

Employee (1): OFFICER (b)(6), (b)(7)c	Employee (2): OFFICER (b)(6), (b)(7)c
Employee (3): SGT. (b)(6), (b)(7)c	Employee (4):

Synopsis:
ALARM SOUNDED FOR 6 WEST WITH A REQUEST FOR MEDICAL ASSISTANCE FOR INMATE BAMENGA WHO WAS LAYING IN HER BED UNRESPONSIVE. STAFF RESPONDED, INMATE WAS PLACED ON THE FLOOR AND CPR WAS INITIATED. EMS WAS CALLED AND RESPONDED. INMATE BAMENGA WAS TRANSPORTED TO MEMORIAL HOSPITAL BY AMBULANCE SUPERVISED BY OFFICERS (b)(6), (b)(7)c AND (b)(6), (b)(7)c AT 1:15AM, INMATE WAS PRONOUNCED DEAD AT MEMORIAL HOSPITAL.

Continuation of synopsis on backside () Yes No

Notifications Made:	
Administrator: CHIEF (b)(6), (b)(7)c	Investigator: (b)(6), (b)(7)c

**NOTE: Attach copy to Daily Activity Sheet
Attach copy to Investigative Report**

Incident Report No: 11-106		L.R.I. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ALBANY COUNTY CORRECTIONAL FACILITY INCIDENT REPORT			Character of Incident: INMATE DEATH		
Occurred On:	Day WED	Date 07 27 2011	Time 0023	Specific Location 6 WEST LEFT 3 BAY					
Log Entry <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By Who: C.O. (b)(6), (b)(7)c			Day WEDNESDAY	Date 07 27 2011	Time 0023			

INVOLVED PERSONS: (EM) Employee (S) Suspect (C) Complainant (W) Witness (V) Victim (OT) Other

Code V-1	Last, First: BAMENGA, IRENE	DOB: 11/10/81	Address: (b)(6), (b)(7)c LYNN, M.A. 01902
Code EM-1	Last, First: (b)(6), (b)(7)c	DOB:	Address: ACCF
Code EM-2	Last, First: (b)(6), (b)(7)c	DOB:	Address: ACCF
Code EM-2	Last, First: (b)(6), (b)(7)c	DOB: (b)(6), (b)(7)c	Address: ACCF

MEDICAL INFORMATION (Use Codes from above to reference specific persons)

Code V-1	Nature of Injuries SEE ATTACHED	Hospital Run (Name) 07/27/11 @ 0055 ALBANY MEMORIAL HOSP.
Code	Nature of Injuries	Hospital Run (Name) Date / Time:
Code	Nature of Injuries	Hospital Run (Name) Date / Time:

PROPERTY (L) Lost (S) Stolen (U) Used in Crime (E) Evidence (OT) Other

Item number 1	Property Code	Description	Location
Item number 2	Property Code	Description	Location

MISCELLANEOUS

Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By Who:	Statements taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Attachments: <input checked="" type="checkbox"/> Yes (list) <input type="checkbox"/> No	MISC. REPORT AND MED. NOTES
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NARRATIVE: (brief statement of facts)

ON JULY 27 2011, I WAS WORKING ON THE 6 WEST HOUSING UNIT 11 TO 7 SHIFT. AT APPROXIMATELY 1215 AM I WAS NOTIFIED BY INMATES IN BAY L3 THAT INMATE BAMENGA WAS SICK. I THEN CALLED FOR A RELIEF OFFICER SO THE INMATE COULD BE TAKEN TO MEDICAL. AT APPROXIMATELY 1219 I NOTIFIED THE UNIT SUPERVISOR BECAUSE INMATE BAMENGA WOULD NOT ANSWER ME. AT 1223 I ENTERED L3 BAY TO ROUSE BAMENGA. INMATE BAMENGA DID NOT RESPOND. I THEN NOTIFIED MEDICAL VIA MY PORTABLE RADIO TO RESPOND IMMEDIATELY WHILE INSIDE L3 BAY. I THEN LEFT THE BAY TO ACTIVATE THE UNITS ALARM SYSTEM. AT 1224 MEDICAL STAFF ENTERED THE BAY AND CPR WAS COMMENCED. I ADMINISTERED CHEST COMPRESSIONS FOR INMATE BAMENGA WHILE NURSE (b)(6), (b)(7)c WORKED THE AMBU BAG. EMS ARRIVED AT 1235 AND TOOK OVER CARE FOR INMATE BAMENGA. AT 1253 EMS TRANSPORTED INMATE BAMENGA FROM THE UNIT .

Reporting Officer: (Print) (b)(6), (b)(7)c	ID: (b)(6), (b)(7)c	Date / Time 7/27/11 330 AM
Supervisor Reviewed Reports <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Misc. Report	(b)(6), (b)(7)c 7/27/11	Four Commander Reviewed Reports <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Misc. Report
		Four Commander Signature / Date (b)(6), (b)(7)c 7/27/11

Incident Report NO 11/106	ALBANY COUNTY CORRECTIONAL FACILITY SUPPLEMENTAL / CONTINUATION REPORT		<input checked="" type="checkbox"/> Supplemental Report <input type="checkbox"/> Continuation Report
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Date of Original Incident 07/27/11	Date of this Report 07/27/11	Character of Incident INMATE DEATH
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SUPERVISOR NARRATIVE:

ON 07/27/11 REPORTING OFFICER, (b)(6), (b)(7)c CALLED ME AND STATED THAT HE HAD AN UNRESPONSIVE INMATE ON HIS HOUSING UNIT IN LEFT 3 BAY. ON MY WAY TO THE 6 WEST HOUSING UNIT, THE SECURITY ALARM WAS SOUNDED. I AND OFFICER (b)(6), (b)(7)c WERE ALREADY ENROUTE TO THE 6 WEST HOUSING UNIT. I ARRIVED ON THE TIER AT 0023, WHILE OTHER OFFICERS AND NUSRE (b)(6), (b)(7)c AND NURSE (b)(6), (b)(7)c WERE RESPONDING. I ENTERED THE LEFT 3 BAY ON THE 6 WEST AND WITNESSED OFFICER (b)(6), (b)(7)c AND NURSE (b)(6), (b)(7)c PERFORMING C.P.R. ON INMATE BAMENGA AT 0024. NURSE (b)(6), (b)(7)c ADVISED ME OF THE NEED FOR AN AMBULANCE. I ORDERED MAIN CONTROL OFFICER TO CALL FOR AN AMBULANCE AT 0025. OFFICER (b)(6), (b)(7)c AND MEDICAL CONTINUED TO PERFORM CPR ON INMATE BAMENGA UNTIL EMS ARRIVED ON THE TIER AT 0035. EMS TOOK OVER FOR THE CARE OF INMATE BAMENGA. EMS EXITED THE 6 WEST HOUSING UNIT WITH INMATE BAMENGA AT 0053 TO BOOKING. EMS EXITED OUR BOOKING COMPOUND AT 0055 ENROUTE TO MEMORIAL HOSPITAL. A SEARCH OF THE AREA WHERE INMATE BAMENGA WAS SLEEPING WAS CHECKED, INMATE HAD NO PROPERTY ON THE HOUSING UNIT. INTERVIEWED THE OTHER 8 INMATES IN THE BAY, ALL DECLINED TO GIVE A WRITTEN STATEMENT AT THIS TIME. INMATE BAMENGA WAS PRONOUNCED DEAD AT 0115. INVESTIGATOR (b)(6), (b)(7)c WAS NOTIFIED OF THE INCIDENT AT 0140. NYSCOC, (b)(6), (b)(7)c WAS NOTIFIED AND CONTACTED AT 0159. IMMIGRATION AGENT (b)(6), (b)(7)c WAS NOTIFIED AND CONTACTED AT 0155. DEPORTATION OFFICER (b)(6), (b)(7)c WAS NOTIFIED AND CONTACTED AT 0138.

Reporting Officer: (print) SGT. (b)(6), (b)(7)c	ID: (b)(6), (b)(7)c	Reporting Officer Signature: (b)(6), (b)(7)c	Date: 07/27/11
Supervisor Reviewed Report: (Print)	ID:		Date
Your Commander Reviewed Report: (Print) CAPT. (b)(6), (b)(7)c	ID: (b)(6), (b)(7)c	Your Commander Signature: (b)(6), (b)(7)c	Date: 07/27/11

11-104

Albany County Correctional Facility
Miscellaneous Report Form

Date of Incident: 7/27/11

Date of Report: 7/27/11

Start Time of Report: 3:30 A.M.

End Time of Report: 3:45

Subject: alarm response

Re: 6 west (Irene Bamenga) 11-104

Submitted BY; CO (b)(6), (b)(7)c

On 7/27/2011 at 12:23 A.M. I responded an alarm on the 6th West housing unit. Upon entering the unit I went to left 3 bay. There I assisted C/O (b)(6), (b)(7) and the medical staff removing inmate Bamenga from her bunk and placing her on the floor. Then I secured the area while C/O (b)(6), (b)(7) and the medical staff performed CPR.

Multiple horizontal lines for additional text entry.

Distribution: White: Administrative Captain Yellow: Daily Activity' Sheets

Albany County Correctional Facility
Miscellaneous Report Form

Date of Incident: 07/27/11

Date of Report: 07/27/11

Start Time of Report: 6AM

End Time of Report: 6:05AM

Subject: INMATE DEATH

Re: INMATE IRENE BAMENGA

Submitted BY: OFFICER (b)(6), (b)(7)c

ON JULY 27TH AT APPROXIMATELY 12:30AM, I WAS ADVISED BY CAPT. (b)(6), (b)(7)c TO REPORT TO
BOOKING TO TRANSPORT AN INMATE TO THE HOSPITAL. I DROVE THE CHASE CAR AND OFFICER
(b)(6), (b)(7)c WAS IN THE AMBULANCE WITH THE INMATE. WE ARRIVED AT ALBANY MEMORIAL AN
INMATE BAMENGA WAS BROUGHT TO THE EMERGENCY ROOM. ATTEMPTS BY HOSPITAL STAFF WERE
MADE TO RECESITATE. SHE WAS PRONOUNCED DEAD AT 1:15AM.

