



U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: JALLY, Romien

General Demographic/Background Information

- **Date of Birth:** February 10, 1964
- **Date of Death:** September 26, 2020
- **Age:** 56
- **Gender:** Male
- **Country of Citizenship:** Marshall Islands
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

- On October 24, 2003, U.S. Customs and Border Protection admitted Mr. JALLY into the U.S. in Honolulu, Hawaii (HI), under the Compact of Free Association as a non-immigrant.
- On June 13, 2011, the Lowell City Court in Lowell, Arkansas (AR), convicted Mr. JALLY of criminal contempt and sentenced him to 22 days of confinement, and an ordered monetary fine.
- On May 1, 2020, the Washington County Circuit Court in Fayetteville, AR, convicted Mr. JALLY of second-degree sexual assault and sentenced him to 240 months of probation. On the same date, ERO New Orleans encountered Mr. JALLY at the Washington County Jail in Fayetteville, AR, and served him with a Notice of Intent to Issue a Final Administrative Removal Order, due to his aggravated felony conviction.
- On May 5, 2020, ERO New Orleans transferred Mr. JALLY to Winn Correctional Center (WCC) in Winnfield, Louisiana (LA).

Criminal History

- On June 13, 2011, the Lowell City Court, Lowell, AR, convicted JALLY of criminal contempt and sentenced him to 22 days of confinement and ordered him to pay a fine.
- On May 1, 2020, the Washington County Circuit Court, Fayetteville, AR, convicted JALLY of sexual assault 2nd degree and sentenced him to 240 months of probation.

Medical History

Medical Records from WCC

On May 5, 2020, using a Marshallese interpreter, a registered nurse (RN) completed Mr. JALLY's intake screening. Mr. JALLY denied having any medical or mental health conditions. The RN documented Mr. JALLY's blood pressure (BP) reading of 162/111 millimeters of mercury [(mm Hg); normal is less than 120/80 mm/Hg], and a pulse (P) of 115 beats-per-minute [(bpm); normal is 60 to 100 bpm]. The RN also completed Mr. JALLY's physical examination, at which time he admitted to a history of hypertension (HTN). The RN referred Mr. JALLY to mental health, due to his charges, and scheduled serial BP checks for five days.

June 12 to July 2, 2020, during three different encounters, an advanced practice provider (APP) evaluated Mr. JALLY for elevated BP and diagnosed him with uncontrolled HTN. Mr. JALLY



was prescribed anti-hypertensive medications. Baseline laboratory studies, an electrocardiogram (ECG), and a chest x-ray were also ordered.

On July 8, 2020, a review of Mr. JALLY's laboratory test results indicated elevated blood glucose. As a result, Mr. JALLY was diagnosed with Type 2 diabetes mellitus (T2DM) and started on an oral diabetic medication, including twice daily blood sugar checks.

On July 20, 2020, an APP evaluated Mr. JALLY for a chronic care appointment, adjusted his anti-hypertensive medications, and scheduled a one-month follow-up.

On August 18, 2020, an APP evaluated Mr. JALLY for his chronic care appointment. During the evaluation, the APP noted Mr. JALLY's BP remained elevated (163/104 mm/Hg), he had a headache, and admitted he was non-compliant with his anti-hypertensive medications. Mr. JALLY's anti-hypertensive medications dosage were adjusted and he was scheduled for a three-month follow-up.

On August 23, 2020, Mr. JALLY approached a clinical staff member in his unit and reported not feeling well and with an increased temperature (T) of 100.5 degrees Fahrenheit [(°F); normal 97.8 – 99.1°F]. Mr. JALLY was given a COVID-19 nasal swab test and admitted in a restricted housing unit, for close monitoring.

On August 24, 2020, Mr. JALLY denied respiratory complaints, and his vital signs (VS) were within normal limits.

On August 25, 2020, at approximately 8:00 a.m., Mr. JALLY's oxygen saturation [(SpO₂) level decreased to 92% (normal 94 – 100%) on room air and he was admitted to the medical housing unit (MHU) for closer monitoring. Mr. JALLY's COVID-19 test showed positive results.

- **At approximately 1:00 p.m.**, an RN assessed Mr. JALLY, noted diminished lung sounds, and an SpO₂ level of 91% on room air. Mr. JALLY denied shortness of breath and reported feeling fine. Mr. JALLY was started on supplemental oxygen.
- **At approximately 2:00 p.m.**, Mr. JALLY's SpO₂ level ranged from 90 - 93% on room air but increased to 94% with supplemental oxygen. Mr. JALLY was transferred to Winn Parish Medical Center (WPMC) in Winnfield, LA, where he was admitted for pneumonitis (inflammation of the lungs), hypoxia (deficient oxygen supply reaching the tissues), and previous positive COVID-19 results.

August 26 to 27, 2020, Mr. JALLY remained stable with supportive care.

On August 28, 2020, Mr. JALLY's condition worsened. Despite the use of supplemental oxygen, Mr. JALLY's respiratory rate remained elevated at 40 breaths-per-minute [(bpm); normal 18 to 20 bpm], and his SpO₂ level was low at 94%. As a result, Mr. JALLY was transferred to Christus St. Francis Cabrini Hospital (CSFCH) in Alexandria, LA, for a higher-level of care, with subsequent admission into the intensive care unit (ICU).



WCC's CSFCH Updates

On August 29, 2020, Mr. JALLY's SpO2 level fluctuated between 88 - 93% with high flow supplemental oxygen, and the MD ordered administration of convalescent plasma.

August 30 to September 3, 2020, despite abnormal radiographic findings Mr. JALLY's condition improved, resulting in his discharge from ICU and a transfer to a step-down medical unit.

September 4 to 9, 2020, Mr. JALLY's condition remained stable, and he was able to perform his activities of daily living (i.e., showering, eating, and dressing himself).

On September 10, 2020, Mr. JALLY became febrile, his SpO2 level decreased, and again required supplemental oxygen.

September 11 to 12, 2020, Mr. JALLY's temperature remained elevated and his SpO2 levels ranged between 90 - 95% with supplemental oxygen.

On September 13, 2020, the MD diagnosed Mr. JALLY with bacterial pneumonia and ordered antibiotics and bi-level positive airway pressure [(BiPAP); breathing machine used to deliver air to the lungs and improve breathing] therapy.

Synopsis of Death

On September 14, 2020, the MD re-admitted Mr. JALLY to the ICU due to an elevated heart rate and declining kidney function.

On September 15, 2020, Mr. JALLY's heart rate stabilized; however, he became increasingly agitated and required sedation. The MD diagnosed Mr. JALLY with encephalopathy (a disease of the brain) and requested a neurology consultation.

September 16 to 17, 2020, Mr. JALLY's condition continued to decline.

On September 18, 2020, Mr. JALLY developed respiratory acidosis (condition when the lungs cannot remove produced carbon dioxide, causing the blood to become acidic) and worsening acute respiratory distress syndrome [(ARDS); condition in which the organs receive an inadequate oxygen supply due to the accumulation of fluid in the lungs], requiring intubation.

September 19 to 23, 2020, Mr. JALLY's condition continued to decline with a decrease in neurological and kidney function, requiring dialysis.

On September 24, 2020, the MD spoke with Mr. JALLY's family, advising them of Mr. JALLY's condition (critical) and poor prognosis.

On September 25, 2020, Mr. JALLY's condition remained critical.

On September 26, 2020, Mr. JALLY was pronounced dead at 8:19 a.m.



On September 28, 2020, Mr. JALLY's autopsy report showed his cause of death was acute respiratory distress syndrome, due to COVID-19.