

SYNOPSIS

On October 24, 2016, Olubunmi Toyin JOSHUA, a fifty-four year old citizen of both Nigeria and the United Kingdom, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at the Haskell Memorial Hospital (HMH), in Haskell, Texas (TX). The State of Texas Certificate of Death, issued January 5, 2017, documented the cause of JOSHUA's death as hypertensive cardiovascular disease,¹ and her manner of death as natural.

JOSHUA was detained at Rolling Plains Detention Center (RPDC),² in Haskell, TX, from January 28, 2016 until her death. RPDC was owned by the City of Haskell and operated by Emerald Correctional Management (Emerald) under an Intergovernmental Service Agreement (IGSA), which required the facility to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. Medical care at RPDC was provided by Emerald. At the time of JOSHUA's detention, RPDC housed approximately 503 male and female detainees of all classification levels for periods in excess of 72 hours. On March 23, 2017, ICE ceased use of the facility.

DETAILS OF REVIEW

From December 13 to 15, 2016, ICE Office of Professional Responsibility, External Reviews and Analysis Unit (ERAU) staff visited RPDC to review the circumstances surrounding JOSHUA's death. ERAU was assisted in its review by contract subject matter experts (SME) in correctional healthcare and security who are employed by Creative Corrections, a national consulting firm.³ As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to JOSHUA, in addition to conducting in-person interviews of individuals employed by Emerald, and ICE Enforcement and Removal Operations (ERO).

During the review, the ERAU review team took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in the report should not be construed in any way as indicating the deficiencies identified contributed to the detainee's death. ERAU determined the following timeline of events, from the time of JOSHUA's apprehension by ICE, through her detention at RPDC, and eventual death at Haskell Memorial Hospital.

IMMIGRATION AND DETENTION HISTORY

In 1984, JOSHUA was admitted to the United States through New York, NY, as a non-immigrant student on an F-1 visa.

On May 3, 1995, JOSHUA was served with an Order to Show Cause, pursuant to Section 241(a)(1)(B) of the Immigration and Nationality Act (INA), as an alien who remained in the

¹ Hypertensive cardiovascular disease is a heart condition caused by high blood pressure.

² This facility is also known as the Rolling Plains Regional Jail and Detention Center.

³ See Exhibit 1: Creative Corrections Medical and Security Compliance Analysis.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

United States for a time longer than permitted and INA Section 241(a)(1)(C)(i), as an alien who failed to comply with the terms of her non-immigration status.

On July 16, 1997, an Immigration Judge granted JOSHUA voluntarily departure by November 17, 1997, with an alternate removal order to the United Kingdom or Nigeria. Rather than departing voluntarily though, JOSHUA remained in the United States, and her order of removal became final.

On November 26, 1998, JOSHUA boarded a commercial flight from Dallas, TX, to Toronto, Canada.⁴ On an unknown date and at an unknown location JOSHUA reentered the United States without admission or parole.⁵

On November 19, 2015, ERO Dallas encountered JOSHUA at the Denton County Jail in Denton, TX, where she was held pending trial for an October 21, 2016 arrest and lodged an immigration detainer against her.⁶ On January 27, 2016, after she pled guilty to not having a valid driver's license, ERO Dallas took custody of JOSHUA, served her with a Notice of Intent/Decision to Reinstate Prior Order of Removal, and transferred her to RPDC, pending the issuance of her travel document and subsequent removal from the United States.

CRIMINAL HISTORY

On October 21, 2016, JOSHUA was arrested by the Flower Mound Police Department, Flower Mound, TX, for failing to identify as a fugitive, giving false information, and failing to have a valid driver's license. On January 25, 2016, she pled guilty to the charge of not having a valid driver's license and was sentenced to time served and a fine of \$500. JOSHUA's prior convictions include a 1984 conviction for passing counterfeit notes and a 2013 conviction for failing to identify as a fugitive and giving false information.⁷

NARRATIVE

On January 28, 2016, at 8:01 p.m., JOSHUA arrived at RPDC and was appropriately classified as a medium-low level detainee based on her prior arrests and convictions.^{8,9} The classification rating was approved by an Emerald supervisor.

On January 29, 2016, at 3:16 a.m. JOSHUA received a medical intake screening by Licensed Vocational Nurse (LVN) [REDACTED] LVN [REDACTED] documented JOSHUA's primary language was English, and her secondary language was French. JOSHUA denied pain, physical injuries, and any history of surgeries, mental illness, or dental issues. She reported she was

⁴ See Form I-213, Record of Deportable/Inadmissible Alien, dated January 27, 2016.

⁵ See Id.

⁶ See Form I-247D, Immigration Detainer – Request for Voluntary Action, dated November 19, 2015.

⁷ See Form I-213, Record of Deportable/Inadmissible Alien, dated January 27, 2016.

⁸ See Booking Report, dated January 29, 2016.

⁹ See ICE Custody Classification Worksheet, dated January 28, 2016.

¹⁰ See Exhibit 2: Intake Summary by LVN [REDACTED] dated January 29, 2016. LVN [REDACTED] was no longer employed at RPDC at the time of the onsite visit and could not be interviewed.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

diagnosed two months prior with high blood pressure,¹¹ for which she was taking medication. LVN [redacted] documented JOSHUA could not remember the name of her blood pressure medication, and neither her detention nor her medical file indicates she arrived with medication. Although JOSHUA reported taking medication during the screening, she was not evaluated by a provider within 24 hours of arrival, as required by the ICE PBNDS 2011.

LVN [redacted] documented JOSHUA's vital signs were within normal limits, with the exception of high blood pressure of 144/97.¹² LVN [redacted] cleared JOSHUA for placement in general population and referred her to the Family Nurse Practitioner (FNP) for a chronic care evaluation, and to the mental health staff for a mental health assessment.¹³ LVN [redacted] also issued JOSHUA a seven day blood pressure pass which the detainee was required to present to an officer each day in order to go to medical for a blood pressure check.¹⁴ JOSHUA's medical file contains no documentation the detainee was provided information on women's healthcare during her intake screening, as required by the ICE PBNDS 2011. JOSHUA tested negative for tuberculosis (TB).

Later that day, JOSHUA received a mental health assessment by Crisis Manager [redacted] [redacted] a Mental Health Specialist.¹⁵ JOSHUA reported feeling anxious, nervous, and numb. She also reported she was physically abused by her former husband. [redacted] documented JOSHUA's behavior as evasive, sullen, and guarded, and referred JOSHUA to the contract psychologist [redacted] stated she believed JOSHUA was depressed.¹⁶

On February 1, 2016, JOSHUA received a chronic care assessment by FNP [redacted]⁷ FNP [redacted] documented JOSHUA reported a history of hypertension and that she took blood pressure medication for the prior two months. She also reported anemia for 22 years for which she took an iron supplement. JOSHUA's vital signs were within normal limits, except for a significantly elevated blood pressure of 170/98. FNP [redacted] stated because JOSHUA's blood pressure was below 180/100, he felt comfortable initiating ongoing medication treatment versus an immediate dose of medication, consistent with the facility's clinical practice guidelines for treating elevated blood pressure.¹⁸ FNP [redacted] prescribed 10mg of Lisinopril¹⁹ daily for 90 days, daily blood pressure checks for two weeks, provided JOSHUA Vaseline for dry skin for 90 days and ordered a complete blood count (CBC)²⁰ and status review within two weeks. FNP [redacted]

¹¹ High blood pressure is a condition marked by a deficiency of red blood cells causing fatigue, weakness, and dizziness or lightheadedness.