Distribution:

White: Administrative Captain Yellow: Daily Activity' Sheets

Albany Memorial Hosp

Emergency Department Reports

Acct: (b)(6), (b)(7)c
 Name: BAMENGA, IRENE
 Age: 29
 Arrival Date: 07/27/11

Med Rec Num: (b)(6), (b)(7)c
 Phys: (b)(6), (b)(7)c
 DOB: 11/10/81
 Sex: F

Status: DEP ER
 Loc: M-ER

Dictated by: (b)(6), (b)(7)c MD

DATE OF SERVICE: 07/27/11

CHIEF COMPLAINT: Cardiac arrest.

HISTORY OF PRESENT ILLNESS: This is a 29-year-old female who arrives from the Albany County Jail in full cardiopulmonary arrest. History is obtained from EMS providers, and some history from her family when I had called them. She is a 29-year-old with a history of anemia and congestive heart failure who has been taking multiple medications, apparently recently started digoxin, and per the family has been feeling increasingly unwell recently. She was apparently laying in bed, not terrible responsive for several hours, but her cellmates were not initially concerned because her eyes were open and they thought she was simply not communicative. However, when they tried to rouse her, they were unable to. At that point, the guards were summoned. Jail medical staff responded and started CPR. EMS was called simultaneously. On EMS arrival, the guards had performed approximately ten minutes of CPR. EMS found her to be in asystole. She was intubated with a 7.0 endotracheal tube after an apparently slightly challenging intubation. IV access was established. She was given four rounds of epinephrine, three rounds of atropine, and 2 mg of Narcan without any change in her status. CPR was continued during her transport to the Emergency Department. No further history is obtainable.

REVIEW OF SYSTEMS: Unobtainable.

PAST MEDICAL HISTORY includes anemia and congestive heart failure.

MEDICATIONS include Coreg, lisinopril, digoxin, Lasix, spironolactone and aspirin.

SOCIAL HISTORY: She is at the jail in immigration hold. She was married.

PHYSICAL EXAMINATION: Pulseless female in full cardiac arrest. Eyes are anicteric without injection. Pupils are midsize and mixed. Nose patent. Mouth has an endotracheal tube in place. Neck has no tracheal deviation or JVD. Lungs have diminished air entry bilaterally but symmetric breath sounds.

Name: BAMENGA, IRENE

Acct: (b)(6), (b)(7)c

page Number: 1

Name: **BAMENGA, IRENE**

DOB: 11/10/81

Acct:

(b)(6), (b)(7)c

bilaterally. No rales or rhonchi. The diminished breath sounds are due to body habitus. Heart has no heart tones. Abdomen is distended with some increased tympany to percussion. GU: No overt bladder distention. Musculoskeletal: No cords. She has some mottling of the extremities. Neurologic: GCS is 3T.

EMERGENCY DEPARTMENT COURSE: CPR was continued in the Emergency Department under my supervision. She was given an additional dose of epinephrine. Cardio ultrasound demonstrated no evidence of cardiac activity. Per EMS apparently she did have one brief run of potential fine V-fib while being transported. She was shocked once and rhythm converted to asystole. At 01:16, her total downtime was in excess of 45 minutes with at least 35 minutes of documented asystole and no perfusing rhythm during that entire time. At this point, further resuscitative efforts were deemed futile, and the patient was pronounced dead.

PROVISIONAL DIAGNOSES:

- 1. Cardiopulmonary arrest.
- 2. History of congestive heart failure.
- 3. History of anemia.

Next of kin, the patient's husband, (b)(6), (b)(7)c at phone number 867-234-(b)(6), (b)(7)c was notified. Records had been faxed down from the jail medical unit and had been reviewed. The coroner was notified, and will be taking the body for autopsy.

D: 07/27/2011 03:28:25 T: 07/27/2011 08:59:11

DTH Job #: (b)(6), (b)(7)c

cc:

Entered By: (b)(6), (b)(7)c

Date and Time of Signature:

Name: **BAMENGA, IRENE**

Acct: (b)(6), (b)(7)c

Name: BAMENGA, IRENE

DOB: 11/10/81

Acct:

(b)(6), (b)(7)c

Name: BAMENGA, IRENE

Acct:

(b)(6), (b)(7)c

page Number: 3

NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

Form with sections: DECEASED, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name (Irene Bamenga), date of death (7/27/2011), place of death (Memorial Hospital), and cause of death (Cardiomyopathy).

Vertical text on the left margin: For use by physician or registrant, NAME OF DECEASED: Irene Bamenga, DATE OF DEATH: 07/27/2011



COUNTY OF ALBANY
OFFICE OF CORONERS
112 STATE STREET - SUITE 735
ALBANY, NEW YORK 12207
(518) 445-7604
FAX (518) 447-5699

TIMOTHY CAVANAUGH

(b)(6), (b)(7)c

CORONERS

(b)(6), (b)(7)c

CORONERS PHYSICIANS

(b)(6), (b)(7)c

CONFIDENTIAL SECRETARY

July 28, 2011

(b)(6), (b)(7)c RN. MSN, CCHP, CPHM
LCDR, United States Public Health Service
ICE Health Service Corps/ERO
Field Medical Coordinator
U.S. Immigration and Customs Enforcement
130 Delaware Avenue, 2nd Floor
Buffalo, New York 14202

Re: Irene Bamenga
DOD - 07/27/2011

Dear (b)(6), (b)(7)c

Please be advised that I received your request for Autopsy and Toxicology reports on the above referenced decedent.

As we spoke on the phone, the immediate Cause of Death was Cardiomyopathy and I will forward the reports to you as soon as they are available.

If you have any further questions, please do not hesitate to contact me at (518) 445-(b)(6), (b)(7)c

Sincerely,

(b)(6), (b)(7)c

Confidential Secretary

(b)(6), (b)(7)c

From (b)(6), (b)(7)c
Sent: Thursday, August 11, 2011 8:27 AM
To: (b)(6), (b)(7)c
Subject: FW: Bemenga NYS County Law Sec. 677

Ms. (b)(6), (b)(7)c This office represents Albany County, New York, and specifically regarding the captioned matter, the Office of the Coroner. I read with interest the position articulated by your office in the email below.

For clarification, without an express federal statute authorizing disclosure in this context there is no conflict of law/preemption issue regarding New York's privacy act. That also holds in the instance of any DHS administrative regulation. (Similarly, Mr. (b)(6), (b)(7)c July 28th HIPAA justification is off point.) There is no authority permitting the County to violate a NY statute in order to comply with a mere administrative procedure of DHS.

Documentation of the death or medical condition of an ICE detainee, if required, may be accomplished by complying with Sec. 677 or employing methods other than asking a municipal agency to violate state law. Kindly advise if you require assistance in this regard.

All future correspondence and/or communication on this matter, if any, from your office shall be directed to the undersigned.

Thank you.

(b)(6), (b)(7)c
Albany County Attorney
Albany County Department of Law
112 State Street, (b)(6), (b)(7)c
Albany, New York 12207
5118-447-(b)(6), (b)(7)



Washington DC Office
601 13th Street NW Suite 650
Washington DC 20005
202-824-0752

October 13, 2011

TO: (b)(6), (b)(7)c Section Chief
ICE Office of Professional Responsibility
Office of Detention Oversight

FROM: (b)(6), (b)(7)c Assistant Project Manager
Office of Detention Oversight Support

SUBJECT: Medical Compliance Review, Detainee Death
Detainee Irene BAMENGA, (b)(6), (b)(7)c

As you are aware, MGT was asked to conduct a medical compliance review in support ODO's investigation into Detainee Irene BAMENGA's death by while in ICE custody. Because of my experience dealing with medical issues and deaths in jails, I personally conducted the compliance review, which included joining you and Special Agent (b)(6), (b)(7)c in visiting the site and participating in interviews of staff at the Allegany and Albany County, NY detention facilities.

Attached please find my report. As you will see, in Section 1 I summarized the contents of detainee BAMENGA's medical record and information provided by staff in timeline format, offering therein observations and findings on compliance with the ICE National Detention Standard on medical care. Section 2 is a table summarizing missed medications. For your information, review of the medical record was supported by health care subject matter expert (b)(6), (b)(7)c who agreed with report content from a medical perspective and concurred with the findings. Please note qualitative assessment of care against community standards of practice is beyond the scope of MGT's contract and is not addressed in this, or any, MGT report.

Should you have any questions or require additional information, please feel free to contact me.

Review of Detainee Death

Irene Bamenga, A-Number (b)(6), (b)(7)c

Medical Record Review Findings

Allegany County Jail, Belmont, New York

Albany County Correctional Facility, Albany, New York

Section 1: Timeline

As requested by the ICE Office of Professional Responsibility, Office of Detention Oversight, MGT of America, Inc. participated in a review of detainee Irene BAMENGA's death while in ICE custody. MGT accompanied Special Agents (b)(6), (b)(7)c and (b)(6), (b)(7)c for site visits to the Allegany County Jail and Albany County Correctional Center August 23 – 25 2011, and participated in interviews of correctional and medical staff at both facilities. Additionally, MGT reviewed the medical record of detainee BAMENGA and inspected documentation of staff training in emergency response and distribution of medication. MGT's participation was requested to determine compliance with ICE National Detention Standards (NDS) governing medical services.

