U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: BA, Ousmane

General Demographic/Background Information

- **Date of Birth:** July 23, 1990
- **Date of Death:** February 23, 2024
- **Age:** 33
- **Gender:** Male
- **Country of Citizenship:** Senegal
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

On August 31, 2023, the U.S. Border Patrol encountered Mr. BA near Lukeville, Arizona and charged him with inadmissibility pursuant to Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA), as a noncitizen not in possession of a valid document required for entry.

On September 4, 2023, Enforcement and Removal Operations (ERO) New Orleans received Mr. BA into ICE custody and housed him at Adams County Detention Center (ACDC) in Natchez, Mississippi.

On October 20, 2023, ERO New Orleans transferred Mr. BA to Winn Correctional Center (WCC), in Winnfield, Louisiana (LA).

Criminal History

N/A

Medical History

On October 20, 2023, A licensed practical nurse completed Mr. BA's intake screening, and noted Mr. BA denied any current or past medical, dental, or mental health conditions. Review of Mr. BA's Adams County Detention Center (ACDC) transfer summary also showed no medical conditions. The LPN documented normal vital signs and cleared him for general population.

- **On the same date**, a registered nurse (RN) completed Mr. BA's initial health assessment, documented a normal exam, vital signs, and negative history of past medical, mental health, or dental history.

On November 4, 2023, an LPN assessed Mr. BA for a complaint of abdominal pain for two days. Mr. BA denied nausea, vomiting or diarrhea. Mr. BA reported spicy food he consumed the prior day triggered the pain. The LPN documented normal vital signs and exam and provided him sodium bicarbonate per local nursing protocols.

On November 8, 2023, a custody officer called a medical emergency in the dorm due to Mr. BA bleeding from his nose and mouth. The medical staff responded, and on arrival, Mr. BA reported coughing up blood and a nosebleed for two days, history of gastric ulcers, and pain to his epigastric area. An RN documented Mr. BA's alertness and orientation, normal vital signs, except a low blood pressure (BP) and oxygen saturation (SpO2) level. After transporting Mr. BA to the medical clinic, the RN documented witnessing Mr. BA cough up large amounts of bright red blood with clots. On recheck, his BP reading and SpO2 level were low with an elevated pulse rate. In addition, the RN noted the administration of oxygen at 3 liters via nasal canula. The RN obtained a provider order to transfer Mr. BA to Winn Parish Medical Center (WPMC) emergency department (ED), in Winnfield, LA, via emergency medical services (EMS), for further evaluation.

On November 9, 2023, WPMC medical staff transferred Mr. BA to Christus St. Francis Cabrini Hospital (CSFCH), in Alexandria, LA, for a higher level of specialty care. A CSFCH physician admitted Mr. BA with a diagnosis of pneumonia and initiated intravenous antibiotics.

On November 10, 2023, a CSFCH physician evaluated Mr. BA after an episode of vomiting and coughing blood during the evening, documented normal vital signs, unchanged physical exam findings, plans to continue current antibiotic treatment, and ordered a gastroenterology consult.

Between November 11 and 13, 2023, CSFCH medical staff treated Mr. BA with IV antibiotics and consulted with pulmonology and infectious disease specialists.

On November 13, 2023, CSFCH discharged Mr. BA to WCC with diagnoses of pneumonia, hematemesis, and rule out tuberculosis, and provided oral antibiotic medications.
Upon Mr. BA's return to WCC, an RN documented normal vital signs and Mr. BA's denial of any complaints. The RN obtained a provider order to admit Mr. BA to the medical infirmary respiratory isolation room, continue discharge medications, and schedule a next day provider follow-up appointment.

On November 14, 2023, an advanced practice provider (APP) completed Mr. BA's hospital return evaluation. The APP documented normal vital signs and exam, and Mr. BA's diagnoses of atypical pulmonary infection and a mass to his left upper [lung] lobe with cavitation. The APP noted a pending TB Gold result, initiated tuberculosis treatment (rifampin, isoniazid, pyrazinamide, and ethambutol [RIPE]), and ordered routine assessments and laboratory tests associated with the prescribed RIPE treatment regime. The APP continued Mr. BA's medical observation until day five of RIPE treatment and scheduled a one-week follow-up appointment.

