SYNOPSIS

Forty-eight year old ICE detainee Marjorie Annmarie BELL, a citizen and national of Jamaica, died on February 13, 2014, at Sharp Chula Vista Medical Center, Chula Vista, California. The County of San Diego, Office of the Medical Examiner, determined BELL's cause of death to be sudden cardiac death, acute coronary syndrome, and multivessel coronary artery disease due to arteriosclerotic vascular disease.

DETAILS OF REVIEW

BELL was in ICE custody at the San Diego Contract Detention Facility (SDCDF) at the time of her death. SDCDF opened and began housing detainees from the former U.S. Immigration and Naturalization Service and inmates from the U.S. Marshals Service in September 1998. SDCDF is owned by the County of San Diego and is operated by Corrections Corporation of America (CCA). ICE contracts with CCA to house ICE detainees. SDCDF houses male and female ICE detainees of all classification levels for periods exceeding 72 hours. ICE Health Service Corps (IHSC) provides medical care at SDCDF and contracts with STG International (STG) to supplement their medical staffing. SDCDF was required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2008 at the time of BELL's death.

From April 7 to 11, 2014, Management and Program Analyst and Inspections and Compliance Specialists and all assigned to the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), visited SDCDF to examine the circumstances of BELL's death. Registered Nurse (RN) a subject matter expert (SME) in correctional health care, and an SME in correctional security, assisted ODO with the death review. RN and SME employed by Creative Corrections, a national management and consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards, including health care and security. ODO interviewed individuals employed by CCA at SDCDF, as well as employees of IHSC, STG, and the ICE Office of Enforcement and Removal Operations (ERO). ODO also reviewed immigration, medical, and detention records pertaining to BELL.

During this review, ODO staff 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 information purposes only. Their inclusion in the report should not be construed in any way as indicating a deficiency contributed to the death of the detainee.

ODO determined the following timeline of events, from the time of BELL's apprehension through her detention at SDCDF.

On December 24, 2013, Marjorie Annmarie BELL attempted to enter the United States from Mexico, on foot, at the San Ysidro Port of Entry, carrying a counterfeit Canadian passport. BELL reported to the Customs and Border Protection Officer (CBPO) she first encountered that she did not feel well. BELL declined medical attention and was held for further processing, during which time she was asked extensive medical questions and disclosed having diabetes. 3

CBP advised that aliens who disclose medical conditions during processing are examined by an onsite emergency medical technician (EMT) and transported to the hospital if they need care. Two on-call nurses are also located onsite and assist in medically clearing an alien before transfer to ICE.⁴

On December 25, 2013, CBP officers transported BELL to the Sharp Chula Vista Medical Center (SCVMC) where she was admitted. She reported to hospital staff that she had a history of heart disease, and that she had at least three stents previously placed in her heart. SCVMC treated BELL by placing one additional stent.

CBP interviewed BELL on December 28, 2013, after she returned from the hospital. BELL admitted entering the U.S. illegally, and she requested political asylum, citing fear of violence against gay people in Jamaica. BELL was given information about the asylum process, and she was advised she would be held for ICE.

On January 2, 2014, BELL was transferred to ICE custody and transported to SDCDF. She first underwent a preliminary medical screening at 10:20 a.m., during which she reported a history of diabetes, high blood pressure and a previous heart attack. At 12:03 p.m., BELL was booked into SDCDF.

At 12:32 p.m., ¹² RN Ednacot conducted a full medical and mental health screening for BELL. ¹³ BELL reported to RN that she had a urinary tract infection and had actually suffered

⁴ ODO interview of CBPO at the San Ysidro POE, April 11, 2014.

¹ ODO interview of CBPO , April 11, 2014.

² "Other Officer Report" by CBPO December 24, 2013.

³ Form 826

⁵ BELL's medical record from SCVMC shows that she was admitted on December 25, 2013, and discharged on December 27, 2013. The record does not document the time of her admission.

⁶ Exhibit 1: Creative Corrections Report, page 9. Placement of a stent involves the "use of a balloon-tipped catheter to enlarge a narrowed coronary artery."

⁷ I-213 dated December 28, 2013.

⁸ Information about Credible Fear Interview Form M-444, December 28, 2013.

⁹ Record of Person(s) and Property Transferred Form I-216 documents BELL's transfer to SDCDF on January 2, 2014.

¹⁰ Intake Medical Prescreening.

¹¹ Booking record.

¹² BELL's pre-screening form was signed by RN at 12:32 p.m. During her interview with ODO on April 8, 2014, RN stated she signed the pre-screening at the time she initiated the full intake screening.

three previous heart attacks, in addition to having diabetes and high blood pressure. She stated that after each heart attack, a stent was placed in her heart, in addition to the one that was placed after CBP officers took her to the hospital on December 25, 2013. BELL was determined to be obese for her height of five feet six inches and weight of 221 pounds, but her vital signs were within normal limits. She was found to be taking medications for diabetes, hypertension, and heart disease. A chest X-ray taken during intake screening showed BELL was negative for tuberculosis, but had an enlarged heart. RN assessed BELL as having an abnormal medical screening, but her symptoms were deemed "non-urgent."

BELL was medically cleared for custody and flagged to be seen by a physician once she was fully processed into SDCDF. SDCDF Clinical Director, IHSC , signed BELL's chest X-ray¹⁷ and approved a 2,500 calorie-per-day diabetic diet for BELL. did not order BELL's weight to be monitored. did not

After her intake medical and mental health screening, BELL continued to be processed into SDCDF by Officer

On January 2, 2014, BELL was placed in general population housing unit D^{20} after she was processed into SDCDF.