The following chronicles detainee BAMENGA's period of detention at the Allegany and Albany County facilities based on documented and reported information. Italicized text in parenthesis defines or explains medical terminology and abbreviations. MGT's findings with respect to compliance with ICE NDS and general observations for which there are no applicable NDS components are documented in commentary.

Background

ICE Significant Event Notification – Significant Incident Report documents that on July 15, 2011 detainee Irene BAMENGA was issued a Notice to Alien Ordered Removed/Departure Verification by Customs and Border Protection (CBP) officers after being denied entry into Canada by Canadian immigration officials. An Order to Detain or Release Alien signed by CBP Enforcement Officer (b)(6), (b)(7)c directed her detention at the Allegany County Jail (ACJ) pending removal proceedings. In the Remarks section of the form was documented, "Congestive Heart Failure she takes medications to control her medical problem. Subject has medication with her."

Friday, July 15, 2011

ALLEGANY COUNTY JAIL

Allegany County Sheriff's Office Inmate Personal Property Receipt documents detainee BAMENGA's personal property as \$20 in currency, white sneakers, yellow brazil shirt, and shorts.

Suicide Prevention Screening Questionnaire completed by Deputy (b)(6), (b)(7)c

Saturday, July 16, 2011

Allegany County Jail Booking Observation Report completed by Deputy (b)(6), (b)(7)c documents detainee BAMENGA responded affirmatively when asked if she was on medication, stating "lots of them." In addition, she reported an allergy to Tramadol (*treats moderate to severe pain*) and

positive tuberculosis (TB) test 12 years ago. No medical conditions or special needs documented.

COMMENT: The Booking Observation Report includes health-related observation and interview questions intended to identify immediate medical or special housing needs. Facility policy J-3.10 assigns responsibility for completion of the report to booking officers and includes provisions for referral for immediate medical attention if required. ICE NDS, Medical Care, section (III)(D) requires that all new arrivals receive initial medical and mental health screening by a health care provider or an officer trained to perform this function. MGT verified officers are trained in the intake screening function. Compliance is met.

According to Deputy (b)(6), (b)(7) detainee BAMENGA was received with a large bag of medications which he took directly to the Medical Unit. Because of the hour, medical staff was not present to directly receive the medications.

COMMENT: ACJ policy does not address handling of medications received with new detainees, including documenting receipt, inventory, disposal or release by either booking or medical staff. MGT was informed that in practice, medications are turned over to the Medical unit when received, and returned to ICE detainees upon release or transfer.

Detainee BAMENGA was screened by (b)(6), (b)(7)c Registered Nurse (RN), per interview. RN (b)(6), (b)(7)c stated she reported to the facility on a Saturday because she was on-call for the purpose of performing TB testing and follow-up medical screening on new prisoners. RN (b)(6), (b)(7)c documented the encounter by noting the following on the Booking Observation Report completed by Deputy (b)(6), (b)(7) Congestive Heart Failure (CHF) and high blood pressure; ASA (*aspirin to reduce risk of heart attack*), Digoxin (*heart medication*), Lisinopril (*hypertension*), and Furosemide (*diuretic*) on a daily basis; Spironalactone (*diuretic*) twice a day; and Carvedilol (*HTN, heart failure, and angina/chest pain*), dosage frequency documented as “?”. In addition, RN (b)(6), (b)(7)c documented a previous positive TB test in 2002, “was treated;” and blood pressure of 138/92 (*slightly elevated*).

During interview, RN (b)(6), (b)(7)c stated detainee BAMENGA was not certain of Carvedilol dosing. She reported the detainee’s lungs were clear, her heart rate was regular, and she observed no swelling. A TB test by PPD was not planted because the detainee previously tested positive; instead, authorization for chest x-ray was to be requested. RN (b)(6), (b)(7)c stated detainee BAMENGA voiced no medical complaints, and was not asked for information on her private provider or when she was last seen. RN (b)(6), (b)(7)c reported there were two large medication organizers belonging to the detainee “stuffed” with various medications. The detainee informed her she had taken her medications the day before and asked why she could not have them. RN (b)(6), (b)(7)c stated she informed detainee BAMENGA the facility does not allow prisoners to take their own medications because they are not verified. She instructed the detainee to obtain information on dosages from her husband. Upon inquiry, RN (b)(6), (b)(7)c stated procedures are in place for off-hours consultation with a provider concerning medications or other matters; however, because BAMENGA’s screening was normal, she did not believe action before Monday was necessary.

COMMENT: According to RN (b)(6), (b)(7)c and Nurse Practitioner (NP) (b)(6), (b)(7)c The ACJ Medical Unit does not document encounters or actions in Progress Notes or other chronological record. RN (b)(6), (b)(7)c she typically makes a note in the SOAP format (Subjective, Objective, Assessment, Plan) if there are findings of significance.

MGT was informed detainee BAMENGA's medications were placed in her personal property.

Monday, July 18, 2011

“Informed Consent – Consent for Detainees” form signed.

COMMENT: ICE NDS, Medical Care, section (III)(L) requires health care providers to obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. Compliance is met.

NP (b)(6), (b)(7)c conducted a physical examination, making hand-written notes on the same Booking Observation Report used by RN Harrington to document the medical screening, and generating a type-written “History and Physical Examination” report. Findings were documented as follows:

History and Physical Examination

- Past medical history: CHF (*congestive heart failure- excessive amount of fluid in lungs*), HTN (*hypertension/high blood pressure*), and anemia (*reduction of circulating red blood cells*)
- Past surgical history: right lung
- Medications: ASA daily, Spironalactone twice a day, Lasix (*diuretic*) daily, Digoxin daily, Carvedilol daily, and Lisinopril daily.
- Allergies: Tramadol (*pain medication*)
- Denies tobacco, alcohol and illicit drug use
- Suicide and mental health referral: negative
- General appearance: 29 year-old black female, “appears as stated age;” alert and oriented.
- Vital signs: temperature 99.8, pulse 88, respirations 20, blood pressure (BP) 128/84 (*slightly elevated*), weight 206 lbs.
- Cardiac: Regular rate and rhythm.

COMMENT: ICE NDS, Medical Care, section (III)(D) requires that health care providers conduct a health appraisal and physical examination on each detainee within 14 days of arrival. Compliance is met.

COMMENT: Detainee BAMENGA was not placed on a restricted diet despite her weight and history of hypertension.

NP (b)(6), (b)(7)c generated the following:

Problem List

- Height, 67 inches; weight, 206 lbs.
- Previous positive PPD

- Problems: HTN, CHF, and Anemia
- Treatment: ASA 81 mg daily, Spironalactone 25 mg twice daily, Lasix 20 mg daily, Digoxin 0.25 mg daily, Carvedilol 20 mg daily, and Lisinopril 20 mg daily.
- Date documented for listed problems and treatment: 7/7/2011. During interview, NP Ralyea, the incorrect date was a typographical error.

Medication List

- Allergies: Tramadol
- Medications (start date July 18, 2011)
 - ASA 81 mg daily
 - Spironalactone 25 mg twice daily
 - Lasix 20 mg
 - Digoxin 0.25 mg daily
 - Carvedilol 20 mg daily
 - Lisinopril 20 mg daily

Orders

- Diagnosis: CHF, HTN, anemia
- Allergies: Tramadol
- Date order of 7/18/2011 and Date Stop of 10/18/2011 for the following:
 - Tylenol 2 tablets by mouth as needed for fever or pain
 - ASA 81mg daily
 - Spironalactone 25mg twice daily
 - Lasix 20 mg daily
 - Digoxin 0.25mg daily
 - Lisinopril 20mg daily
 - Carvedilol 20mg daily

COMMENT: The order for medications was made three days following the detainee's arrival. During interview, NP (b)(6), (b)(7)(c) stated the medications ordered, including dosage, were as reported by detainee BAMENGA. She did not attempt to verify the medications before ordering them. According to the Nursing 2010 Drug Handbook, Carvedilol is to be administered twice daily, and according to WebMD, pulse should be taken when Digoxin is administered to ensure it is not too slow. The order for Digoxin did not include this provision. NP (b)(6), (b)(7)(c) stated she did not consider pursuing the detainee's medical records from her community provider, or ordering laboratory tests.

Treatment Authorization Request approved for chest x-ray due to positive PPD history.
Approved July 19, 2011.

COMMENT: ICE NDS, Medical Care, section (III)(D) requires that all new arrivals receive TB screening by PPD (mantoux method) or chest x-ray. PPD is to be the primary screening method unless contraindicated, as was the case with detainee BAMENGA. ACJ took appropriate action to request authorization for a chest x-ray, though it was not completed prior to her transfer on July 21, 2011. NP (b)(6), (b)(7)(c) stated that though not

documented, detainee BAMENGA was screened for, but did not exhibit signs or symptoms of TB.

Medication Administration Record (MAR) documents Officer (b)(6), (b)(7)c gave detainee BAMENGA her evening dose of Spironalactone.

COMMENT: MGT was informed medications are distributed by officers trained in the function when medical staff is not on site. MGT verified Officer (b)(6), (b)(7)c completed training. ICE NDS, Section (III)(I) requires that written records be maintained of all medications given to detainees. Compliance is met for the term of detainee BAMENGA's detention in the ACJ.

Tuesday, July 19, 2011

MAR documents detainee BAMENGA was given ASA, Lasix, Digoxin, Lisinopril, Carvedilol, and Spironalactone by RN (b)(6), (b)(7)c in the morning, and her evening dose of Spironalactone in by Officer (b)(6), (b)(7)c

COMMENT: There was no documentation supporting Officer (b)(6), (b)(7)c completed training in distribution of medication.