¹² Normal blood pressure is 120/80, with 90/60 and 139/89 considered within normal limits. ERAU notes JOSHUA's pulse oxygen level was not measured when vital signs were taken. Although this is not a requirement in the Emerald nursing protocol for hypertension, the American Thoracic Society recommends obtaining a pulse oxygen level when taking vital signs. Pulse oxygen measures the oxygen levels of the blood.

¹³ The basis for the mental health referral was not documented.

¹⁴ ERAU interview with LVN [redacted] December 14, 2016.

¹⁵ See Mental Health Screening, dated January 29, 2016.

¹⁶ ERAU interview with Crisis Manager [redacted] December 13, 2016.

¹⁷ See Chronic Disease form, dated February 1, 2016.

¹⁸ ERAU interview with FNP [redacted] December 13, 2016.

¹⁹ Lisinopril is a medication used to treat hypertension, congestive heart failure, and to improve survival after a heart attack.

²⁰ A blood test used to evaluate overall health and detect a wide range of disorders, including low iron and infections.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

documented educating JOSHUA on medication management and exercise but did not document whether he provided education on maintaining a proper diet to support hypertension control. ERAU notes FNP [redacted] did not document JOSHUA's medical conditions on a problem list, even though the facility has a standard problem list form for medical staff to utilize. According to the Health Service Administrator (HSA) [redacted] Emerald's problem list is not consistently used.

As previously noted, on February 1, 2016, FNP [redacted] ordered JOSHUA undergo daily blood pressure checks for two weeks. Documentation in JOSHUA's medical record shows that during those two weeks, nurses failed to obtain blood pressure checks on four occasions:²¹ February 5, 2016; February 6, 2016; February 9, 2016; and, February 14, 2016. In addition, although the facility's nursing protocol for hypertension requires provider notification for blood pressure readings exceeding 160/100,²² and JOSHUA's blood pressure exceeded this threshold on ten of 14 occasions between January 29 and February 15, 2016, a provider was never notified.²³

On February 3, 2016, Registered Nurse (RN) [redacted] conducted JOSHUA's initial health assessment.²⁴ ERAU notes RN [redacted] training record does not reflect she received training to conduct initial health assessments or dental screenings, and both FNP [redacted] and [redacted] [redacted] stated they do not train RNs to conduct initial health assessments. RN [redacted] documented JOSHUA was seen by the FNP two days prior for hypertension and that during the assessment, the detainee complained of itchiness all over her body. JOSHUA's vital signs were again within normal limits, with the exception of an elevated blood pressure of 158/94. ERAU notes the health assessment did not include any questions regarding the detainee's reproductive health, as required by the ICE PBNDS 2011, and that Emerald's health assessment form does not specifically address women's health care issues. RN [redacted] noted JOSHUA had one broken tooth, one missing tooth, and complained of dental pain. She referred JOSHUA for both a chronic care appointment and a dental evaluation, but the dental evaluation was never scheduled. Dr. [redacted] reviewed and signed the health assessment on February 9, 2016.

JOSHUA's CBC results²⁷ were also received on February 3, 2016 and -- with the exception of abnormally low levels of red blood cells,²⁸ hemoglobin,²⁹ and hematocrit³⁰ -- were within normal limits. Five weeks later, on March 14, 2016, both FNP [redacted] reviewed and signed the results of the CBC. According to [redacted] the CBC results from February 3,

²¹ See Creative Correction's report for a detailed accounting of JOSHUA's blood pressure readings.

²² Although Emerald nursing protocols require provider notification when blood pressure exceeds 160/100, FNP [redacted] stated he does not expect to be notified unless it exceeds 180/100.

²³ See Exhibit 3: Blood Pressure Monitoring form, from January 29, 2016 to February 21, 2016.

²⁴ See Exhibit 4: Physical/Health Assessment, dated February 3, 2016. RN [redacted] was no longer employed at RPDC at the time of the onsite visit and could not be interviewed.

²⁵ ERAU interview with FNP [redacted] December 13, 2016.

²⁶ ERAU interview with [redacted] December 13, 2016.

²⁷ See Exhibit 5: CBC results, dated February 3, 2016.

²⁸ Red blood cells deliver oxygen to the entire body. A normal red blood cell count ranges from 4.50 to 6.50 trillion cells per liter.

²⁹ Hemoglobin is a protein of red blood cells that contains iron and carries oxygen from the lungs to the tissues. Normal hemoglobin ranges from 13.0 to 18.0 grams per deciliter.

³⁰ Hematocrit is a ratio of red blood cells to total blood volume. Normal hematocrit ranges from 40 to 54%.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

2016 indicated anemia, and iron supplements should have been initiated upon receipt and review of the CBC results.³¹ JOSHUA was not prescribed iron supplements until April 5, 2016.

On February 9, 2016, JOSHUA submitted a request form asking to speak with an ICE case manager. On February 19, 2016, she received notification an appointment was scheduled for February 23, 2016.

On February 12, 2016, psychologist [redacted] conducted JOSHUA's mental health assessment.³² [redacted] documented JOSHUA was visibly tense, had trouble concentrating and providing complete focused answers, and demonstrated symptoms of paranoia. [redacted] diagnosed JOSHUA with adjustment disorder³³ with anxiety, and a provisional diagnosis³⁴ of attenuated psychosis syndrome.³⁵ He recommended JOSHUA's providers consider starting her on anxiolytic medication,³⁶ or a low dose of an antipsychotic agent,³⁷ and that they try to obtain her mental health history from her family. The medical record contains no documentation showing that either [redacted] or [redacted] Emerald's tele-psychiatrist, reviewed Dr. [redacted] assessment, or that any action was taken to address the recommendations. Dr. [redacted] stated that anxiolytic medications are not utilized at RPDC, and he did not believe other medications were warranted for JOSHUA.³⁸

On February 15, 2016, FNP [redacted] noted on JOSHUA's blood pressure monitoring chart that her Lisinopril dosage be increased to 20mg daily and that she undergo a status review in two weeks.³⁹ FNP [redacted] stated he did not evaluate JOSHUA in person on this date, but increased her medication based on her recorded blood pressure readings.⁴⁰ The medical record shows the Lisinopril was increased accordingly. FNP [redacted] stated he did not order continuation of blood pressure checks in his notation; as a result, JOSHUA's blood pressure was only checked once before her next status review in two weeks.