On January 3, 2014, at 6:45 p.m., BELL underwent a Complex Physical Examination, which was conducted 32 hours after intake. This time period exceeded the 24-hour requirement called for by IHSC directive. During BELL's physical examination, NP documented BELL had diabetes; hypertension; hyperlipidemia; a history of myocardial infarctions and of having stents placed in her heart, a stroke on January 5, 2012, an acidic stomach, and chronic allergies. NP documented BELL's vital signs were within normal limits, with the exception of a body mass index of 35.02. Creative Corrections noted BELL's blood glucose was 181,

¹³ Intake medical screening.

¹⁴ Exhibit 1, page 5.

¹⁵ During her interview, RN stated that she verified each prescription with the dispensing pharmacy.

BELL was considered "non-urgent" because she was medically stable. During his interview with ODO on April 8, 2014, stated non-urgent but abnormal medical screenings receive a physical examination within 24 hours of admission to the facility, and urgent medical screenings receive an immediate physical examination.

17 Chest X-ray.

¹⁸ Medical progress note by January 2, 2014.

¹⁹ Exhibit 1, page 5. Creative Corrections also notes that Nurse Practitioner (NP) stated during his interview with ODO on April 9, 2014, that because BELL was not compliant with her diabetic diet, it would have been too "time consuming to be checking on her diet compliance."

²⁰ Housing history report.

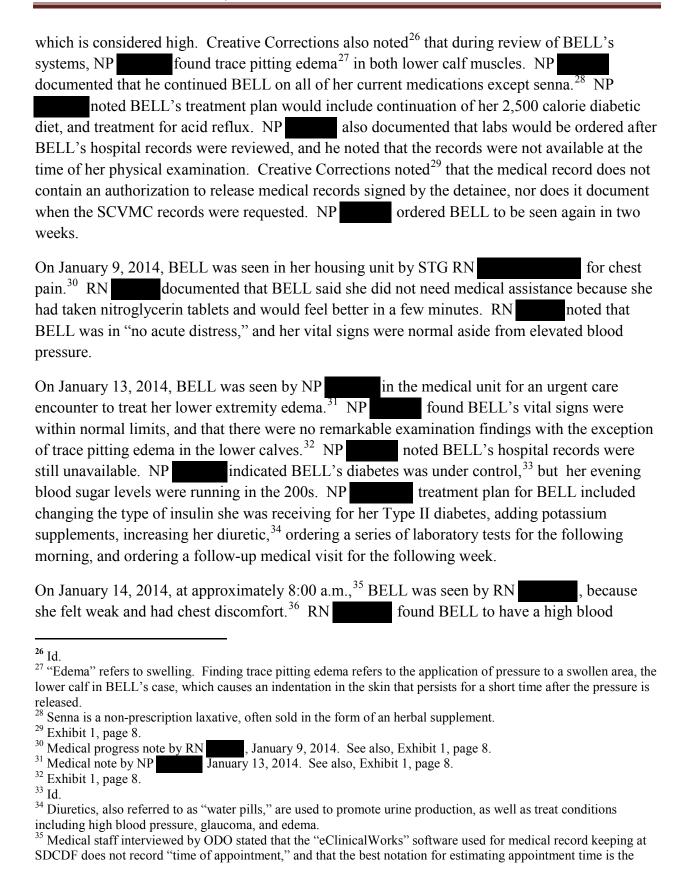
²¹ Complex Physical Examination, January 2, 2014.

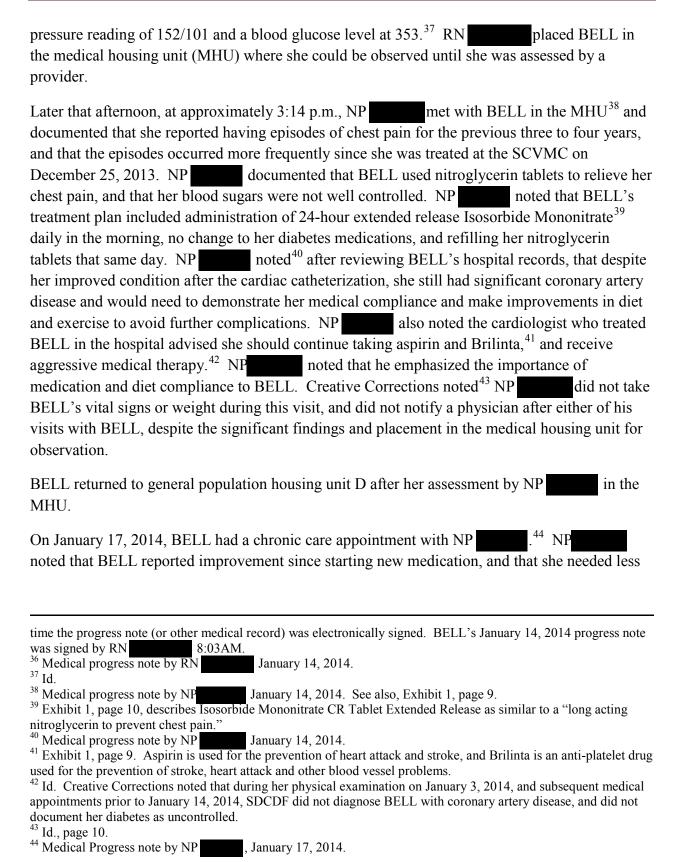
²² IHSC Directive 03-07.

²³ Exhibit 1, page 7.

²⁴ Id.