Wednesday, July 20, 2011

MAR documents detainee BAMENGA was given ASA, Lasix, Digoxin, Lisinopril, Carvedilol, and Spironalactone by RN (b)(6), (b)(7)c in the morning, and her evening dose of Spironalactone in by Officer (b)(6), (b)(7)c

NP (b)(6), (b)(7)c stated she was notified by Intake that detainee BAMENGA was being transferred. She prepared a Medical Summary of Federal Prisoner/Alien in Transit form documenting the detainee had a previous positive PPD and treatment in 2000; chest x-ray "not done yet." Departure date was recorded as July 20, 2011; "Destination" and "Reason for Transfer" left blank. Current Medical Problems were documented as HTN, CHF, and anemia; recorded medications, dosage, and "Medication Requirements for Care En Route" were consistent with Medication List, Orders and MAR. No special needs affecting transportation noted. NP (b)(6), (b)(7)c stated the transfer summary was placed in a sealed envelope bearing the detainee's name and marked, "CONFIDENTIAL." She stated the envelope and blister packs containing detainee BAMENGA's remaining medications were forwarded for transfer.

COMMENT: ICE NDS, Detainee Transfers, section (III)(D)(6) requires that health care providers be given advance notice prior to the release, transfer or removal of a detainee so that medical staff may determine and provide for any medical needs. Section (III)(D)(6) further requires IGSA facilities to prepare transfer summaries documenting TB clearance, current mental and physical health status, medications, and contact information for the transferring medical official. In addition, ICE NDS, Medical Care, section (III)(N) requires placement of medical information in sealed envelopes marked "MEDICAL CONFIDENTIAL." Compliance with all requirements is met.

Thursday, July 21, 2011

ICE Significant Event Notification – Significant Incident Report documents, “ERO FOD Buffalo officers transferred detainee to the Albany County Jail for staging, as she was scheduled for removal on July 28, 2011.”

ALBANY COUNTY CORRECTIONAL FACILITY

Suicide Prevention Screening Guidelines form documents “Yes” to “Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job,” noting, “medical issues” as the corresponding comment. Impressions recorded as “Alert and cooperative. Appears OK.” Referred to medical.

Albany County Correctional Facility (ACCF)/Correctional Medical Services Medical and Mental History and Screening completed by RN (b)(6), (b)(7)c Form documents detainee responded affirmatively when asked if she had current medical problems; CHF recorded as the explanatory response. As medical history, detainee reported a heart condition and anemia, chickenpox, and previous positive PPD; allergy to Tramadol. Denied being pregnant. “See List” recorded in Current Medications section of the form. RN (b)(6), (b)(7)c documented detainee was oriented to person, place and time, and “not happy” about being incarcerated. Weight recorded as 194 lbs., BP 140/88 (*slightly elevated*), other vital signs within normal limits. Placement: general population. Detainee BAMENGA signed a statement at the bottom of the screening form consenting to routine care and acknowledging she was told how to access health care services.

COMMENT: ACCF complied with ICE NDS, Medical Care, section (III)(D) requiring that medical intake screening be conducted, and section (III)(L) requiring that consent be obtained prior to examination or treatment.

Interdisciplinary Progress Note by RN (b)(6), (b)(7)c documents detainee screened without difficulty; history of positive PPD; chest x-ray ordered; history of HTN, CHF, anemia. “Call placed to M.D. orders received.”

During interview, Health Services Administrator (HSA) (b)(6), (b)(7)c stated detainee BAMENGA did not receive a chest x-ray. She stated though documented, RN (b)(6), (b)(7)c failed to write the order for the x-ray.

COMMENT: ACCF is not in compliance with ICE NDS, Medical Care, section (III)(D) requiring that all newly arriving detainees be tested for TB.

Physician Orders documented the following prescriptions, all with start dates of July 21, 2011 and stop dates of August 20, 2011:

- ECASA 81 mg daily
- Spironalactone 25 mg twice daily
- Lasix 20 mg daily
- Digoxin 0.25 mg daily
- Lisinopril 20 mg daily
- Coreg (*same medication as Carvedilol*) 20 mg daily

COMMENT: Facility physician Dr. (b)(6), (b)(7)c did not increase Coreg to twice daily, and did not order that detainee BAMENGA's pulse be taken before giving Digoxin.

Problem List documented chronic problems as CHF, HTN, and anemia.

Detainee signed Informed Consent for urine pregnancy test and consent for HIV testing.

COMMENT: No documentation of pregnancy or HIV testing. It is noted, however, RN (b)(6), (b)(7)c documented negative in the "Pregnancy Test Results" of the intake screening form.

During interview, RN (b)(6), (b)(7)c stated the medications were received with the detainee in blister packs; further, that medications received from another facility in this manner may be administered upon physician approval. RN (b)(6), (b)(7)c stated detainee BAMENGA made no comments concerning her medications and expressed no concerns or complaints.

MAR documents detainee BAMENGA was given all medications this date as ordered. MGT was informed only medical personnel distribute medications.

Friday, July 22, 2011

MAR documents detainee BAMENGA was given morning doses of all medications; "NS" (No Show) recorded for evening dose of Spironolactone.

COMMENT: HSA (b)(6), (b)(7)c provided policy J-D-02.06, "Medication Administration Record," which states "Absent" is to be documented if the prisoner is "not present, and no reason for the absence was given." She stated the expectation is that the nurse goes to the cell to determine the reason for the absence or refusal; further, that the prisoner be referred to the ordering practitioner following three missed doses. She provided the Medication Administration Documentation lesson plan supporting nurses are trained accordingly. HSA (b)(6), (b)(7)c stated she reviewed nursing staff's medication distribution practices in light of the fact "NS" was recorded on detainee BAMENGA's MAR on July 22, 24, 25 and 26, 2011. On none of the days "NS" was recorded did the nurse seek out the detainee, and no action taken to notify the provider after the third dose was missed. HSA (b)(6), (b)(7)c stated failure to follow policy was addressed with three specific staff members who recorded "NS," and correct procedures have been reviewed with all staff.

Saturday, July 23, 2011

MAR documents detainee BAMENGA was given all medications as ordered.

Sunday, July 24, 2011

MAR documents detainee BAMENGA was given morning doses of all medications; "NS" recorded for evening dose of Spironolactone.

Monday, July 25, 2011

MAR documents detainee BAMENGA was given morning doses of all medications; "NS" recorded for evening dose of Spironolactone.

MAR documents a new entry for Digoxin: “Digoxin to be given daily and to hold dose if apical pulse is [less than] 60 and notify MD.” MAR documents apical pulse was 88 and Digoxin given.

COMMENT: As noted previously, checking pulse prior to giving Digoxin is expected practice, however, there is no corresponding Physician’s Order or other documentation reflecting what precipitated the instruction.

Tuesday, July 26, 2011

Health Services Request Form: “I am not being given the full dosage of my medications. Two of the six different meds are meant to be take twice a day and so far I have only be given 1 dosage in the morning. The two medecines are spironolactone and carvedilol [*sic*].” Date and time received illegible, as are the initials of the individual who conducted triage and referred the detainee for nurse’s sick call. Documented in the “Health Care Documentation” section of the form are, “Seen on 7-26” and “Coreg ordered [twice per day].”

Health Services Request Form submitted by detainee: “Shortness of breath at night especially when laying down, palpitations when laying down. Dizziness upon standing up when palpitation and shortness of breath occur.” “FOR MEDICAL USE ONLY” section of form for documenting date and time received are blank, as are sections for recording triage and “Health Care Documentation.” According to HSA (b)(6), (b)(7)c the “FOR MEDICAL USE ONLY” section is to be completed when a medical staff person is handed a request form directly by a detainee. It is not completed if received through another source. HSA (b)(6), (b)(7)c further stated both the triage and Health Care Documentation sections should have been completed.

COMMENT: ICE NDS, Medical Care, section (III)(F), Sick Call, requires facilities to have a mechanism that allows detainees the opportunity to request health care services. Facility policy J-E-07.00 supports compliance with the standard. In addition, section (III)(F) requires health care providers to review request slips to determine when the detainee will be seen. Compliance is supported with respect to one of detainee BAMENGA’s sick call requests.

9:40 AM

Physical Assessment completed by NP (b)(6), (b)(7)c Weight documented as 200 lbs; BP 110/80 (*normal range*); other vital signs within normal limits. History of positive PPD; treated in 2000 in Paris, France. Past medical history of HTN, CHF for five years; past surgical history of right lobectomy (*surgical removal of lobe of any organ or gland*). Current medications recorded. Described as cooperative and alert and oriented to person, place & time; denied chest pain and shortness of breath.

COMMENT: Compliance with ICE NDS, Section (III)(D) requiring physical examination within 14 days of arrival is met.

COMMENT: Detainee BAMENGA was not placed on a restricted diet despite weight and history of hypertension.

Chronic Disease Clinic - Initial Baseline Medical Data form completed by NP (b)(6), (b)(7)c Personal risk factors documented as high blood pressure and alcohol (1-2 glasses wine 6 months ago). Family history of heart disease and high blood pressure (mother). History of HTN and CHF since 2006. No other significant findings. BP 110/80 (*normal range*), weight 200 lbs., other vital signs within normal limits. Assessment: HTN and CHF. Documented detainee received education and verbalized understanding of instructions. Plan: medication change: Carvedilol twice a day; detainee to return to clinic in 90 days. During interview, NP (b)(6), (b)(7)c stated initiation of Chronic Care Clinic is protocol for any prisoners with identified chronic conditions.

Physician Orders: Coreg/Carvedilol twice a day.