On November 16, 2023, an APP completed Mr. BA's chronic disease follow up appointment with normal exam and vital signs, except for abnormal BP and noted Mr. Ba denied any complaints. The APP completed laboratory results review and noted pending acid-fast bacillus sputum results and continuation of RIPE treatment.

On November 21, 2023, an APP discharged Mr. BA to general population, and scheduled a provider follow-up appointment for December 19, 2023, and an off-site pulmonologist appointment for January 2, 2024.

On November 28, 2023, an APP evaluated Mr. BA for a follow up appointment and reviewed his laboratory results. Mr. BA denied any complaints, his exam and vital signs were normal, except for abnormal BP, and a significant weight loss from his admission weight. The APP ordered laboratory testing in two weeks, a comparison chest x-ray, scheduled for December 21, 2023, and nutritional supplement two times daily. In addition, the APP submitted a referral for infectious disease consultation and scheduled a 30-day follow-up appointment with a provider.

On December 27, 2023, an APP evaluated Mr. BA for complaints of decreased appetite, nausea/vomiting, coughing up blood, and feeling like food was getting stuck in his chest. The APP documented a normal exam and vital signs, except for abnormal BP, and diagnoses of tuberculosis suspect and asymptomatic chronic Hepatitis B. The APP continued Mr. BA's nutritional supplement, ordered laboratory tests for January 12, 2024, and, a chest x-ray at WPMC. - The APP also noted a plan to discontinue Mr. BA's pyrazinamide and ethambutol on January 9, 2024, and scheduled a follow-up provider appointment in 30 days.

On January 3, 2024, an APP reviewed a radiologist's report of Mr. BA's computed tomography (CT) scan of the chest without contrast results: lobular mass in the left upper [lung] lobe extending to the mediastinum appearing above the aorta arch, and noted the radiologist recommended a CT scan with IV contrast. The APP ordered a referral for a CT-guided biopsy of the left upper [lung] lobe at Rapides Regional Medical Center (RRMC) with pulmonologist.

On January 11, 2024, an APP completed Mr. BA's evaluation for a diet change request and complaint of recent weight loss, "pinching" in left lung, and hemoptysis. His vital signs were normal except for abnormal BP, and a decrease in body weight. The APP documented Mr. BA as a thin male, asymptomatic related to BP reading, no current cough, who refused omeprazole for reflux burning, and noted pending TB culture results, needle biopsy scheduled tomorrow, instructed no food or drink after midnight. The APP increased nutritional supplement order to three times daily for 30 days, ordered helicobacter pylori test, and follow-up with primary APP as scheduled.

On January 12, 2024, an RN completed Mr. BA's off-site return evaluation (needle biopsy), documented normal vital signs, and Mr. BA's denial of any complaints. An APP ordered limited activity and a pulmonologist follow-up appointment in three to four days.

On January 16, 2024, an LPN documented RRMC rescheduled Mr. BA's pulmonologist appointment for January 19, 2024, due to severe inclement weather.

On January 17, 2024, an APP evaluated Mr. BA for complaint of spontaneous nosebleed when coughing. The APP documented biopsy site to left anterior chest clean, dry, and intact, normal vital signs, except for abnormal BP, and a left upper [lung] lobe friction rub on auscultation and noted to continue with Mr. BA's current plan of care.

On January 22, 2024, based on the RRMC surgical pathology report, the biopsy results were left lung mass, no definitive evidence of a tumor, but essentially non-diagnostic with demonstration of benign pulmonary parenchyma with reactive epithelial hyperplasia and fibro- necrotic debris and hematoma that demonstrates no specific support of a neoplasm.

On January 23, 2024, an APP evaluated Mr. BA for complaint of a stabbing pain on biopsy site. The APP documented Mr. BA was in no distress, ambulating without difficulty, and normal vital signs, except for two abnormal BP readings. The APP noted assessment of left chest wall pain, left upper [lung] lobe mass and asymptomatic hypotension, and ordered naproxen 500 milligram, and omeprazole 20 mg.