²⁵ Id.





nitroglycerin tablets to relieve her pain. NP also noted that lab tests would be completed in one month, and BELL would receive a follow-up appointment in three months. On January 20, 2014, BELL was notified she would be transferred to the Northwest Detention Center in Tacoma, Washington. 45 SDCDF began processing BELL out of the facility that same day, but her transfer was canceled before she was moved. 46 ODO questioned personnel in the local ERO office as to why BELL's transfer was canceled, but ERO personnel were unable to provide a reason. On January 25, 2014, BELL was seen by STG RN for her afternoon insulin and blood sugar check, and for complaints of chest pain. 47 RN documented that BELL sat in a wheelchair during the visit with her head hanging down, was crying, and she said she was very worried about her health because it was getting worse, and that her pain was very bad. RN noted she encouraged BELL to take deep breaths, and to think positive thoughts, including thoughts about her great vital signs. RN g noted that BELL then said she had horrible pain in her back and chest, and that she could not take the pain anymore because it was so bad. RN noted that BELL asked for more keep-on-person (KOP) nitroglycerin noted that BELL's treatment during this visit included encouraging her to tablets. RN use deep breathing techniques and positive thinking to relieve anxiety. Additionally, RN documented that she counseled BELL on the importance of being proactive in her care, that crying was a healthy way to let go of sadness, but that it was important to be proactive. noted that BELL ended the medical visit by asking for a different pain medication that would better address her back and chest pain, as well as more KOP nitroglycerin tablets. noted BELL denied thoughts of hurting herself or others, and returned to her housing unit after the visit. Creative Corrections noted⁴⁸ that RN the duration of the chest pain, nor did she question detainee BELL for more specific information regarding her nitroglycerin use. a psychiatric RN by training, stated to ODO⁴⁹ that BELL's complaints on January 25, 2014, were common for BELL, and that her problems and complaints were ongoing. RN said that at least 50 percent of the time while she was in medical, BELL complained she did not feel well, was tired, and needed more nitroglycerin tablets. Creative Corrections noted⁵⁰ that when asked about chest pain guidelines, RN said she did not know whether they existed, but that she believed chest pain guidelines would require calling the ⁴⁵ Transfer Notification, January 20, 2014. The reason provided for her transfer was "bed space transfer." ⁴⁶ BELL's I-382 shows a transfer from SDCDF to Northwest Detention Center on January 20, 2014, but the form also contains the notation "cancel." ⁴⁷ Medical progress note by RN , January 25, 2014. ⁴⁸ Exhibit 1, page 12. ⁴⁹ ODO interview of RN , April 9, 2014. ⁵⁰ Exhibit 1, page 12.

provider if the detainee was dizzy, perspiring, or short of breath. RN said BELL did not exhibit any of those symptoms on January 25, 2014, and her vital signs were within normal limits. stated⁵¹ IHSC Assistant Health Services Administrator (AHSA) Commander SDCDF has RN guidelines for chest pain. 52 Creative Corrections noted 53 the chest pain guidelines do not address the differences in cardiac pain in women versus men. On January 26, 2014, from approximately 5:45 a.m. to about 7:00 a.m., IHSC RN tended to BELL before she was transported to the SCVMC emergency room. The following chronology documents⁵⁴ the progression of her symptoms prior to her transport to the hospital: At 5:45 a.m., RN conducted an urgent care appointment for BELL after she complained of chest pain during a routine blood sugar check. RN BELL complained of flat pain on her lower left chest that traveled to her left underarm and caused numbness in her left arm. BELL rated her pain level at a ten out of ten on a pain scale, and stated she had experienced the pain periodically for the previous seven to ten days. BELL complained her pain was worse when she could not urinate, that she had not urinated since 5:00 p.m. the previous day, and that she needed a water pill in order to urinate. RN noted that BELL denied any discomfort aside from chest pain, and that she took a nitroglycerin tablet. At approximately 5:50 a.m., BELL's chest pain level was at zero. RN noted BELL's vital signs were normal, and that she was placed on oxygen. At approximately 6:00 a.m., BELL's chest pain level was at four. RN gave BELL a second nitroglycerin tablet and aspirin. At approximately 6:10 a.m., BELL's chest pain was at zero, and RN consulted with IHSC Physician Assistant (PA) by telephone. PA issued a telephone order to perform an EKG and report back with the results. RN advised ODO 55 that he was unaware of the RN guidelines for chest pain, but that he knew to call the on-call provider. Creative Corrections noted⁵⁶ that the RN guidelines 51 ODO interview of , April 9, 2014. 52 Exhibit 2: SDCDF's local RN Guidelines for Chest Pain. ⁵³ Exhibit 1, page 12. ⁵⁴ Medical progress note by RN

January 26, 2014.

⁵⁵ ODO interview of RN April 9, 2014. ⁵⁶ Exhibit 1, page 13. Specifically, Creative Corrections points out that BELL had been experiencing chest pain for more than five minutes, and she was over 30 years old with four cardiac risk factors (high blood pressure, diabetes, high cholesterol, and obesity).

for chest pain indicated that BELL's symptoms and conditions warranted an immediate call to 911.

- At approximately 6:15 a.m., RN reported to PA that BELL's EKG results to send BELL to the hospital via ambulance.
- At approximately 6:45 a.m., BELL's chest pain was at a level eight, and she had left arm numbness. RN gave BELL a third nitroglycerin tablet. EMS was called at 6:45 a.m. Standard and St
- At approximately 6:50 a.m., fire department paramedics and emergency medical technicians (EMT) arrived at SDCDF and stabilized BELL.
- At 7:25 a.m., an ambulance arrived at SDCDF and departed with BELL, en route to SCVMC, at 7:52 a.m.
- At 8:11 a.m., BELL arrived at SCVMC where she was admitted and kept overnight.

BELL's housing history report reflects that she returned to SDCDF from SCVMC on January 27, 2014. Secretive Corrections noted BELL was given insulin upon her return, but she was not given any of the other medications she was receiving prior to her hospitalization.

On January 28, 2014, BELL was seen by IHSC RN noted BELL's vital signs were stable, that she was alert and denied pain, and that she walked without complications. RN consulted with PA via telephone, and PA ordered that BELL be kept in the MHU for 23-hour observation and receive a follow-up appointment the following day.