COMMENT: During interview, NP (b)(6), (b)(7)c reported she increased Coreg based on detainee BAMENGA's "adamant" insistence she should receive the medication twice daily. It is noted the detainee did not previously complain of incorrect dosing; further, Allegany County RN (b)(6), (b)(7)c documented detainee BAMENGA was unsure of Coreg/Carvedilol dosing and NP (b)(6), (b)(7)c documented the detainee reported taking it once per day. As previously noted, no attempt was made to verify the Coreg/Carvedilol or any prescription. NP (b)(6), (b)(7)c stated Spironolactone was already ordered twice per day, therefore, no change was necessary. Because the MAR was not available for her review, NP (b)(6), (b)(7)c was not aware evening doses of Spironolactone were missed on July 22, 24 and 25. She stated the detainee was "well-versed" on her medications and reported she took them as ordered. NP (b)(6), (b)(7)c stated she did not recall seeing the sick call request wherein detainee BAMENGA claimed of shortness of breath and dizziness. Upon inquiry, NP (b)(6), (b)(7)c indicated that if she had seen it, she would not necessarily have queried the detainee concerning these complaints. She stated the detainee denied shortness of breath, she noted no signs of swelling, and the detainee had no difficulty walking. The examination was "routine" with "nothing was out of range." For these reasons, she did not consider pursuing detainee BAMENGA's prior medical records or ordering lab tests.

MAR documents all detainee BAMENGA was given morning doses of all medications; pulse 82; "NS" recorded for evening doses of Spironolactone and Coreg.

July 27, 2011

12:23 AM

Interdisciplinary Progress Notes documents, "Called to GW [regarding patient] being unresponsive. This writer [and] (b)(6), (b)(7)c arrived on the scene to witness C.O. (b)(6), (b)(7)c (b)(6), (b)(7)c shaking [patient's left] arm. This writer immediately assisted in taking [patient] from top bunk. [No] signs of life noted. [No] pulse, [no respirations], pupils fixed and dilated. CPR [with] ambu bag immediately instituted. Airway patent [*open*], eyes (sclera) dry, extremities cold and stiff, skin color cyanotic [*lacking oxygen*]. C.O. (b)(6), (b)(7)c took over compressions while this writer [checked patient's temperature] @ 91.2 and began to apply AED pads. [Illegible] EMS was in route [per] notification of emergency. CPR continued until EMS arrived @ 0042. [No changes] noted."

ACCF Incident Report by Officer (b)(6), (b)(7)c documents the following:

“On July 27, 2011 I was working on the 6 West Housing Unit 11 to 7 shift. At approximately 12:15 AM I was notified by inmates in Bay L3 that inmate Bamenga was sick. I then called for a relief officer so the inmate could be taken to medical. At approximately 1219 I notified the Unit Supervisor because inmate would not answer me. At 1223 I entered L3 Bay to rouse Bamenga. Inmate Bamenga did not respond. I then notified Medical via my portable radio to respond immediately while inside L3 Bay. I then left the bay to activate the units alarm system At 1224 Medical staff entered the bay and CPR was commenced. I administered chest compressions for inmate Bamenga while nurse (b)(6), (b)(7)c worked the ambu bag. EMS arrived at 1235 and took over care for inmate Bamenga. At 1253 EMS transported inmate Bamenga from the unit.”

During interview Officer (b)(6), (b)(7)c reported that when he conducted count at 11:00 PM, detainee BAMENGA was lying in bed. He stated she appeared to be awake because her eyes were open. He stated that when first notified by her dorm-mates that she was ill, he followed standard operating procedure by calling for an escort officer. While waiting, inmates stated “she is really sick,” so he decided to walk from his station to her housing area. From outside, he called her name a few times and asked if she was OK. Receiving no reply, he returned to his station to verify escort was on its way. He then walked back to the housing area and decided to enter. He stated detainee BAMENGA looked “really sick,” so he grabbed her arm and finding her non-responsive, notified Medical via his radio and returned to his station to hit the alarm. Nurse (b)(6), (b)(7)c and Nurse (b)(6), (b)(7)c arrived “quickly” and together, they removed detainee BAMENGA from her upper bunk. Once she was on the floor, Nurse (b)(6), (b)(7)c applied the ambu-bag and Nurse (b)(6), (b)(7)c initiated CPR, subsequently being relieved by Officer (b)(6), (b)(7)c and Nurse (b)(6), (b)(7)c

COMMENT: Asked why he did not enter the housing unit when he called for detainee BAMENGA and did not receive a reply, he stated that as a male, he did not want to enter a female unit; further, he did not feel it was necessary because he could see everyone. He further stated, “They tell us not to go in because it could be a trap and you don’t want to go in alone.” During interview, Captain (b)(6), (b)(7)c stated officers are trained not to enter cells by themselves except in medical emergency. It is noted Officer (b)(6), (b)(7)c report documents four minutes elapsed between being alerted detainee BAMENGA was sick and finding her unresponsive upon calling to her from outside the housing unit. Instead of returning to his station to notify his supervisor as documented in his report, or to check on escort as reported during interview, Officer (b)(6), (b)(7)c could legitimately have called medical emergency by radio and entered the unit. Another four minutes elapsed before he entered and attempted to wake detainee BAMENGA, whereupon he called Medical by radio and again returned to his station to activate the alarm system. A total of nine minutes elapsed between notification the detainee was ill and commencement of CPR.

COMMENT: MGT was provided with a memorandum on Albany County Sheriff’s Office letterhead stating Officer (b)(6), (b)(7)c completed cardio-pulmonary resuscitation (CPR) re-certification training March 1, 2011. In addition, CPR certification cards expiring in 2012 were produced for Nurse (b)(6), (b)(7)c and Nurse (b)(6), (b)(7)c ICE

NDS, Medical Care, section (III)(H) states detention staff must be trained to respond to health-related emergencies within a four-minute timeframe. Compliance with training requirements is met.

12:58 AM

Interdisciplinary Progress Notes documents, “EMS [with patient] to Memorial Hospital, life support machines on [patient].”

1:00 AM

Interdisciplinary Progress Notes documents, “Health Services Administrator (b)(6), (b)(7)c informed of situation.”

1:05 AM

Interdisciplinary Progress Notes documents, “MD (b)(6), (b)(7)c notified of incident.

1:20 AM

Interdisciplinary Progress Notes documents, “Dr. (b)(6), (b)(7)c from Memorial Hospital stated the [patient] was pronounced dead at 0115.”

Albany Memorial Hospital Emergency Department Reports dictated by Doctor (b)(6), (b)(7)c documented the following:

“Chief Complaint: cardiac arrest.

History of Present Illness: This is a 29-year-old female who arrives from the Albany County Jail in full cardiopulmonary arrest. History obtained from EMS providers, and some history from her family when I had called them. She is a 29-year-old with a history of anemia and congestive heart failure who has been taking multiple medications, apparently laying in bed, not terrible [*sic*] responsive for several hours, but her cellmates were not initially concerned because her eyes were open and they thought she was simply not communicative. However, when the [*sic*] tried to rouse her, they were unable to. At that point, the guards were summoned. Jail medical staff responded and started CPR. EMS was called simultaneously. On EMS arrival, the guards had performed approximately ten minutes of CPR. EMS found her to be asystole...”

Certificate of Death documents manner of death as natural cause; cased referred to coroner; autopsy performed. Immediate cause of death: cardiomyopathy (*disease that affects heart muscle, diminishing cardiac performance*).

MEDICAL COMPLIANCE REVIEW
Section 2: Missed Medication Summary
Detainee Irene BAMENGA

Following are medications detainee BAMENGA reported she was taking at the time of her arrest, subsequently ordered by Allegany and Albany County providers. Column A summarizes doses not given as ordered by the providers. Column B summarizes doses missed pending provider order at Allegany County, failure to distribute ordered medications at Albany, and incorrect dosing of Carvedilol.

	A	B
EC ASA	None	3
Lasix	None	3
Lisinopril	None	3
Digoxin*	None	3
Pulse taken for Digoxin	2	9
Carvedilol/Coreg	1	15
Spironalactone	2	9

*

MORTALITY REVIEW REPORT

NAME: Bamenga, Irene **ID#:** (b)(6), (b)(7)c **FACILITY:** Albany County Correctional Facility

DATE OF BIRTH: November 10th, 1981

DATE OF DEATH: July 27th, 2011

The preliminary autopsy report and certificate of death indicated that 29 year old Irene Bamenga, a citizen of France, died of cardiomyopathy. This mortality review was conducted based on a review of booking, classification, investigative reports and statements, as well as medical records from Allegany County Jail, Albany County Correctional Facility and Albany Memorial Hospital Emergency Room.

Narrative Summary:

7/15/2011: Bamenga was brought to the Allegany County Jail with documentation indicating she had congestive heart failure and was on several medications which she had on her person. The booking officer conducted a booking observation and a suicide screening questionnaire which indicated no special circumstances that required immediate intervention.

7/18/2011: The nurse practitioner conducted a medical history and physical examination on Bamenga. No information regarding a chief complaint was elicited from the patient. A past medical history of treatment for latent tuberculosis infection, hypertension, congestive heart failure and anemia was noted and her current medications were as follows: aspirin 81 mg daily, spironolactone 25 mg twice daily, lasix 20mg daily, digoxin 0.25mg daily, carvedilol 20mg daily and lisinopril 20mg daily. On examination, Bamenga's vital signs indicated a low grade fever with a temp of 99.8, pulse=88, respirations=20 and blood pressure=128/84. Her cardiac and respiratory examination was documented as normal with no signs of congestive heart failure. Her medications were ordered by the nurse practitioner. A review of the medication administration records only documented administration of her medications on 7/19 and 7/20/2011. It is not clear whether she received her medications from the evening of 7/15/2011 to 7/18/2011 as well as on the morning of 7/21/2011. She was transferred to the Albany County Correctional Facility on 7/21/2011 early that morning.