On January 26, 2024, a pulmonologist evaluated Mr. BA for a follow-up appointment, documented normal vital signs and exam findings, and ordered a positron emission tomography (PET) scan.

On January 28, 2024, **at 11:22 p.m.**, a custody officer called a medical emergency in Mr. BA's dorm. Upon their arrival, medical staff observed Mr. BA bleeding profusely from his nose and mouth. The RN documented abnormal body temperature, BP, and SpO2 level. RN applied oxygen at 3 liters per nasal canula, transported Mr. BA to the medical clinic, changed the route of oxygen administration to a non-rebreather mask, and obtained a provider order to transfer Mr. BA to WPMC ED for a higher level of care.

On January 29, 2024, **at 4:32 a.m.**, a WPMC ED physician evaluated Mr. BA and documented his complaint of non-radiating anterior wall chest pain and multiple episodes of hemoptysis. Mr. BA's BP and, respiration rate were documented as abnormal while his SpO2 levels were between 93–100% with and without 1–2 liters of oxygen via mask. Mr. BA was documented as experiencing mild respiratory distress with tachypnea. Additionally, the physician noted aspirin not ordered due to recent bleeding.

- **At 5:26 a.m.**, while at WPMC ED, Mr. BA collapsed while ambulating to the restroom. WPMC staff noted mild hypoxia tachypnea, no injuries, and chest CT scan showed diffuse ground glass opacities with mass like consolidation in left upper [lung] lobe; malignancy not to be ruled out.

On January 30, 2024, WPMC transferred Mr. BA to CSFCH for a higher level of care and in-patient admission. On arrival at CSFCH, Mr. BA reported ongoing shortness of breath, dizziness, hemoptysis, left sided chest pain, chills, nausea, and vomiting. His vital signs were normal, except for abnormal BP.

On February 1, 2024, Mr. BA ambulated to the restroom, experienced sudden severe hemoptysis, and subsequently developed respiratory arrest. Medical staff called a code blue. Mr. BA experienced agonal breathing with low SpO2 level. The medical staff administered supplemental oxygen via a bag valve mask, initiated IV anti-hypotensive medications, performed emergent intubation and bronchoscopy, and noted large amounts of blood and clots throughout Mr. BA's airways with active bleeding from the anterior segment of his left upper lung lobe. The medical staff ordered blood transfusions and transferred Mr. BA to the intensive care unit (ICU).

> **On the same date**, Mr. BA's chest CT results showed a soft tissue mass in the left upper lung lobe, located adjacent to thrombosed subclavian artery, and extensive infiltrates noted throughout both lungs, consistent with severe bilateral pneumonitis.

On February 2, 2024, Mr. BA experienced cardiac arrest twice, and CSFCH medical staff successfully resuscitated him on both occasions. Mr. BA remained intubated and medically sedated in ICU.

Between February 3 - 7, 2024, Mr. BA remained in critical condition, sedated, aroused to verbal stimuli, but unable to follow commands. Medical staff ordered an echocardiogram (results: right side heart failure), ultrasound (results: deep vein thrombosis to the right upper extremity and left lower extremity), and cardiology and nephrology consultations.

On February 8, 2024, CSFCH medical staff successfully extubated Mr. BA and initiated oxygen administration via venti-mask, which Mr. BA tolerated well.

On February 11, 2024, Mr. BA's condition and prognosis improved; CSFCH medical staff transferred him from the ICU to a general medical floor.

Between February 12 - 20, 2024, Mr. BA remained in stable condition. WPMC's cardiovascular surgeon completed a consult for a possible left upper lobe lung resection and ordered a CT scan.

On February 23, 2024, **at 11:30 p.m.**, Mr. BA experienced respiratory arrest, and subsequent cardiac arrest. CSFCH medical staff performed lifesaving measures but was unable to successfully resuscitate Mr. BA.

- **At 11:51 p.m.**, the CSFCH attending medical doctor pronounced Mr. BA deceased.