On January 29, 2014, BELL was seen by NP and denied chest pain but reported feeling weak all over. 62 Creative Corrections noted 63 that BELL's Hospital Discharge Summary 64 stated treatment of her congestive heart failure should be done, and that she should maximize medical

⁵⁷ EKG Report. Although RN s documented times indicate the EKG was performed between 6:10AM and 6:15AM, the EKG report documents the EKG was completed at 6:39AM.

⁵⁸ American Medical Response report, January 26, 2014.

⁵⁹ Housing history report.

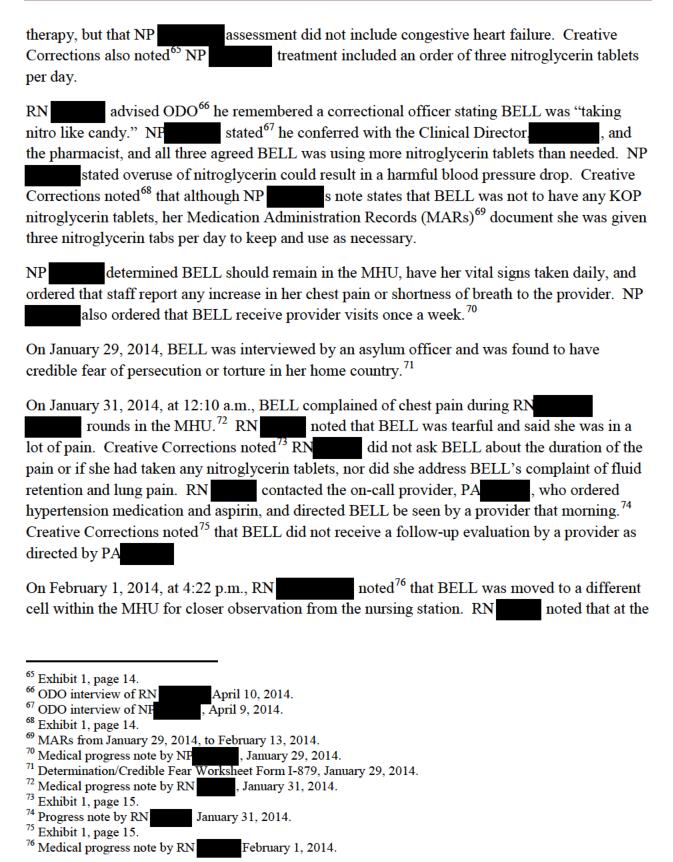
⁶⁰ Exhibit 1, page 13.

Medical progress note by RN , January 28, 2014.

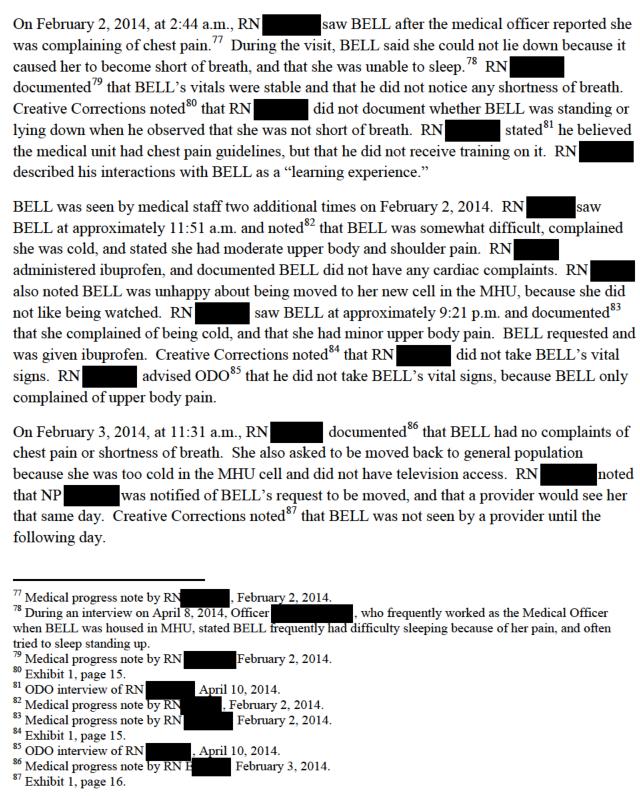
Medical progress note by NP January 29, 2014.

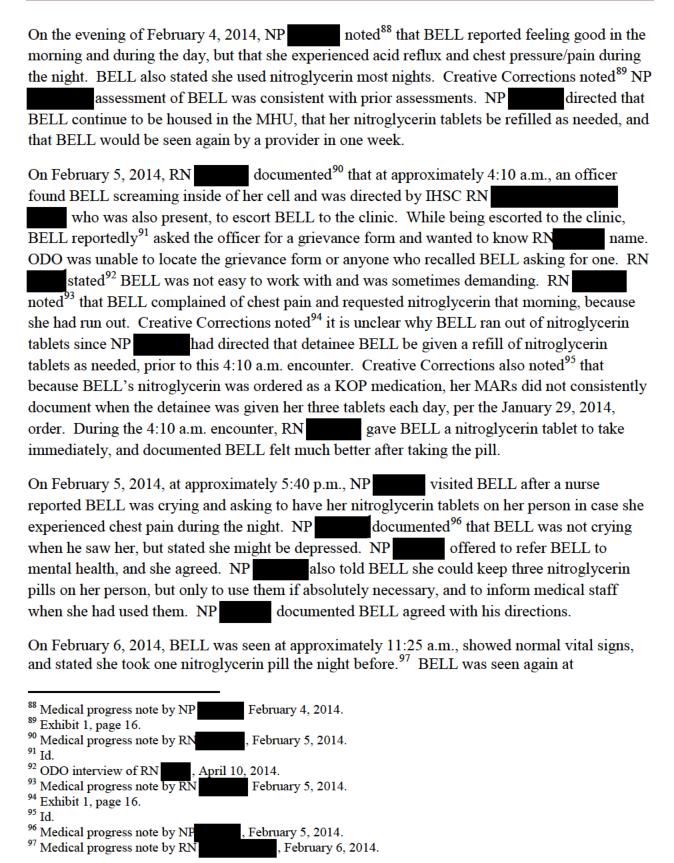
⁶³ Exhibit 1, page 14.