7/21/2011: Bamenga arrived at the Albany County Correctional Facility at approximately 6:00pm. She received a medical and mental health history. The history of anemia, congestive heart failure, hypertension and positive PPD was given including medications listed on transfer sheet. However, no further medical history was elicited at that time to determine the severity of her medical conditions that might have triggered an earlier than scheduled evaluation by the nurse practitioner or physician. A call was placed to the physician who gave verbal orders for her current medications. A chest xray was ordered to rule out active tuberculosis and Bamenga was placed in general population.

7/25/2011: Bamenga completed two health services request forms. In her own words, she wrote, "Shortness of breath at night especially when laying down; palpitations when laying down; dizziness

upon standing when palpitations and shortness of breath occur.” “I am not being given the full dosages of my medication. Two of the six different medications are meant to be taken twice a day and so far I have only been given one dosage in the morning. The two medications are spironolactone and carvedilol.” Sometime on or after 7/26/2011, the triage nurse wrote on the slip that Bamenga was seen on 7/26 and that coreg 25mg twice daily had been ordered. Legibility of the medication administration record was poor in some instances; however, it appears that the nursing staff documented with “NS” that Bamenga did not show for her 9pm spironolactone dosages on 7/22, 24 and 26.

7/26/2011: The nurse practitioner conducted a physical assessment of Bamenga. Her vital signs were temp=97.9, pulse=82, resp=16, B/P=110/80. She documented that Bamenga denied pain/discomfort and also denied chest pain or shortness of breath. She found no abnormalities in the cardiovascular and respiratory evaluation and no edema in the lower extremities. She did increase the carvedilol (coreg) to 25mg twice daily. I could find no documentation indicating that the nurse practitioner had appropriately explored the patient’s symptoms of shortness of breath at night, of palpitations when lying down and of dizziness upon standing. On completion of the examination, there was no indication as to status of Bamenga’s chronic medical conditions nor were any tests ordered to make that determination.

7/27/2011: At approximately 12:15am inmates in the housing unit notified the correctional officer that Bamenga was sick. The officer responded but was unable to arouse Bamenga and at 12:23am, he activated the medical response system and the unit’s alarm system. CPR as instituted with chest compressions and the ambu bag. There was no documentation that an automatic external defibrillator was applied by the facility’s staff. At 12:35am, the community emergency medical system/ambulance arrived, took over care and transported the patient to Albany Memorial Hospital. Efforts to resuscitate this patient were unsuccessful and the patient was pronounced dead at 1:15am.

Conclusions and Recommendations:

If we are to believe the physical assessments conducted by the two nurse practitioners at the Allegany County Jail and the Albany County Correctional Facility on July 18th and July 26th respectively, then, it is highly unlikely that this patient’s immediate cause of death would be cardiomyopathy due to her congestive heart failure. The clinical course of congestive heart failure is usually slowly progressive with symptoms of worsening shortness of breath that becomes visible, swelling of the lower extremities known as peripheral edema, and lung findings such as a productive cough and rales in the lungs on auscultation. None of these findings were documented. Based on the patient’s complaints on 7/25/2011, we can conclude that this patient’s congestive heart failure was worsening; this may have been due to the combination of incorrect dosing of carvedilol, missed doses of spironolactone, a diuretic, and increase in dietary sodium. Carvedilol should be prescribed at a twice daily dosage and in her case, the initial dose should have been documented as 25mg and not 20mg. The formulation does not exist in a 20mg form. I am not clear as to why she was a “no show” for some of her 9pm spironolactone doses. Was she sleeping and not aroused for those doses? Did the nursing staff

recognize the severity of her disease and make any attempts to ensure medication compliance? I saw no documentation of such efforts. Because this patient's congestive heart failure did not appear to have worsened severely, I believe that we must look at other causes of her death. Based on her symptoms of palpitations on July 26th, she may have died from a cardiac arrhythmia which would not be found on autopsy. What would cause a cardiac arrhythmia in this patient? Digoxin toxicity and alterations in potassium level can both cause fatal cardiac arrhythmias. Digoxin concentrations are increased by about 15% when digoxin and carvedilol are administered concomitantly. Therefore, increased monitoring of digoxin is recommended when initiating, adjusting, or discontinuing carvedilol. Was this patient hyperthyroid? We do not know because we did not investigate the complaint of palpitations. Did this patient have a myocardial infarction due to her cardiomyopathy? Did this patient throw a pulmonary embolus? Toxicology studies will be crucial in helping to determine the final cause of death.

However, regardless of this patient's final cause of death, both facilities were remiss in not conducting a thorough clinical evaluation and assessment of this patient whose congestive heart failure would deteriorate when poorly managed. The assessments by both nurse practitioners did not include whether Bamenga's congestive heart failure and hypertension were controlled. There was no plan to determine what type of anemia this patient suffered from. This patient should have been placed on a restricted sodium diet, an electrocardiogram should have been done, the chest x-ray should have been completed and laboratory testing should have been done to include digoxin levels, electrolytes, a complete blood count and thyroid function studies. Previous medical records were being sent by Bamenga's attorney but there was no documentation that the records had been received. The physician should have been consulted for guidance in initial management of this young cardiac patient and this did not occur in either facility. Subsequent early follow up by the physician would have been appropriate. Finally the early use of an automatic external defibrillator (AED) is standard practice in responding to a life threatening emergency and it is recommended that an AED be obtained and the facility's medical as well as correctional staff be trained in its use.

Submitted by: (b)(6), (b)(7)c MD, Clinical Consultant

Diplomate of the American Board of Family Medicine

Date of Review: September 4, 2011

From: (b)(6), (b)(7)c
To:
Subject: Re: BAMENGA mortality review follow up questions
Date: Thursday, September 29, 2011 2:52:50 PM

QUESTION 1: What bearing, if any, may have missed medications had on detainee BAMENGA's death? For example, Coreg is usually prescribed twice a day but BAMENGA only received it once a day. Did receiving it once a day instead of twice a day make a difference in her health?

ANSWER 1: This patient suffered from a chronic cardiac condition namely, congestive heart failure. Appropriate medication management including appropriate dosing and patient compliance is critical in controlling this condition. Based on Banenga's medical complaints on her sick call request forms on July 25th, it is clear that her congestive heart failure which was stable on entry, had now decompensated. Yes, missed medication dosing as well as incorrect medication dosing were significant factors that contributed to the decompensation of her congestive heart failure. Other factors were increased sodium intake through dietary intake.

QUESTION 2: To what degree did failure to take the actions referenced in the final paragraph of the Mortality Review Report have relevance to detainee BAMENGA's death; i.e., had they been taken, could the death have been prevented?

ANSWER 2: If this patient's death was indeed cardiomyopathy due to congestive heart failure, then this death could have been prevented if the appropriate steps were taken to determine the severity of her congestive heart failure followed by an appropriate treatment plan to control her cardiac condition.

QUESTION 3: Should nurse practitioners/medical personnel at both facilities have known that Coreg is usually prescribed twice a day?

ANSWER 3: If nurse practitioners in New York State have prescriptive authority (can order medications), then the expectation is that they would have the training, knowledge and skills to prescribe medications appropriately. Yes, we providers do make errors in prescribing if we are not using electronic prescribing systems. However, our health care system's check and balance is the pharmacist who has electronic drug pharmacy systems. Normally, when a dose of medication that does not follow the drug manufacturer's prescribing recommendations, is prescribed, the pharmacist will contact the prescribing practitioner to determine if this was an error. I could not determine if this communication occurred nor whether the practitioners had

access to electronic prescribing systems.

Dr. (b)(6), (b)(7)(c) we are unable to obtain the autopsy report for this case due to New York state privacy laws. However, regarding the mortality review you provided in this case, can you please answer the following 3 questions.

QUESTION 1: What bearing, if any, may have missed medications had on detainee BAMENGA's death? For example, Coreg is usually prescribed twice a day but BAMENGA only received it once a day. Did receiving it once a day instead of twice a day make a difference in her health?

Detainee BAMENGA reported she took her medications the day she was taken into custody, July 15, 2011. Based on documentation and interviews, the following summarizes medications received and missed July 16 – 26, 2011. Detainee BAMENGA was found unresponsive shortly after midnight on July 27, 2011.

ASA

<![if !supportLists]> <![endif]>Physical exam July 18, 2011: detainee reported taking daily
<![if !supportLists]> <![endif]>Ordered July 18, 2011: 81 mg daily
<![if !supportLists]> <![endif]>Received July 19 – 26, 2011
<![if !supportLists]> <![endif]>Missed doses: 3 (July 16, 17, 18)

Lasix

<![if !supportLists]> <![endif]>Physical exam July 18, 2011: detainee reported taking daily
<![if !supportLists]> <![endif]>Ordered July 18, 2011: 20 mg daily
<![if !supportLists]> <![endif]>Received July 19 – 26, 2011
<![if !supportLists]> <![endif]>Missed doses: 3 (July 16, 17, 18)

Lisinopril

<![if !supportLists]> <![endif]>Physical exam July 18, 2011: detainee reported taking daily
<![if !supportLists]> <![endif]>Ordered July 18, 2011: 20 mg daily
<![if !supportLists]> <![endif]>Received July 19 – 26, 2011
<![if !supportLists]> <![endif]>Missed doses: 3 (July 16, 17, 18)

Digoxin

<![if !supportLists]> <![endif]>Physical exam July 18, 2011: detainee reported taking daily
<![if !supportLists]> <![endif]>Ordered July 18, 2011: 0.25 mg daily

<![if !supportLists]>· <![endif]>Received July 19 – 26, 2011

<![if !supportLists]>· <![endif]>Missed doses: 3 (July 16, 17, 18)

<![if !supportLists]>· <![endif]>Order amended July 25, 2011: dose to be held if apical pulse is less than 60.
Recorded pulse July 26: 88; July 26: 82

Carvedilol/Coreg

<![if !supportLists]>· <![endif]>Physical exam July 18, 2011: detainee reported taking daily

<![if !supportLists]>· <![endif]>Ordered July 18, 2011: 20 mg daily

<![if !supportLists]>· <![endif]>Received one dose per day July 19 – 25, 2011

<![if !supportLists]>· <![endif]>Ordered July 26, 2011: 25 mg twice daily in response to detainee report she should receive the medication twice per day. Detainee did not receive second dose July 26, 2011.