On February 16, 2016, JOSHUA was seen by FNP [redacted] for her complaint of irregular menstrual periods over the past year.⁴¹ JOSHUA reported having a menstrual period once every two or three months for 30 days at a time with varying amounts of blood loss. She also stated her last gynecological assessment was four years prior. FNP [redacted] documented her blood pressure was significantly elevated at 178/94, but all other vital signs were within normal limits. During the assessment, FNP [redacted] noted JOSHUA's abdomen was soft with mild to moderate

³¹ ERAU interview with [redacted] December 13, 2016.

³² See Exhibit 6: Mental Health Evaluation, New Leaf Behavioral Health, LLC Worksheet for Immigration, dated February 12, 2016.

³³ Adjustment disorder is a stress-related condition which can result in impaired social and intellectual behavior.

³⁴ A provision diagnosis is an early professional diagnosis reached prior to further assessment or testing.

³⁵ Attenuated psychosis syndrome is a mental condition that causes significant distress and is distinguished by the onset of mild, psychotic-like symptoms, but does not meet the full diagnostic criteria of more commonly known psychotic diagnoses.

³⁶ Anxiolytic medications are used to reduce symptoms of anxiety.

³⁷ Antipsychotic medications are used to treat symptoms of psychosis such as delusions, hallucinations, or paranoia.

³⁸ ERAU interview with [redacted] December 13, 2016.

³⁹ See Blood Pressure Monitoring form, from January 29, 2016 to February 21, 2016.

⁴⁰ ERAU interview with FNP [redacted] December 13, 2016.

⁴¹ See Emerald Provider Progress Notes/Orders, dated February 16, 2016. ERAU notes the medical record does not document what prompted this encounter.

tenderness, and diagnosed the detainee as peri-menopausal⁴² with uterine bleeding. FNP [] prescribed 10mg of Provera⁴³ daily for 10 days to help regulate menstrual bleeding.

On February 21, 2016, LVN [] documented on JOSHUA's blood pressure monitoring chart that her blood pressure was still elevated at 173/96. ERAU notes this was JOSHUA's first blood pressure check since February 15, 2016. Her medical record does not document the impetus for this check.

On February 26, 2016 at 8:10 a.m., JOSHUA was seen by LVN [] after complaining her blood pressure felt high.⁴⁴ During the assessment, JOSHUA reported her menstrual bleeding increased since beginning Provera, and she was passing large clots. JOSHUA's vital signs were within normal limits, except for an elevated blood pressure of 188/112. LVN [] notified FNP [] of JOSHUA's complaints via telephone but did not further assess JOSHUA in accordance with RPDC's hypertension nursing protocol which requires assessment of other potential cardiac symptoms including headache, dizziness, nausea, visual disturbances, numbness, and general appearance, including skin color.

At 11:30 a.m., FNP [] evaluated JOSHUA.⁴⁵ FNP [] documented JOSHUA complained of lower abdominal discomfort, and her blood pressure was elevated at 176/96. JOSHUA reported her menstrual bleeding, worsened and her blood pressure increased since starting Provera. FNP [] diagnosed JOSHUA with abnormal uterine bleeding and referred her to Dr. [] for evaluation. He also ordered her dosage of Provera be increased to 20mg daily for three days, Lisinopril be increased to 20mg daily for 90 days, and prescribed 0.2mg of clonidine⁴⁶ every eight hours, as needed, when her blood pressure exceeded 180/110. According to FNP [] he did not believe an immediate dose of clonidine was necessary despite the earlier blood pressure reading of 188/112.⁴⁷ As noted above, FNP [] ordered JOSHUA receive 20mg of Lisinopril on February 15, 2016. ERAU was unable to resolve the duplicate orders.

On February 27, 2016, JOSHUA was moved to J-Hall housing unit.⁴⁸

On February 29, 2016, LVN [] saw JOSHUA and documented both her blood pressure and pulse were elevated at 159/102 and 80 beats per minute, respectively.⁴⁹ LVN [] noted JOSHUA had an appointment with [] later that day, though that appointment was subsequently postponed to March 7, 2016. LVN [] issued JOSHUA a blood pressure pass

⁴² Perimenopause refers to the period in a woman's life shortly before the occurrence of menstruation cessation.

⁴³ Provera is used to treat stopped menstrual periods and abnormal uterine bleeding.

⁴⁴ See Nurses Notes and Telephone Orders, dated February 26, 2016. LVN [] was no longer employed at RPDC at the time of the onsite visit and could not be interviewed.

⁴⁵ See Provider Progress Notes/Orders, dated February 26, 2016.

⁴⁶ Clonidine is a medication used to treat high blood pressure.

⁴⁷ ERAU interview with FNP [] December 13, 2016.

⁴⁸ J-II Hall has 12 double occupancy cells with six cells on each side, and each cell is equipped with an intercom system. The cell doors remain unlocked allowing detainees access to the dayroom. Officers conduct observation rounds every 30 minutes which are documented on a Security Check Log. J- II Hall has a door on each end that opens to the A hallway or B Hallway. The medical unit can be accessed directly from the B hallway.

⁴⁹ See Inmate Event Report, dated February 29, 2016.

to use until March 14, 2016 and instructed the detainee to return to medical for daily blood pressure checks.

On March 1, 2016, JOSHUA submitted a sick call request to see the physician for continuous bleeding during her menstrual cycle. LVN [] responded to the sick call request the following day and informed JOSHUA that she was added to the list of detainees requiring an appointment with the physician.

On March 4, 2016, LVN [] documented JOSHUA's medications were taken to her in her housing unit because she missed pill call⁵⁰ earlier that morning.⁵¹ LVN [] counseled JOSHUA on reporting to the pill window⁵² during the designated pill call time in the future, and JOSHUA verbalized understanding. ERAU notes on March 4 and March 5, 2016, nurses documented in progress notes that JOSHUA received her medication but did not make corresponding notations in her Medication Administration Record (MAR).⁵³

On March 7, 2016, [] assessed JOSHUA for her complaint of ongoing vaginal bleeding since December of 2015 and hypertension.⁵⁴ He noted her blood pressure was elevated at 161/93, and her weight was 135 pounds, 12 pounds less than her weight upon admission, and that her February 3, 2016 CBC results were within normal limits. [] diagnosed JOSHUA with peri-menopausal bleeding and hypertension. Her treatment plan included undergoing a pelvic exam and Pap smear test⁵⁵ in one week, a follow up CBC, and 5 mg of amlodipine⁵⁶ daily for one month for high blood pressure.

On March 9, 2016, RPDC received the follow up CBC lab results which showed JOSHUA's red blood cell, hemoglobin, and hematocrit levels were lower than those on February 3, 2016. Dr. [] reviewed and signed the CBC lab report on March 14, 2016 but did not document a treatment plan or include consideration of an iron supplement to resolve the anemia.