⁶⁴ Hospital Discharge Summary.



start of her shift, BELL made vague complaints of generalized pain, but that she denied all complaints of pain after moving to the new cell.





approximately 8:00 p.m., and did not make any medical complaints, but asked for ibuprofen for generalized pain. 98

On February 7, 2014, BELL refused medication for elevated cholesterol, because it caused her to have upper body pain. ⁹⁹ BELL signed a refusal form and was educated on the risks and benefits of taking the medication as prescribed.

of taking the medication as prescribed. On February 8, 2014, BELL was seen by RN at approximately 2:38 a.m., had normal vital signs and was stable. 100 BELL was seen again at approximately 2:57 p.m. by STG RN and stated her chest area still felt a little bit uncomfortable, but she did not think it was heart pain. 101 BELL also received an initial psychological evaluation on February 8, 2014, by contract Clinical **Psychologist** documented that BELL was referred for a psychological evaluation by medical staff due to overusing nitroglycerin, behavioral issues, and anxiety. Dr. also noted that BELL reported multiple medical complaints and stated that she was dissatisfied with the medical care she was receiving in the facility. Specifically, BELL stated medical staff did not listen to her, and that she was unable to take care of herself the way she wanted to. BELL also stated her cell in the MHU felt like a death trap, and that she wanted to noted that BELL denied any history of mental health return to general population. noted that BELL reported difficulty falling or staying asleep. issues or treatment. frequent crying, low energy levels, mood swings, trauma history, and nightmares or night terrors. She documented that BELL was cooperative and attentive, but also irritable and sometimes tearful. assessed BELL as experiencing adjustment disorder with mixed anxiety and treatment plan for BELL included psychological services, and depressed mood. additional assessment for possible need for psychotropic medication. ODO notes that BELL received this psychiatric evaluation in response to NP February 5, 2014, referral, not in response to her affirmative answers to questions in the Sexual Abuse Screening Tool (SAST). 103 On February 9, 2014, BELL was seen at approximately 1:27 a.m. by RN documented 104 BELL denied chest pain and shortness of breath. RN also noted that BELL was given three nitroglycerin tablets after midnight to keep on her person. BELL was seen again at approximately 7:17 p.m. by RN who noted that BELL stated she did not have pain during

⁹⁸ Medical progress note by RN , February 6, 2014.

⁹⁹ Medical progress note by RN , February 7, 2014.

¹⁰⁰ Medical progress note by RN February 8, 2014.
101 Medical progress note by RN February 8, 2014.

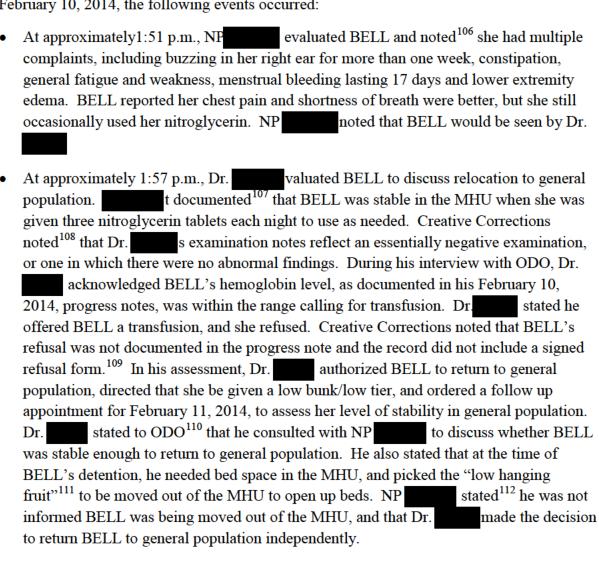
¹⁰² Exhibit 3: Psychiatric Evaluation, February 8, 2014.

¹⁰³ Discussion of BELL's SAST is found under the Investigative Findings section of this report.

¹⁰⁴ Medical progress note by RN February 9, 2014.

the day, but experienced a lot of pain at night, resulting in difficulty sleeping. 105 RN also noted that BELL complained she had experienced menstrual bleeding for 17 days, and that her water pills were not working, because she was having difficulty urinating.

On February 10, 2014, the following events occurred:



¹⁰⁵ Medical progress note by RN February 9, 2014.

¹⁰⁶ Medical progress note by NP , February 10, 2014. 107 Medical progress note by Dr. February 10, 2014.

¹⁰⁸ Exhibit 1, page 19.

¹¹⁰ ODO interview of Dr April 8, 2014.

referred to BELL as "low hanging fruit" because she was generally stable, and because she had expressed a desire to move back to general population.
112 ODO interview of NP , April 9, 2014.