<![if !supportLists]>· <![endif]>Missed doses: 14, based on Dr (b)(6), (b)(7)(C) statement concerning twice per day administration (none received July 16, 17, 18; received one per day July 19 – 26, 2011)

Spironalactone

<![if !supportLists]>· <![endif]>Physical exam July 18, 2011: detainee reported ordered twice per day

<![if !supportLists]>· <![endif]>Ordered July 18, 2011: 25 mg twice per day

<![if !supportLists]>· <![endif]>Received twice per day starting evening, July 18 – July 21, 2011; July 23; July 25.

<![if !supportLists]>· <![endif]>Missed doses: 9 (two per day July 16, 17, 18; evening July 22, 24, 26)

QUESTION 2: To what degree did failure to take the actions referenced in the final paragraph of the Mortality Review Report have relevance to detainee BAMENGA's death; i.e., had they been taken, could the death have been prevented?

QUESTION 3: Should nurse practitioners/medical personnel at both facilities have known that Coreg is usually prescribed twice a day?

(O) 202-732- (b)(6), (b)(7)(C)



U.S. Department of Justice

United States Marshals Service

Prisoner Operations Division

Washington, DC 20530-1000

July 14, 2009

MEMORANDUM TO:

(b)(6), (b)(7)c

Chief Deputy United States Marshal
Northern District of New York

FROM:

(b)(6), (b)(7)c

(b)(6), (b)(7)c

Senior Grants Specialist
Prisoner Operations Division

SUBJECT:

Albany County Correctional Facility

The above mentioned certified IGA is attached. A copy should also be sent to the appropriate Bureau of Prisons (BOP) Community Corrections Manager and Immigration and Customs Enforcement (ICE) regional office, if included in the IGA. Please make sure that the Administrative Officer and Criminal Clerk has a copy of the executed documents so that they are aware of the current jail day rate and any special terms and conditions (i.e. guard/transportation services, mileage, etc.).

If you have questions, please contact (b)(6), (b)(7)c Senior Grants Specialist at (202) 616-(b)(6), (b)(7)c

Cc: Albany County Correctional Facility

Authority	3
Purpose of Agreement and Security Provided	3
Period of Performance	4
Assignment and Outsourcing of Jail Operations	4
Medical Services	4
Receiving and Discharge of Federal Detainees	6
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Authority

Pursuant to the authority of Section 119 of the Department of Justice Appropriations Acts of 2001 (Public Law 106-553), this Agreement is entered into between the United States Marshals Service (hereinafter referred to as the "Federal Government") and the **Albany County Correctional Facility** (hereinafter referred to as "Local Government"), who hereby agree as follows:

Purpose of Agreement and Security Provided

The Federal Government and the Local Government establish this Agreement that allows the United States Marshals Service (USMS) to house federal detainees with the Local Government at the **Albany County Correctional Facility 840 Albany Shaker Road Albany, NY 12211** (hereinafter referred to as "the facility").

The population, hereinafter referred to as "federal detainees," will include individuals charged with federal offenses and detained while awaiting trial, individuals who have been sentenced and are awaiting designation and transport to a BOP facility, and individuals who are awaiting a hearing on their immigration status or deportation.

The Local Government shall accept and provide for the secure custody, safekeeping, housing, subsistence and care of federal detainees in accordance with all state and local laws, standards, regulations, policies and court orders applicable to the operation of the facility. Detainees shall also be housed in a manner that is consistent with federal law and the Federal Performance-based Detention Standards.

The USMS ensures the secure custody, care, and safekeeping of USMS detainees. Accordingly, all housing or work assignments, and recreation or other activities for USMS detainees are permitted only within secure areas of the building or within the secure external recreational/exercise areas.

At all times, the Federal Government shall have access to the facility and to the federal detainees housed there, and to all records pertaining to this Agreement, including financial records, for a period going back 3 years from the date of request by the Federal Government.

Period of Performance

This Agreement is effective upon the date of signature of both parties, and remains in effect unless terminated by either party with written notice. The Local Government shall provide no less than 120 calendar days notice of their intent to terminate. Where the Local Government has received a Cooperative Agreement Program (CAP) award, the termination provisions of the CAP prevail.

Assignment and Outsourcing of Jail Operations

Overall management and operation of the facility housing federal detainees may not be contracted out without the prior express written consent of the Federal Government.

Medical Services

The Local Government shall provide federal detainees with the full range of medical care inside the detention facility. The level of care inside the facility should be the same as that provided to state and local detainees. The Local Government is financially responsible for all medical care provided inside the facility to federal detainees. This includes the cost of all medical, dental, and mental health care as well as the cost of medical supplies, over the counter prescriptions and, any prescription medications routinely stocked by the facility which are provided to federal detainees. The cost of all of the above referenced medical care is covered by the federal per diem rate. However, if dialysis is provided within the facility, the Federal Government will pay for the cost of that service.

The Federal Government is financially responsible for all medical care provided outside the facility to federal detainees. The Federal Government must be billed directly by the medical care provider not the Local Government. In order to ensure that Medicare rates are properly applied, medical claims for federal detainees must be on Centers for Medicare and Medicaid (CMS) Forms in order to be re-priced at Medicare rates in accordance with Title 18, USC Section 4006. The Local Government is required to immediately forward all medical claims for federal detainees to the Federal Government for processing.

All outside medical care provided to federal detainees must be pre-approved by the Federal Government. In the event of an emergency, the Local Government shall proceed immediately with necessary medical treatment. In such an event, the Local Government shall notify the Federal Government immediately regarding the nature of

the federal detainee's illness or injury as well as the types of treatment provided.

Medical care for federal detainees shall be provided by the Local Government in accordance with the provisions of USMS, Publication 100-Prisoner Health Care Standards (www.usmarshals.gov/prisoner/standards.htm) and in compliance with USMS Inspection Guidelines, USM 218 Detention Facility Investigative Report. The Local Government is responsible for all associated medical record keeping.

The facility shall have in place an adequate infectious disease control program which includes testing of all federal detainees for Tuberculosis (TB) as soon as possible after intake (not to exceed 14 days). When Purified Protein Derivative (PPD) skin tests are utilized, they shall be read between 48 and 72 hours after placement.

TB testing shall be accomplished in accordance with the latest Centers for Disease Control (CDC) Guidelines and the result promptly documented in the federal detainee's medical record. Special requests for expedited TB testing and clearance (to include time sensitive moves) will be accomplished through advance coordination by the Federal Government and Local Government.

The Local Government shall immediately notify the Federal Government of any cases of suspected or active TB or any other highly communicable disease such as Severe Acute Respiratory Syndrome (SARS), Avian Flu, Methicillin-resistant Staphylococcus Aureus (MRSA), Chicken Pox, etc., which might affect scheduled transports or productions so that protective measures can be taken by the Federal Government.

When a federal detainee is being transferred and/or released from the facility, they will be provided with seven days of prescription medication which will be dispensed from the facility. When possible, generic medications should be prescribed. Medical records must travel with the federal detainee. If the records are maintained at a medical contractor's facility, it is the Local Government's responsibility to obtain them before a federal detainee is moved.

Federal detainees may be charged a medical co-payment by the Local Government in accordance with the provisions of Title 18, USC Section 4013(d). The Federal Government is not responsible for medical co-payments and cannot be billed for these costs even for indigent federal prisoners.

Receiving and Discharge of Federal Detainees

The Local Government agrees to accept federal detainees only upon presentation by a law enforcement officer of the Federal Government with proper agency credentials.

The Local Government shall not relocate a federal detainee from one facility under its control to another facility not described in this Agreement without permission of the Federal Government.

The Local Government agrees to release federal detainees only to law enforcement officers of the Federal Government agency initially committing the federal detainee (i.e., Drug Enforcement Administration, Bureau of Immigration and Customs Enforcement, etc.) or to a Deputy United States Marshal (DUSM). Those federal detainees who are remanded to custody by a DUSM may only be released to a DUSM or an agent specified by the DUSM of the Judicial District.

USMS federal detainees sought for a state or local court proceeding must be acquired through a Writ of Habeas Corpus or the Interstate Agreement on Detainers and then only with the concurrence of the district United States Marshal (USM).

Optional Guard/Transportation Services to Medical Facility

If Medical Services in block 13 on page (1) of this Agreement is checked, the Local Government agrees, subject to the availability of its personnel, to provide transportation and escort guard services for federal detainees housed at their facility to and from a medical facility for outpatient care, and transportation and stationary guard services for federal detainees admitted to a medical facility.

These services should be performed by at least two armed qualified law enforcement or correctional officer personnel. If the Local Government is unable to meet this requirement, the Local Government may seek a waiver of this requirement from the local U.S. Marshal.