On March 10, 2016, at 4:58 p.m., JOSHUA went to medical, asked to have her blood pressure checked and stated she missed evening pill call because she was sleeping.⁵⁷ RN [] documented JOSHUA's blood pressure was significantly elevated at 170/108. She did not take any other vital signs. The medical record contains no documentation a provider was notified of JOSHUA's elevated blood pressure, even though it exceeded the threshold for provider notification per nursing protocols. Also of note, the medical record does not document JOSHUA's blood pressure was read again until March 13, 2016. JOSHUA was placed in

⁵⁰ Medication distribution, referred to as "pill call," is conducted four times each day: morning, afternoon, evening, and night. Afternoon and evening pill call is conducted at a location, referred to as the "pill window," in the medical unit, to which detainees must report. Morning and night pill call is conducted by nurses in the units.

⁵¹ See Nurses Notes and Telephone Orders, dated March 4, 2016.

⁵² The pill window is adjacent to the housing unit which detainees report for afternoon or evening medications. Medications are distributed by nurses during pill pass, also known as hall pass.

⁵³ See Medication Administration Record, from March 1, 2016 through March 31, 2016.

⁵⁴ See Inmate Event Report, dated March 7, 2016.

⁵⁵ A Pap smear test is an examination to test for cervical cancer.

⁵⁶ Amlodipine is a calcium channel blocker that affects the movement of calcium in the cells of the heart and blood vessels. As a result, the medication relaxes blood vessels and increases the supply of blood and oxygen to the heart.

⁵⁷ See Nurses Notes and Telephone Orders, dated March 10, 2016.

medical observation after her visit with RN [redacted] RN [redacted] documented JOSHUA was placed there due to medication non-compliance;⁵⁸ however, ERAU learned through interviews with LVN [redacted]⁵⁹ and Chief of Security Major [redacted] that JOSHUA was actually placed in medical observation after hoarded medications were found in her cell. ERAU was unable to confirm the type or quantity of medications found, including whether there were blood pressure pills, because neither security records nor JOSHUA's medical records document the discovery of hoarded medications.

At 6:05 p.m., JOSHUA was transferred to the medical housing unit. The medical observation log shows an officer conducted rounds every 30 minutes and recorded her activities. For the rest of the day, JOSHUA was observed unpacking and lying in her bed.

On March 11, 2016, at 3:30 a.m., LVN [redacted] documented JOSHUA was resting quietly with her eyes closed, her breathing was even and unlabored, and she was not in distress.⁶¹ At 12:00 p.m., a nurse (name unknown) documented JOSHUA was resting on her bunk and watching TV. Her breathing was even and unlabored, and she was not in distress. At 6:24 p.m., LVN [redacted] documented she administered JOSHUA's evening medications.

On March 12, 2016, at 2:40 p.m., a nurse (name unknown) documented JOSHUA was sitting on her bunk reading.⁶² Her breathing was even and unlabored, she denied any needs, and was not in distress. The MAR shows JOSHUA took her evening medication.⁶³

On March 13, 2016, at 3:00 p.m., a nurse (name unknown) documented JOSHUA was watching television.⁶⁴ Her breathing was even and unlabored, and she accepted her medication without difficulty. JOSHUA's blood pressure was normal at 132/78. No other vital signs were recorded.

On March 14, 2016, at 6:00 p.m., [redacted] met with JOSHUA to perform a pelvic assessment and Pap test but documented she refused the assessment because he is male.⁶⁵ Dr. [redacted] stated he did not refer JOSHUA for an outside consultation by a female provider because he did not believe doing so was medically necessary.⁶⁶ JOSHUA's medical record documents no follow up evaluations or subsequent complaints related to her menstrual issues. JOSHUA's vital signs were taken by RN [redacted] prior to her appointment with [redacted] and all were within normal limits, including blood pressure.

⁵⁸ See Memorandum by RN [redacted] dated March 11, 2016.

⁵⁹ ERAU interview with LVN [redacted] December 14, 2016.

⁶⁰ ERAU interview with Major [redacted] December 13, 2016.

⁶¹ See Nurses Notes and Telephone Orders, dated March 11, 2016.

⁶² See Nurses Notes and Telephone Orders, dated March 12, 2016.

⁶³ See Medication Administration Record, from March 1, 2016 through March 31, 2016.

⁶⁴ See Nurses Notes and Telephone Orders, dated March 13, 2016.

⁶⁵ See Provider Progress Notes/Orders, dated March 14, 2016.

⁶⁶ LVN [redacted] stated during her interview that JOSHUA misunderstood FNP [redacted] gynecological referral and thought the appointment would be with a female healthcare specialist. She further stated the facility has a contract with Parkland Women's Health Centers in Dallas, TX, approximately three and a half hours from RPDC, but it can take several months to get an appointment.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

At 9:15 p.m., RN [] documented in a late entry that while collecting JOSHUA's vital signs, she asked the detainee to sign a consent form for the Pap test procedure, but JOSHUA was hesitant to sign because she preferred a female physician to perform the procedure.⁶⁷ After RN [] explained that [] was the only physician available, and that JOSHUA could refuse the assessment, the detainee decided not to have it done. RN [] did not file a refusal form in the medical record. At the conclusion of the nursing note, RN [] documented JOSHUA's blood pressure was 133/85 and noted [] reviewed the March 9, 2016 CBC results but gave no orders.

On March 15, 2016, JOSHUA was transferred back to the J-4 housing unit.⁶⁸ Neither the medical nor detention file document who authorized the discontinuation of medical housing.

On March 17, 2016, JOSHUA submitted a sick call request form requesting a follow-up visit with the dentist.⁶⁹ ERAU notes the medical record contains no documentation the detainee was seen by a dentist prior to this request. The medical record also does not contain documentation of a response to the request. On the same day, JOSHUA submitted a facility request form to amend her visitor's list, and no response to the request was documented.⁷⁰

On March 31, 2016, LVN [] documented JOSHUA refused to have her blood drawn for a CBC test.⁷¹ LVN [] did not document the reason for attempting to collect a blood sample, and there is no documented order from a provider. In addition, LVN [] did not obtain a refusal form from JOSHUA.

On April 5, 2016, FNP [] saw JOSHUA for her complaints of tiredness and dizziness when standing up.⁷² JOSHUA reported she had a long history of anemia and believed her current anemia was due to not taking her iron supplements. FNP [] took blood pressure readings with JOSHUA in different positions and documented the following results: sitting 158/30, standing 141/88, and lying down 142/80. All other vital signs were normal. As noted by Creative Corrections, the 17 point drop in JOSHUA's blood pressure when she moved from sitting to standing is known as postural hypotension.⁷³ FNP [] conducted a neurologic assessment⁷⁴ and documented JOSHUA's results were normal. He diagnosed JOSHUA with dizziness, a history of anemia, and prescribed two tablets daily of 324 mg of ferrous sulfate⁷⁵ for 90 days.

As noted by FNP [] JOSHUA only wore one contact in her left eye during the assessment and stated she lost the right contact one month prior. ERAU notes JOSHUA's initial health

⁶⁷ See Nurses Notes and Telephone Orders, dated March 14, 2016.

⁶⁸ See Medical Observation Log, from March 14, 2016 to March 15, 2016.

⁶⁹ See Exhibit 7: Sick Call Request Form, dated March 17, 2016.

⁷⁰ See Exhibit 8: Request Form, dated March 17, 2016.