• At approximately 3:31 p.m., RN medically cleared BELL to return to general population. BELL was instructed to immediately notify medical if she experienced shortness of breath, chest pain, or other symptoms of cardiac discomfort. BELL was also given nitroglycerin and ibuprofen to keep on her person. BELL's housing history report reflects she was moved from the medical unit to general population on February 10, 2014.
• At approximately 5:35 p.m., BELL returned to medical and was seen by STG RN documented that BELL was brought to medical by a correctional officer who stated BELL was complaining of chest pain. BELL told RN that she had experienced chest pain at a level 7/10, which she reported to an officer, and the officer told her she was "playing." BELL indicated to RN that her pain level had decreased to a 4/10 and requested to use a wheelchair for medical visits. BELL stated she asked an officer for a wheelchair to get to the medical unit, and the officer said no. A wheelchair was authorized for and provided to BELL after this visit; however, Creative Corrections noted the officer was already authorized for BELL for one year on January 3, 2014.
On February 11, 2014, BELL was seen by Dr for anemia. Specifically, BELL complained she had experienced menstrual bleeding for 19 days. Dr. consulted with Dr. a gynecologist who provides ad hoc gynecological services to SDCDF on a contract basis, and Dr. recommended BELL be started on leuprolide IM and continue taking iron supplements. Dr. noted that he requested a gynecological referral for BELL within 14 days.
On February 12, 2014, the following events occurred:
 An ICE officer served BELL with a Notice to Appear.¹¹⁹
• At approximately 10:40 a.m., Dr saw BELL for a follow up appointment and documented that she was doing "ok" but experiencing some fatigue. BELL agreed to be

treated with leuprolide, and Dr. notes indicate she received her first dose that

day. 120

Medical progress note by RN February 10, 2014.

Housing history report.

Medical progress note by RN February 10, 2014.

ODO was unable to identify the officer with whom BELL allegedly spoke.

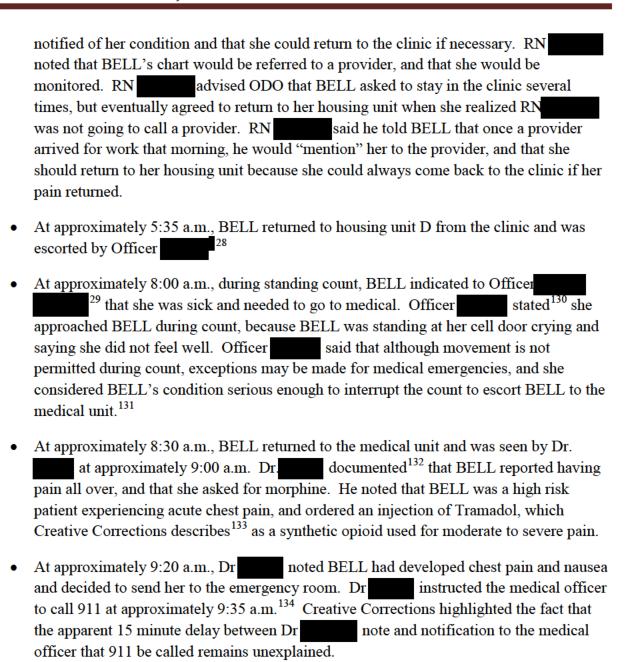
Exhibit 1, page 20.

Leuprolide IM is a manmade hormone to treat uterine bleeding. See Exhibit 1, page 20.

Notice to Appear, February 12, 2014.

120 Medical progress note by February 12, 2014.

•	At approximately 11:54 p.m., BELL requested medical attention by contacting a correctional officer on post. 121 The officer contacted medical and was instructed to send BELL to the facility clinic. This officer, stated 122 she was assigned to housing unit D control when BELL rang for medical around midnight. Officer instructed another officer assigned to housing unit D to find out what BELL needed. Officer stated that while she takes all detainee medical calls seriously, she was especially concerned for BELL, whom she knew to have heart problems.
On Feb	oruary 13, 2014, the following events occurred:
•	At approximately 12:05 a.m., ¹²³ Officer escorted BELL to medical. Officer stated ¹²⁴ BELL didn't express that her pain level was worse that night, than it normally was.
•	At approximately 12:07 a.m., 125 BELL was seen by RN upon arrival in medical. RN documented 126 that BELL arrived via wheelchair, complained of generalized pain, and asked for morphine. RN documented that BELL did not exhibit obvious signs of discomfort, but complained her pain was persistent and that she needed pain medication. RN noted BELL was tearful when she asked for morphine. RN acknowledged to ODO 127 that he did not remember BELL asking for morphine prior to February 13, 2014, but he assumed she was "just trying to get her way" that morning. RN also stated he did not consider calling a provider, because BELL's condition gradually improved throughout the morning while she was in the clinic. RN said he could not keep her in medical observation that morning, because all of the beds were full. RN noted that BELL said she took a nitroglycerin tablet before coming to medical, but when offered additional nitroglycerin, she declined and stated she preferred pain medication. RN documented that he gave BELL ibuprofen about 20 minutes after she arrived in medical, and that BELL said she did not want to return to general population until she was given more pain medication.
•	At approximately 1:00 a.m., RN gave BELL a nitroglycerin tablet and documented her vital signs were normal. BELL told she wished to stay in the medical unit until she was seen by a provider, but he advised her that a provider would be
122 ODO 123 The h 124 ODO 125 The n 126 Medie	ing unit D control log. interview of Officer April 9, 2014. cousing unit D post log records Officer escorted BELL to medical at 12:05AM on February 13, 2014 interview of Officer April 8, 2014. enedical unit post log documents BELL arrived to medical at 12:07AM on February 13, 2014. cal progress note by RN February 13, 2014. interview of RN April 10, 2014.



¹²⁸ Housing unit D control log.

¹²⁹ Office relieved Officer for the day shift.

¹³⁰ ODO interview of Officer , April 8, 2014.

¹³¹ BELL was logged out of housing unit D at 8:29AM, and logged into the medical unit at 8:30 a.m.

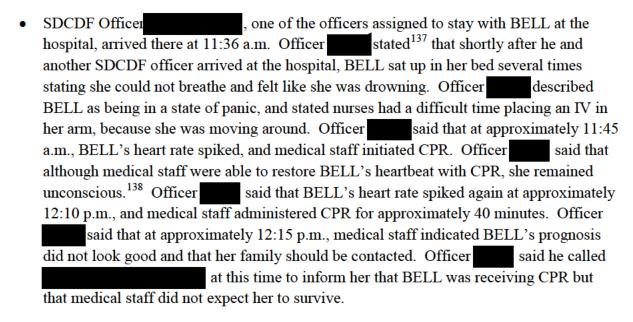
Medical progress note by Dr. February 13, 2014.