The Local Government agrees to augment this security escort if requested by the USM to enhance specific requirement for security, prisoner monitoring, visitation, and contraband control.

If an hourly rate for these services has been agreed upon to reimburse the Local Government it will be stipulated on page (1) of this Agreement. After 36 months, if a rate adjustment is desired, the Local

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Government shall submit a request. Mileage shall be reimbursed in accordance with the current GSA mileage rate.

Optional Guard/Transportation Services to U.S. Courthouse

If U.S. Courthouse in block 13 on page (1) of this Agreement is checked, the Local Government agrees, subject to the availability of its personnel, to provide transportation and escort guard services for federal detainees housed at its facility to and from the U.S. Courthouse.

These services should be performed by at least two armed qualified law enforcement or correctional officer personnel. If the Local Government is unable to meet this requirement, the Local Government may seek a waiver of this requirement from the local U.S. Marshal.

The Local Government agrees to augment this security escort if requested by the USM to enhance specific requirements for security, detainee monitoring, and contraband control.

Upon arrival at the courthouse, the Local Government's transportation and escort guard will turn federal detainees over to a DUSM only upon presentation by the deputy of proper law enforcement credentials.

The Local Government will not transport federal detainees to any U.S. Courthouse without a specific request from the USM who will provide the detainee's name, the U.S. Courthouse, and the date the detainee is to be transported.

Each detainee will be restrained in handcuffs, waist chains, and leg irons during transportation.

If an hourly rate for these services has been agreed upon to reimburse the Local Government it will be stipulated on page (1) of this Agreement. After 36 months, if a rate adjustment is desired, the Local Government shall submit a request. Mileage shall be reimbursed in accordance with the current GSA mileage rate.

Special Notifications

The Local Government shall notify the Federal Government of any activity by a federal detainee which would likely result in litigation or alleged criminal activity.

The Local Government shall immediately notify the Federal Government of an escape of a federal detainee. The Local Government shall use all reasonable means to apprehend the escaped

federal detainee and all reasonable costs in connection therewith shall be borne by the Local Government. The Federal Government shall have primary responsibility and authority to direct the pursuit and capture of such escaped federal detainees. Additionally, the Local Government shall notify the Federal Government as soon as possible when a federal detainee is involved in an attempted escape or conspiracy to escape from the facility.

In the event of the death or assault of a federal detainee, the Local Government shall immediately notify the Federal Government.

Prisoner Rape Elimination Act (PREA)

The detention facility is requested to post the Prisoner Rape Elimination Act brochure/bulletin in each housing unit of the facility. All detainees have a right to be safe and free from sexual harassment and sexual assaults. (See Page 11)

Service Contract Act

This Agreement incorporates the following clause by reference, with the same force and effect as if it was given in full text. Upon request, the full text will be made available. The full text of this provision may be accessed electronically at this address: www.arnet.gov.

Federal Acquisition Regulation Clause(s):

52.222-41 Service Contract Act of 1965, as Amended (July 2005)

52.222-42 Statement of Equivalent Rates for Federal Hires (May 1989)

52.222-43 Fair Labor Standards Act and the Service Contract Act – Price Adjustment (Multiyear and Option Contracts) (May 1989)

The current Local Government wage rates shall be the prevailing wages unless notified by the Federal Government.

Per-Diem Rate

The Federal Government will use various price analysis techniques and procedures to ensure the per-diem rate established by this Agreement is considered a fair and reasonable price. Examples of such techniques include, but are not limited to, the following:

1. Comparison of the requested per-diem rate with the independent government estimate for detention services, otherwise known as the Core Rate;

2. Comparison with per-diem rates at other state or local facilities of similar size and economic conditions;
3. Comparison of previously proposed prices and previous Federal Government and commercial contract prices with current proposed prices for the same or similar items;
4. Evaluation of the provided jail operating expense information;

The firm-fixed per-diem rate for services is **\$119.30**, and shall not be subject to adjustment on the basis of **Albany County Correctional Facility** actual cost experience in providing the service. The per-diem rate shall be fixed for a period from the effective date of the Agreement forward for 36 months. The per-diem rate covers the support of one federal detainee per "federal detainee day", which shall include the day of arrival, but not the day of departure.

After 36 months, if a rate adjustment is desired, the Local Government shall submit a request through the Electronic Intergovernmental Agreements area of the Detention Services Network (DSNetwork). All information pertaining to the jail on DSNetwork will be required before a new per-diem rate can be considered.

Billing and Financial Provisions

The Local Government shall prepare and submit for certification and payment, original and separate invoices each month to each Federal Government component responsible for federal detainees housed at the facility.

Addresses for the components are:

United States Marshals Service
Northern District of New York
213 Federal Building – 10 Broad Street
Utica, New York 13501
(315) 793-8109

Bureau of Prisons
Community Corrections Office
411 7th Avenue, Room 1204
Pittsburg, PA. 15319
(412) 644-6560

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Immigration & Customs Enforcement
Northern Regional Office
70 Kimball Avenue
S. Burlington, VT. 05403
(802) 660-1134

To constitute a proper monthly invoice, the name and address of the facility, the name of each federal detainee, their specific dates of confinement, the total days to be paid, the appropriate per diem rate as approved in the Agreement, and the total amount billed (total days multiplied by the rate per day) shall be listed, along with the name, title, complete address and telephone number of the Local Government official responsible for invoice preparation. Nothing contained herein shall be construed to obligate the Federal Government to any expenditure or obligation of funds in excess of, or in advance of, appropriations in accordance with the Anti-Deficiency Act, 31 U.S.C. 1341.

Payment Procedures

The Federal Government will make payments to the Local Government on a monthly basis, promptly after receipt of an appropriate invoice. The Local Government shall provide a remittance address below:

Albany County Correctional Facility
840 Albany Shaker Road Albany, NY 12211

Modifications and Disputes

Either party may initiate a request for modification to this Agreement in writing. All modifications negotiated will be effective only upon written approval of both parties.

Disputes, questions, or concerns pertaining to this Agreement will be resolved between appropriate officials of each party. Both the parties agree that they will use their best efforts to resolve the dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

Inspection of Services

The Local Government agrees to allow periodic inspections of the facility by Federal Government inspectors. Findings of the inspection will be shared with the facility administrator in order to promote improvements to facility operations, conditions of confinement, and levels of services.

Litigation

The Federal Government shall be notified, in writing, of all litigation pertaining to this Agreement and provided copies of any pleadings filed or said litigation within 5 working days of the filing.

The Local Government shall cooperate with the Federal Government legal staff and/or the United States Attorney regarding any requests pertaining to Federal Government or Local Government litigation.

Prisoner Rape Elimination Act Reporting Information

SEXUAL ASSAULT AWARENESS

This document is requested to be posted in each Housing Unit Bulletin Board at all Contract Detention Facilities. This document may be used and adapted by Intergovernmental Service Agreement Providers.

While detained by the Department of Justice, United States Marshals Service, you have a right to be safe and free from sexual harassment and sexual assaults.

Definitions

A. Detainee-on-Detainee Sexual Abuse/Assault

One or more detainees engaging in or attempting to engage in a sexual act with another detainee or the use of **threats, intimidation, inappropriate touching** or other actions and/or communications by one or more detainees aimed at **coercing and/or pressuring** another detainee to engage in a sexual act.

B. Staff-on-Detainee Sexual Abuse/Assault

Staff member engaging in, or attempting to engage in a sexual act with any detainee or the intentional touching of a detainee's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desires of any person. **Sexual abuse/assault of detainees by staff or other detainees is an inappropriate use of power and is prohibited by DOJ policy and the law.**

C. Staff Sexual Misconduct is:

Sexual behavior between a staff member and detainee which can include, but is not limited to indecent, profane or abusive language or gestures and inappropriate visual surveillance of detainees.

Prohibited Acts

A detainee, who engages in inappropriate sexual behavior with or directs it at others, can be charged with the following Prohibited Acts under the Detainee Disciplinary Policy.

- **Using Abusive or Obscene Language**
- **Sexual Assault**
- **Making a Sexual Proposal**
- **Indecent Exposure**
- **Engaging in Sex Act**

Detention as a Safe Environment

While you are detained, no one has the right to pressure you to engage in sexual acts or engage in unwanted sexual behavior regardless of your age, size, race, or ethnicity. Regardless of your sexual orientation, you have the right to be safe from unwanted sexual advances and acts.

Confidentiality

Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have the need to know in order to make decisions concerning the detainee-victim's welfare and for law enforcement investigative purposes.

Report All Assaults!

If you become a victim of a sexual assault, you should report it immediately to any staff person you trust, to include housing officers, chaplains, medical staff, supervisors or Deputy U.S.

Marshals. Staff members keep the reported information confidential and only discuss it with the appropriate officials on a need to know basis. If you are not comfortable reporting the assault to staff, you have other options:

- Write a letter reporting the sexual misconduct to the person in charge or the United States Marshal. To ensure confidentiality, use special (Legal) mail procedures.
- File an Emergency Detainee Grievance - If you decide your complaint is too sensitive to file with the Officer in Charge, you can file your Grievance directly with the Field Office Director. You can get the forms from your housing unit officer, or a facility supervisor.
- Write to the Office of Inspector General (OIG), which investigates allegations of staff misconduct. The address is: Office of Inspector General, U.S. Department of Justice, 950 Pennsylvania Ave. Room 4706, Washington, DC. 20530
- Call, **at no expense to you**, the Office of Inspector General (OIG). The phone number is 1-800-869-4499.

Individuals who sexually abuse or assault detainees can only be disciplined or prosecuted if the abuse is reported.

A publication of the Office of the Federal Detention Trustee
Washington, DC

QuickTime™ and a decompressor are needed to see this picture.

Published February 2008