⁷¹ See Inmate Event Report, dated March 31, 2016.

⁷² See Provider Progress Notes/Orders, dated April 5, 2016. ERAU notes the medical record does not document the reason for this encounter.

⁷³ This condition can quickly cause dizziness or lightheadedness.

⁷⁴ A neurological assessment is a series of tests and procedures used to assess a person's nerves, senses muscle strength, reflexes, balance, and mental state.

⁷⁵ Ferrous sulfate is an iron supplement used to treat anemia due to iron deficiency.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

assessment does not reference contacts and documents her vision as normal. FNP [] documented an order that JOSHUA's family be contacted to send her glasses; however, JOSHUA's medical record does not indicate any follow-up occurred related to the order, including contacting her family, or completion of a Special Needs Form.

On April 11, 2016, RN [] documented [] verbally authorized the continuation of 5 mg of amlodipine daily for 90 days.⁷⁶

On April 14, 2016, RN [] saw JOSHUA pursuant to a sick call request for an itching/burning rash.⁷⁷ JOSHUA's vital signs were within normal limits, except for an elevated blood pressure of 148/92. JOSHUA told RN [] her skin felt tight, and Vaseline did not relieve the discomfort. RN [] documented JOSHUA's skin was dry, slightly bumpy, and irritated and that she had a red rash on her left shoulder. She referred JOSHUA to the FNP for further evaluation.

On April 19, 2016, during an evaluation by FNP [] JOSHUA complained of an itchy rash on her left shoulder for four months but also stated that after using Vaseline and hydrocortisone⁷⁸ for five days, her condition improved.⁷⁹ ERAU notes although JOSHUA's MAR documents she was provided hydrocortisone on April 16, 2016, as a keep-on-person (KOP) medication, her medical record contains no corresponding entry confirming it was provided. FNP [] documented JOSHUA's vital signs were normal, with the exception of an elevated blood pressure of 159/90 and that she had no visible rash. JOSHUA's treatment plan was to continue using Vaseline as needed for 90 days, as well as hydrocortisone twice daily for two weeks, both as KOP medications.

On May 4, 2016, FNP [] saw JOSHUA for a chronic care follow-up appointment for hypertension.⁸⁰ JOSHUA's blood pressure was mildly elevated at 141/84, and all other vital signs were normal. FNP [] noted JOSHUA's missing contact lens but documented all other physical assessment findings were normal. He ordered JOSHUA receive daily blood pressure checks for the next seven days. JOSHUA's medical record contains no documentation the blood pressure checks were completed.

On May 13, 2016, Crisis Manager [] conducted JOSHUA's 90-day mental health evaluation.⁸¹ JOSHUA reported that although she experienced periods of sadness and worry related to her imminent deportation, her mood was good. JOSHUA denied hallucinations, change in appetite or sleep habits, or having feelings of wanting to hurt others. [] stated she did not believe JOSHUA was depressed or paranoid.⁸²

⁷⁶ See Nurses Notes and Telephone Orders, dated April 11, 2016.

⁷⁷ See Inmate Event Report, dated April 14, 2016.

⁷⁸ Hydrocortisone is an over-the-counter cream used to treat itching and irritated skin.

⁷⁹ See Provider Progress Notes/Orders, dated April 19, 2016.

⁸⁰ See Chronic Disease Follow Up, dated May 4, 2016.

⁸¹ See Mental Health Screening – 90 day/Follow Up Review, dated May 13, 2016.

⁸² ERAU interview with [] December 13, 2016.

On June 3, 2016, JOSHUA submitted a facility request form for extra-large pants and a bra.⁸³ A second request for pants⁸⁴ was submitted on June 13, 2016, and a second request for a bra was submitted on June 16, 2016.⁸⁵ JOSHUA's detention file contains no documentation of a response to any of the three requests.

On June 21, 2016, a nurse (name unknown) saw JOSHUA during sick call regarding a sick call request for a lower bunk.⁸⁶ The nurse documented JOSHUA's vital signs were within normal limits with the exception of an elevated blood pressure of 167/93. JOSHUA told the nurse she required a bottom bunk because of her age, discomfort and pain in her legs and feet, and an swelling (edema)⁸⁷ in both legs. Later that day, FNP Yates reviewed the nursing note, and approved a bottom bunk pass for JOSHUA.

On this date, JOSHUA also submitted a facility request form asking to speak with Major [REDACTED]. Major [REDACTED] responded on June 23, 2016, indicating he would speak with her the next day; however, JOSHUA's detention file contains no documentation of any conversation or anything that appeared to result from one.

On July 22, 2016, JOSHUA submitted a sick call request asking to be moved from evening pill call to night pill call.⁸⁹ LVN [REDACTED] responded to the request on July 24, 2016 and notified JOSHUA she was scheduled for an appointment the following day. As documented in the medical record, JOSHUA was not seen by a nurse on July 25, 2016 but was informed she was not added to the night pill call.⁹⁰ The following day, JOSHUA submitted a second sick call request for night pill call and alleged in the request her housing unit officer did not allow her to go to the appointment scheduled on July 25, 2016.⁹¹ The next day, LVN [REDACTED] noted JOSHUA was referred to the provider, and an appointment was scheduled for July 28, 2016.

On July 28, 2016, FNP [REDACTED] evaluated JOSHUA pursuant to LVN [REDACTED] July 27, 2017 referral.⁹² JOSHUA reported difficulty sleeping because of noise in the unit and requested a later pill call to accommodate her religious fasting.⁹³ FNP [REDACTED] noted JOSHUA's blood pressure was elevated at 164/98, all other vital signs were normal, and she denied any pain. FNP [REDACTED] diagnosed JOSHUA with sleep deprivation and general "health concerns" but did not document he conducted an assessment for elevated blood pressure or edema. He prescribed 50 mg of Benadryl at bed time for 90 days and noted JOSHUA could receive evening medications

⁸³ See Exhibit 9: Request Form, dated June 3, 2016.

⁸⁴ See Exhibit 10: Request Form, dated June 13, 2016.

⁸⁵ See Exhibit 11: Request Form, dated June 16, 2016.

⁸⁶ See Inmate Event Report, dated June 21, 2016.

⁸⁷ Swelling caused by excess fluid in the body's tissues is referred to as edema.

⁸⁸ See Request Form, dated June 21, 2016.

⁸⁹ See Sick Call Request Form, dated July 22, 2016.

⁹⁰ See Inmate Event Report, dated July 25, 2016.

⁹¹ See Sick Call Request Form, dated July 26, 2016.

⁹² See Provider Progress Notes/Orders, dated July 28, 2016.

⁹³ ERAU notes the detention file does not document JOSHUA's religion.

during the “latest pill window.”⁹⁴ JOSHUA’s MAR for July reflects she switched to night pill call during the month, though the exact date is not documented.⁹⁵

On July 30, 2016, LV [] documented FNP [] verbally authorized the continuation of 324 mg of ferrous sulfate, 20 mg of Lisinopril, and 5 mg of amlodipine for 90 days.⁹⁶

On August 8, 2016, JOSHUA submitted a sick call request asking for a chair to elevate her feet to assist with feet swelling.⁹⁷ The response to the sick call request noted JOSHUA was scheduled for an appointment with the FNP the following day.