¹³³ Exhibit 1, page 23.

¹³⁴ Medical log.

•	At 9:41 a.m., emergency responders received a call from SDCDF concerning BELL, and
	emergency medical personnel arrived at BELL's bedside at 9:50 a.m. 135

•	At 10:03 a.m., the ambulance carrying BELL departed SDCDF and arrived at SCVMC at
	10:24 a m ¹³⁶



At 12:37 p.m., Dr.
 SCVMC pronounced BELL dead. 139

• At 12:45 p.m. Officer called stated to report that BELL had expired. 140 stated 141 that after he was informed of BELL's death, he immediately notified Assistant Shift Supervisor who informed informed Supervisory Immigration Enforcement Agent (SIEA) of BELL's death by telephone at 12:45 p.m., and other ICE ERO staff were informed via email at 1:00 p.m. 142

 At 3:04 p.m., Medical Examiner Christopher Burton performed an external examination of BELL's body, and documented her cause of death as sudden cardiac death, acute

ODO interview of Officer , April 10, 2014.

¹³⁵ American medical response team report.

¹³⁶ Id

¹³⁸ This is also reported in incident statement.

¹³⁹ Exhibit 4: County of San Diego, Office of the Medical Examiner, Investigative Report.

¹⁴⁰ Exhibit 5: Incident Report.

¹⁴¹ ODO interview of April 8, 2014.

¹⁴² Exhibit 5.

coronary syndrome, and multivessel coronary artery disease due to arteriosclerotic vascular disease. 143

On February 14, 2014, at 9:32a.m., Supervisory Detention and Deportation Officer (SDDO) contacted the Jamaican Embassy in Washington D.C., and notified Ambassador Stephen Vasciannie of BELL's death SDDO provided Ambassador Vasciannie with contact information for BELL's next of kin.

On February 19, 2014, BELL's Certificate of Death was completed by County of San Diego Coroner, Glenn Wagner. 145

SECURITY AND HEALTHCARE REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise in detention management including security and healthcare, reviewed the safety and security of BELL while she was detained at SDCDF, as well as the medical care she was provided while housed there. Creative Corrections found SDCDF did not fully comply with the following ICE PBNDS: Emergency Plans, and Sexual Abuse and Assault Prevention and Intervention. The Creative Corrections Security and Healthcare Compliance Analysis is included as an Exhibit to this report.

IMMIGRATION AND DETENTION HISTORY

On May 16, 1995, the former Immigration and Naturalization Service (INS) encountered and arrested BELL at the Miami International Airport, Miami, Florida, where she tried to enter the United States illegally and was found to have drugs on her person.

On August 16, 1995, the 11th Circuit Court of Miami, Florida, convicted BELL for the offense of drug trafficking. BELL was sentenced to 30 months of incarceration.

On June 25, 1996, BELL was transferred to INS custody in Miami, Florida.

On August 26, 1996, BELL was ordered excluded from the United States by an Immigration Judge in Fort Lauderdale, Florida.

On November 22, 1996, BELL was removed to Jamaica by the INS.

On December 24, 2013, BELL applied for admission to the United States from Mexico through the pedestrian lanes of the San Ysidro Port of Entry, San Ysidro, California. BELL presented a

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¹⁴³ Exhibit 4

¹⁴⁴ February 14, 2014 email communication from SDDO documents notification of BELL's death to the

Jamaican Embassy.

145 Exhibit 6: Certificate of Death

counterfeit Canadian passport and claimed to be a Canadian citizen. BELL was taken into CBP custody and placed in a hold room at the San Ysidro Port of Entry.

On December 28, 2013, BELL was interviewed and determined to be inadmissible. During the interview, BELL claimed asylum and was provided with a Form M-444, Information About Credible Fear Interview, which she signed and submitted that same day.

On January 2, 2014, BELL was transferred to the custody of the ICE ERO San Diego Field Office, and was transported to SDCDF where she was detained by ICE ERO until her death.

On January 30, 2013, BELL received a Credible Fear Interview from an asylum officer, and was found to have credible fear of persecution or torture. BELL was also served a Notice to Appear by ICE on this date, ordering her to appear for removal proceedings at a "to be set" date and time.

On February 7, 2014, BELL was served with notification that parole was denied based on her previous criminal history.

CRIMINAL HISTORY

According to the National Crime Information Center (NCIC), BELL was assigned an FBI number and a Florida state identification (SID) number. On August 16, 1995, BELL was convicted of trafficking a controlled substance by the 11th Circuit Court of Miami, Florida.

INVESTIGATIVE FINDINGS

Safety and Security

BELL spent approximately 43 days at SDCDF during which time she visited the medical unit frequently and spent several days in medical housing. Both medical and correctional staff described BELL as very sick during interviews with ODO. Review of documentation and interviews with correctional staff demonstrate that correctional officers were responsive to BELL's requests for medical care and were extremely attuned to her condition and needs.

SDCDF called EMS for BELL on both January 26, 2014, and February 13, 2014. Correctional personnel acted appropriately on both occasions, and ODO did not identify any deficiencies with respect to emergency response. However, ODO determined SDCDF did not retain surveillance videos for BELL's housing unit or the medical unit from February 12 and 13, 2014. Creative Corrections noted that surveillance video supplements written reports and supports the integrity

of the investigation. 146 Additionally, SDCDF did not collect incident reports from all staff members who had contact with BELL during the hours leading up to her death.