On August 9, 2016, FNP [] saw JOSHUA for a chronic care follow up.⁹⁸ He listed her chronic diseases as hypertension and edema of both lower extremities. FNP [] instructed JOSHUA to lie down with her feet elevated and not to sit for long periods. JOSHUA’s vital signs were within normal limits with the exception of an elevated blood pressure of 148/88. FNP [] noted the findings of his physical assessment of JOSHUA were normal, with the exception of a trace of peripheral edema,⁹⁹ and that her edema improved since his last assessment. ERAU notes that although FNP [] noted he previously evaluated JOSHUA for edema, no prior assessment for the condition was documented in the medical record. FNP [] maintained JOSHUA’s current medications, and ordered a CBC and basic metabolic panel.¹⁰⁰ JOSHUA’s next chronic care evaluation was scheduled for November 9, 2016.

On August 16, 2016, RPDC received the results of the CBC and basic metabolic panel, and FNP [] reviewed them on August 18, 2016. The results demonstrated improvement in anemia; however, red blood cell, hemoglobin, and hematocrit levels remained below normal. JOSHUA’s white blood cell counts were also abnormal, with two of three high. As noted by Creative Corrections, while there are many causes of abnormal levels of white blood cells, high levels often indicate the presence of an infection.

On August 23, 2016, JOSHUA submitted a sick call request complaining of aches, pains, and bedsores from her bed pad. A nurse (name unknown) noted an appointment was scheduled for August 24, 2016, with the FNP. The medical record does not document JOSHUA was seen by the FNP on that date.

On September 1, 2016, JOSHUA submitted a sick call request complaining of body aches, pain, headaches, and neck pain.¹⁰¹ The medical record does not document any response to the request.

⁹⁴ ERAU notes FNP [] note is contradictory in that it indicates his consent for JOSHUA to start receiving her medications during night pill call but references the “latest pill window” which is actually evening pill call. See footnote 55.

⁹⁵ See Medication Administration Record, from July 1, 2016 through July 31, 2016.

⁹⁶ See Nurses Notes and Telephone Orders, dated July 30, 2016.

⁹⁷ See Sick Call Request Form, dated August 8, 2016.

⁹⁸ See Chronic Care Follow Up, dated August 9, 2016.

⁹⁹ Peripheral edema refers to edema (accumulation of fluid causing swelling) in the lower limbs.

¹⁰⁰ A basic metabolic panel is a blood test that measures sugar level, electrolytes, and fluid balance.

¹⁰¹ See Exhibit 12: Sick Call Request Form, dated September 1, 2016.

On September 2, 2016, FNP [] evaluated JOSHUA and diagnosed her with sleep loss, tension headaches, and muscle spasms. JOSHUA's vital signs were normal with the exception of elevated blood pressure of 162/96.¹⁰² FNI [] prescribed 500 mg of Naproxen¹⁰³ twice daily for 90 days, and 10 mg of Flexeril¹⁰⁴ at bed time for 15 days to address the muscle spasms. ERAU notes the prescription for Flexeril was never transcribed onto the MAR, and JOSHUA's medical record contains no documentation she ever received or refused it.

On October 6, 2016, JOSHUA submitted a sick call request complaining of tooth and gum pain on the right side of her mouth, and on October 11, 2016, she submitted a second sick call request for dental care, noting progressively severe pain.¹⁰⁵ JOSHUA's medical record contains no documentation showing triage or response to either request; however, a nurse (name unknown) noted on the second sick call request that JOSHUA was scheduled to be seen by a dentist.

On October 17, 2016, a nurse (name unknown) documented an officer requested JOSHUA's morning medications on the detainee's behalf as she was in the law library during pill call.¹⁰⁶ The nurse notified the officer that JOSHUA needed to wait until the night pill call. JOSHUA's MAR shows she did not receive any of her scheduled medications on this date.

On October 18, 2016, JOSHUA submitted a third sick call request stating her tooth and gum pain was persistent and ongoing.¹⁰⁷ No response was documented on the request form.

On October 20, 2016, JOSHUA received a dental exam by []¹⁰⁸ [] documented gum abscess¹⁰⁹ on the upper right and left quadrants¹¹⁰ and broken teeth in the upper right quadrant. [] prescribed 500 mg of Keflex¹¹¹ twice daily for 10 days and instructed JOSHUA to return to the clinic for re-evaluation in 10 days. As noted by Creative Corrections, at no time during the two weeks she awaited an appointment with the dentist was JOSHUA seen by a medical provider to determine whether emergent care was necessary.

¹⁰² ERAU notes this was the last date on which JOSHUA's blood pressure was read.

¹⁰³ Naproxen is a nonsteroidal anti-inflammatory drug used to relieve symptoms of arthritis such as, inflammation, swelling, stiffness, and joint pain.

¹⁰⁴ Flexeril, also known as cyclobenzaprine, is used to help relax muscles in your body.

¹⁰⁵ See Exhibit 13: Sick Call Request Forms, dated October 6, 2016, and October 11, 2016, and October 18, 2016.

¹⁰⁶ See Nurses Notes and Telephone Orders, dated October 17, 2016.

¹⁰⁷ See Exhibit 13.

¹⁰⁸ See Dental Examination: Treatment Form, dated October 20, 2016.

¹⁰⁹ A gum abscess is a pocket of pus in a tooth caused by an infection.

¹¹⁰ A dental quadrant is one of the four sections of the dental arches (the arched structure of the teeth and supporting bone), divided at the midline.

¹¹¹ Keflex is an antibiotic used to treat infections caused by bacteria.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

Date of the Death – October 24, 2016

At 9:26 p.m.,¹¹² Officer [redacted] conducted a security check of J-4 and noted detainees were watching television, writing, and all was secure.¹¹³

At 9:40 p.m., LVN [redacted] distributed pill call medications to detainees in J-4, including JOSHUA, who appeared to be “normal” and did not complain of pain or distress.¹¹⁴ After completing pill call in J-4, LVN [redacted] and Officer [redacted] who accompanied her, proceeded to the next housing unit but returned a few minutes later when they heard laughing and shouting from J-4.¹¹⁵ The detainees in J-4 informed LVN [redacted] and Officer [redacted] they were chasing a mouse in the unit, and JOSHUA stated she killed the mouse and needed a garbage bag to place it in. LVN [redacted] left to continue pill call and Officer [redacted] retrieved a garbage bag which she gave to JOSHUA.¹¹⁶ Officer [redacted] stated after taking the bag from her, JOSHUA shook it open, and then suddenly fell backward into an open cell door and landed on the floor face up.

Officer [redacted] immediately placed a “man down” call over her radio and requested medical assistance.¹¹⁷ Facility records show the call was placed at approximately 10:06 p.m.¹¹⁸ Officer [redacted] instructed the detainees in J-4 to return to their cells and checked JOSHUA for a pulse, which she found.¹¹⁹ Officer [redacted] stated JOSHUA was breathing and making a snoring noise. Officer [redacted] believed the detainee was having a seizure.

Officer [redacted] the first responder to arrive to the scene, moved detainees away from JOSHUA and Officer [redacted].¹²⁰ Officer [redacted] was followed by Lieutenant (Lt. [redacted]) the shift supervisor, Sergeant (Sgt.) [redacted] and LVN [redacted] at approximately 10:08 p.m. Sgt. [redacted] directed detainees to return to their cells while Lt. [redacted] and LVN [redacted] went to JOSHUA’s side.¹²¹ Lt. [redacted] reported hearing JOSHUA make a snoring sound and noticed the detainee urinated on the floor.¹²² LVN [redacted] reported when she approached JOSHUA, the detainee lay on her back with her eyes fixed and dilated and was breathing with a faint irregular pulse. LVN [redacted] reported JOSHUA was unresponsive to verbal and physical stimuli and stopped breathing a few moments later.¹²³ LVN [redacted] instructed Officer [redacted] to retrieve the

¹¹² Event times are based on incident logs and reports from officers. It’s noted the time stamp on video surveillance footage is incorrect by approximately 33 minutes ahead of when events occurred. For the purpose of this report, times associated with video reference have been adjusted by 33 minutes to align with documented times.

¹¹³ See J-4, Second Shift Irregular 30 Minute Security Check Logs, dated October 24, 2016.

¹¹⁴ ERAU interview with LVN [redacted] December 14, 2016.

¹¹⁵ ERAU interview with LVN [redacted] and Officer Anguiano, December 14, 2016.

¹¹⁶ ERAU interview with Officer [redacted] December 14, 2016.

¹¹⁷ See Officer Statement by Officer [redacted], dated October 24, 2016.

¹¹⁸ See J-4, Second Shift Irregular 30 Minute Security Check Logs, dated October 24, 2016. See also, video surveillance footage of Medical Unit, dated October 24, 2016.

¹¹⁹ ERAU interview with Officer [redacted] December 14, 2016.

¹²⁰ ERAU interview with Officer [redacted] December 14, 2016.

¹²¹ ERAU interview with Sgt. [redacted] December 14, 2016.

¹²² ERAU interview with Lt. [redacted] December 14, 2016.

¹²³ See Incident Statement by LVN [redacted] dated October 24, 2016.

DETAINEE DEATH REVIEW – Olubunmi Toyin JOSHUA JICMS #201700751

medical bag from the clinic, asked that LVN [] be called to the unit, and immediately initiated Cardiopulmonary Resuscitation (CPR).¹²⁴

Sgt [] found LVN [] in another unit, informed her JOSHUA was unresponsive and LVN [] was performing CPR, and LVN [] instructed Sgt [] to call 911.¹²⁵ LVN [] then left for J-4 while Sgt [] contacted central control and instructed Officer [] to call 911. At approximately 10:09 p.m., Office [] called 911 and requested Emergency Medical Services (EMS) assistance. LVN [] reported when she arrived to J-4, she saw LVN [] leaning over JOSHUA and heard the detainee gasp.¹²⁶ LVN [] then assisted LVN [] in performing chest compressions on JOSHUA until Office [] returned with the medical bag. The LVNs quickly realized Office [] brought the medical bag which did not contain an automated external defibrillator (AED) and decided to transport JOSHUA to the medical unit instead of waiting for the AED. Office [] left to retrieve a wheelchair and while en route was instructed to bring a gurney instead.

Upon returning to J-4 with the gurney, Officer [] was assisted by other officers in moving JOSHUA onto a backboard and placing her on the gurney.¹²⁷ At 10:11 p.m., JOSHUA left J-4 for medical,¹²⁸ the LVNs continued performing CPR, and JOSHUA reached medical at approximately 10:14 p.m.¹²⁹ Once inside the medical unit, LVN [] continued chest compressions and LVN [] administered oxygen.¹³⁰ The LVNs applied the AED to JOSHUA, which delivered three shocks before EMS arrived.¹³¹

After JOSHUA was transported to medical, Lt [] assigned Sgt [] and Officer [] to the detainee's hospital detail.¹³² Sgt [] then went to central control where he verified EMS was dispatched and on the way to RPDC and called Major [] to apprise him of the situation.¹³³

The Haskell County ambulance arrived to the sally port at 10:19 p.m.,¹³⁴ and emergency medical technicians (EMT) entered the facility at 10:22 p.m.¹³⁵ LVNs [] and [] stated EMTs assumed responsibility for the detainee's care as soon as they arrived, and video surveillance footage shows responders were performing CPR as they exited the facility at 10:33 p.m. The ambulance departed the facility at 10:40 p.m.¹³⁶ Officer [] rode in the ambulance with JOSHUA, and Sgt [] followed the ambulance in a chase vehicle.¹³⁷

¹²⁴ ERAU interview with Officer [] December 14, 2016.

¹²⁵ See Incident Statement by LVN [] dated October 24, 2016.

¹²⁶ ERAU interview with LVN [] December 14, 2016.

¹²⁷ ERAU interview with Officer [] December 14, 2016.

¹²⁸ See J-4, 2nd Shift Irregular 30 Minute Security Check Logs, dated October 24, 2016.

¹²⁹ See Video surveillance footage of Medical Unit, dated October 24, 2016.

¹³⁰ ERAU interview with LVN [] December 14, 2016.

¹³¹ See Incident Statement by LVN [] dated October 24, 2016.

¹³² ERAU interview with Lt. [] December 14, 2016.

¹³³ ERAU interview with Sgt. [] December 14, 2016.

¹³⁴ See Video surveillance footage of Sally Port, dated October 24, 2016.

¹³⁵ See Central Control Unit Activity Log, dated October 24, 2016.

¹³⁶ See Video surveillance footage of Sally Port, dated October 24, 2016.

¹³⁷ See Central Control Unit Activity Log, dated October 24, 2016.

Office [redacted] stated two EMTs took turns performing chest compressions throughout the trip to the hospital, and she administered breaths via ambu bag every six seconds, per direction of the EMTs.¹³⁸ Officer [redacted] stated one AED shock was administered on the way to the hospital. At 10:43 p.m., the ambulance arrived to HMH,¹³⁹ and hospital staff took over emergency medical care,¹⁴⁰ including [redacted] who also works at the hospital and was on duty the night of October 24, 2016.

Major [redacted] arrived to the hospital shortly after JOSHUA and was informed CPR was being performed and the detainee had a weak pulse.

At 11:18 p.m., after attempts by hospital staff to revive the detainee were unsuccessful, Dr. [redacted] pronounced JOSHUA dead. Major [redacted] notified Warden Kenneth Keller and Deportation Officer (DO) [redacted] of JOSHUA's death.¹⁴¹

Post-Death Events

On October 25, 2016, at 1:35 a.m. HMH transferred custody of JOSHUA's body to Smith Family Funeral Home.¹⁴² That same day, ICE ERO Dallas notified the Consulate of the United Kingdom of JOSHUA's death.¹⁴³ On October 26, 2016, the Medical Examiner in the County of Dallas conducted an autopsy and determined JOSHUA's cause of death was hypertensive cardiovascular disease.¹⁴⁴

The Certificate of Death, issued on January 5, 2017, also documented her cause of death as hypertensive cardiovascular disease.¹⁴⁵

MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care JOSHUA was provided by RPDC, as well as the facility's efforts to ensure that she was safe and secure while detained at the facility. ERAU found deficiencies in RPDC's compliance with certain requirements of the ICE PBNDS 2011.