During the course of the review, ODO identified concerns relating to BELL's intake which are not relevant to her death, but are noteworthy. First, when she was classified, the wrong severity level was applied to her prior conviction; ¹⁴⁷ second, SDCDF's facility security threat group assessment for BELL was not completely filled out; and third, BELL's SAST was not provided to appropriate medical and mental health care staff for follow-up. Facility policy does not provide written guidance for the handling of SAST forms, and interviews with staff demonstrated that staff were unfamiliar with any protocol for processing the form. Creative Corrections advised that establishing written procedures and providing training ensures staff are aware of and accountable for fulfillment of their responsibilities, and proper handling of the SAST is critical to ensuring detainees receive necessary follow up. 148

ODO determined SDCDF did not fully comply with the ICE PBNDS 2008 on Emergency Plans, and Sexual Abuse and Assault Prevention and Intervention.

1. ICE PBNDS 2008, Emergency Plans, section (V)(d)(18)(b), Post Emergency Procedures states, "The post-emergency part of the plan shall include the following action items: b. collecting written reports..."

The following staff members did not file incident reports following BELL's death: , who escorted BELL to medical the morning of February 13, 2014; , who initially accompanied BELL to the Officers hospital on February 13, 2014; and, all medical staff. Creative Corrections noted that obtaining written reports in a timely manner assures all persons involved document events, activities, interactions, and observations, which may have relevance in fact finding. 149 Additionally, transportation officers , who were with BELL at the hospital at the time of her death, filed identically worded incident reports instead of independent recollections.

2. ICE PBNDS 2008, Emergency Plans, section (V)(D)(18)(h), Post Emergency Procedures states, "The post-emergency part of the plan shall include the following action items: Debriefing of staff involved and follow-up for additional analysis and implications for changes in policy or procedures..."

Exhibit 1, page 26.
 Application of the wrong severity level did not affect BELL's overall classification rating.
 Exhibit 1, page 27.

¹⁴⁹ Exhibit 1, page 27.

SDCDF did not conduct a debriefing with involved staff members following BELL's death.

3. ICE PBNDS 2008, Sexual Abuse and Assault Prevention and Intervention, section (V)(H) states, "Each new arrival shall be kept separated from the general population until he or she is classified and may be housed accordingly."

The processing of BELL included the administration of a Sexual Abuse Screening Tool (SAST). ODO determined that during administration of the SAST, BELL answered affirmatively to three questions in Section II of the SAST form. The SAST form contains language below Section II which states, "If the inmate/resident answers "yes" to three (3) or more of the questions above in Section II...immediately refer the inmate/resident to Classification/Unit Staff & Health Services for further evaluation and screening." BELL's detention file did not contain documentation that her SAST form was referred to classification or medical staff for review.

ODO spoke to intake staff who described that as a matter of practice, SAST forms are placed by intake officers in a folder labeled "Prison Rape Elimination Act (PREA)," located in the intake area. Medical staff working in intake are expected to check the folder at least once per shift and review the SAST forms for any unusual responses.

Medical staff questioned by ODO stated that upon review, if an SAST form raises concerns, security staff are alerted and the form is placed in the "mental health mailbox" for mental health staff to review; however, one nurse encountered by ODO, who has worked at SDCDF for over two years and frequently works in intake, commented that she had never seen the SAST form and was unaware of how to handle it.

Creative Corrections noted that although BELL's SAST form was placed in her detention file, there was no documentation of review and follow up by any staff person following its completion. Creative Corrections also noted that based on interviews and a review of facility policies, it is apparent there are no set procedures for processing the SAST forms, and staff responsibilities and accountability have not been established. In BELL's case, her medical record documents that she was medically cleared for housing, without any notation that her SAST form was reviewed by medical or mental health staff. Further, BELL's first assessment by mental health staff did not occur until February 8, 2014, more than 30 days after she was processed into the facility.

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¹⁵⁰ Exhibit 1, page 6.

¹⁵¹ Id

Creative Corrections advises that although there were no adverse outcomes in detainee BELL's case, the lack of procedures to assure positive screening responses are evaluated by appropriate personnel, negates its purpose, and potentially places detainees at risk. 152

4. ICE PBNDS 2008, Sexual Abuse and Assault Prevention and Intervention, section (V)(H) states, "Detainees at risk for sexual victimization shall be identified, monitored and counseled. Detainees identified as "high risk" for sexual victimization shall be assessed by a mental health or other qualified health care professional."

BELL did not receive any evaluation by a mental health care professional for sexual victimization despite documenting on her SAST that she had been approached for sex and threatened with sexual assault while previously incarcerated.

Medical Care

ODO did not find any deficiencies with respect to BELL's medical care at SDCDF. However, as described in Creative Correction's report, 153 several concerns were identified during review of BELL's medical care.

- 1. The February 4, 2014, order limiting BELL's nitroglycerin tablets was worded in a way that led to confusion regarding whether BELL was to be given three tablets every 24 hours, or have three tablets on her person at all times. As a result, a medical emergency was called for BELL on February 5, 2014, when she ran out of nitroglycerin tablets.
- did not follow SDCDF's chest pain guidelines the morning of February 13, 2014, when he failed to call 911 after BELL reported needing morphine for pain that "does not go away." ¹⁵⁴ According to SDCDF's chest pain guidelines, the duration of BELL's chest pain, coupled with her significant cardiac risk factors and history of heart disease, warranted a call to 911.
- 3. During interviews, several nurses indicated that they were unsure whether SDCDF had chest pain guidelines, or were unsure of the guidelines' contents. Creative Corrections pointed out that it is critical that nurses receive training and adhere to established guidelines.

¹⁵² Id. ¹⁵³ Exhibit 1, p. 28.

¹⁵⁴ Medical progress note by RN , February 13, 2014.

EXHIBIT LIST

- 1. Creative Corrections Security and Healthcare Compliance Analysis
- 2. SDCDF Nursing Chest Pain Guidelines
- 3. Medical progress note from BELL's February 8, 2014 mental health assessment
- 4. County of San Diego, Office of the Medical Examiner, Investigative Report
- 5. Incident Report
- 6. Certificate of Death