CONCLUSIONS

ERAU found RPDC deficient in the following areas of the ICE PBNDS 2011:

1. **ICE PBNDS 2011, Medical Care, section (V)(A)(2), and (3), General**, which states "Every facility shall directly or contractually provide its detainee population with the following: (2) Medically necessary and appropriate medical, dental, and mental health

¹³⁸ ERAU interview with Office [redacted] December 14, 2016.

¹³⁹ See Central Control Unit Activity Log, dated October 24, 2016.

¹⁴⁰ ERAU interview with Sg [redacted] December 14, 2016.

¹⁴¹ ERAU interview with Major [redacted] December 13, 2016.

¹⁴² See Haskell Memorial Hospital Permit for Removal of Body, dated October 24, 2016.

¹⁴³ See ICE Significant Incident Report, dated October 25, 2016.

¹⁴⁴ See Exhibit 14: Office of the Medical Examiner in the County of Dallas Autopsy Report.

¹⁴⁵ See Exhibit 15: State of Texas Certificate of Death.

care, and pharmaceutical services; (3) Comprehensive, routine and preventative health care, as medically indicated.”

- Nurses did not follow Emerald’s nursing protocols during encounters with JOSHUA. Specifically, nurses did not conduct assessments called for by the hypertension protocol and did not make required provider notifications when JOSHUA’s blood pressure exceeded 160/100. Additionally, FNP [redacted] stated he independently set the blood pressure threshold for provider notification at 180/100, in contravention of the hypertension protocol.
- There is no documentation JOSHUA was seen pursuant to the February 3, 2016 referral to the dental clinic after her initial dental screening.
- RPDC providers did not document any review or consideration of [redacted] recommendations following his February 12, 2016 mental health evaluation of JOSHUA.
- FNP [redacted] failed to order continuation of blood pressure monitoring following his order to increase JOSHUA’s Lisinopril on February 15, 2016. Although JOSHUA’s blood pressure was checked during the course of her medical appointments between February 15 and May 4, 2016, it was only checked once during that time frame for the specific purpose of monitoring any changes. Additionally, when blood pressure monitoring was finally ordered on May 4, 2016, nurses failed to fulfill the order, and the monitoring did not occur.
- RPDC received laboratory test results on February 3, 2016, which suggested JOSHUA suffered from anemia, but the results were not reviewed or signed by the provider until March 14, 2016.
- Although JOSHUA reported a 22 year history of anemia during her intake screening on January 29, 2016, treatment for anemia was not initiated until April 5, 2016.
- Although LVN [redacted] appropriately notified the provider of JOSHUA’s significantly elevated blood pressure on February 26, 2016, she did not recheck the detainee’s blood pressure over the next three hours while waiting for the provider to evaluate JOSHUA. LVN [redacted] also did not conduct a hypertension assessment to address possible symptoms of cardiac involvement as directed in the nursing protocol.
- On March 10, 2016, RN [redacted] documented JOSHUA’s blood pressure was 170/108 but did not notify a provider. JOSHUA’s blood pressure was not checked again until three days later.

2. **ICE PBNDS 2011, Medical Care, section (V)(B), Designation of Authority**, which states “All facilities shall provide medical staff and sufficient support personnel to meet these standards.”
 - According to the HSA, a medical department staffing analysis, completed in January 2016, prior to JOSHUA’s arrival, determined expansion of provider and nursing coverage at RPDC was necessary. Specifically, the need to employ a full time RN and increase provider hours from 8 to 21 per week were identified. Throughout the duration of JOSHUA’s detention at RPDC, the FNP and physician provided a combined total of 10 hours onsite services per week, and nursing positions included four full time LVNs and one part time RN.

3. **ICE PBNDS 2011, Medical Care, section (V)(G)(12), Pharmaceutical Management**, which states “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:… (12) documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.”
 - JOSHUA’s MARs do not adequately demonstrate she received her blood pressure medications as ordered by providers. Nursing entries on the MARs are incomplete or inconsistent and do not clearly document reasons for missed medications. Nurses variably entered “NS” (no show), entered nothing, or circled the box where an entry is made to without specifying whether the medication was given or refused. Notably, based on the MAR entries that clearly affirm administration of medications, JOSHUA received only 56% of her ordered blood pressure medications during the 24 days preceding her death.¹⁴⁶
 - The MARs show 26 doses of ferrous sulfate, JOSHUA’s iron supplement for treatment of anemia, were not administered.
 - On September 2, 2016, a provider order for Flexeril was not transcribed onto a MAR and therefore was not administered.

4. **ICE PBNDS 2011, Medical Care, section (V)(J), Medical and Mental Health Screening of New Arrivals**, which states “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.”
 - On January 29, 2016, LVN [redacted] appropriately referred JOSHUA for an evaluation following her intake screening; however, the evaluation was not completed until the third working day following the screening.

¹⁴⁶ See Exhibit I for a detailed analysis of JOSHUA’s MARs.

- On February 1, 2016, the provider conducted a chronic care evaluation, but did not conduct a full initial health assessment.
5. **ICE PBNDS 2011, Medical Care, section (V)(L), Comprehensive Health Assessment**, which states “Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.”
- RN [] conducted JOSHUA’s physical assessment; however, RPDC maintained no documentation indicating she was trained to perform physical assessments, and both [] and FNP [] acknowledged they do not train nurses to conduct physical exams.
6. **ICE PBNDS 2011, Medical Care, section (V)(P), Dental Treatment**, which states “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or properly trained health provider.”
- RN [] who conducted JOSHUA’s initial physical assessment, reportedly conducted a dental screening, and referred the detainee to the dental clinic. However, the facility did not demonstrate RN [] was trained in performing dental screenings, and JOSHUA’s medical record contains no documentation a dental screening was conducted within 14 days of arrival by a dentist or a properly trained health provider.
7. **ICE PBNDS 2011, Medical Care, section (V)(P)(1), Dental Treatment**, which states “Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.”
- JOSHUA submitted sick call requests on October 6, 11, and 18, 2016, asking to see a dentist for severe dental pain. She did not see a dentist until October 20, 2016, and during the appointment, the dentist discovered a double abscess and broken teeth.
 - During the two week period between her initial sick call request to see a dentist and her dental appointment, JOSHUA was not seen by a medical provider to determine whether antibiotic treatment was necessary pending the dental appointment.
8. **ICE PBNDS 2011, Medical Care, section (V)(Q)(4), Sick Call**, which states “Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: ... (4) an established procedure shall be in place at all facilities to ensure that all sick requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall

