



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: VOLKOV, Guerman**

General Demographic/Background Information

- **Date of Birth:** February 16, 1962
- **Date of Death:** November 30, 2018
- **Age:** 56
- **Sex:** Male
- **Country of Citizenship:** Russia
- **Marital Status:** Single
- **Children:** None

Immigration History

- Mr. VOLKOV entered the United States through Miami, Florida on November 4, 1998 as a nonimmigrant Temporary Visitor for Pleasure/B-2 with authorization to remain in the United States for a temporary period not to exceed May 3, 1999. Mr. VOLKOV remained in the United States beyond May 3, 1999 without authorization.
- On June 26, 2017, Mr. VOLKOV was encountered at the Pasco County Jail (PCJ) in Land O' Lakes, Florida. Mr. VOLKOV readily admitted he did not have any valid documents to lawfully be or remain in the United States. Mr. VOLKOV was taken into custody without incident and transported to the Tampa ERO resident office for processing and issuance of a Notice to Appear.
- On June 26, 2017, Mr. VOLKOV was booked into the Baker County Detention Center.
- On December 15, 2017, Mr. VOLKOV was issued a Final Order of Removal.
- On January 29, 2018, ERO requested travel documents for Mr. VOLKOV.

Criminal History

- 05/13/1999 – DISORDERLY CONDUCT (NCIC 5311) – Convicted (09/08/1999) and had to pay court costs
- 12/25/1999 – DRIVING UNDER INFLUENCE LIQUOR (NCIC 5404) – Convicted (02/02/2000) sentenced to nine (9) months' probation, fined, and had to pay court costs
- 02/10/2016 – FELONY ASSAULT (NCIC 1399) – Convicted (03/18/2016) sentenced to time served (38 days), one-year probation, and had to pay court costs

Medical History

- **On June 27, 2017**, a licensed practical nurse (LPN) completed Mr. VOLKOV's intake screening and reviewed his accompanying PCJ and Pinellas County Sheriff's Office transfer summaries. The transfer summaries noted Mr. VOLKOV had a medical history of hypertension and conversion disorder (a mental condition in which a person has blindness, paralysis, or other neurologic symptoms that cannot be explained by medical evaluation) and was on the following medications: lisinopril and metoprolol (anti-hypertensive medications) and levetiracetam and carbamazepine (anti-seizure medications for conversion disorder). Mr. VOLKOV reported a history of seizure disorder (last seizure two months ago), hypertension, a heart condition, broken/missing teeth, and denied a history of mental health conditions. His vital signs (VS) were within normal limits (WNL), except an elevated blood pressure (BP) of 136/90 (normal 120/80). The LPN consulted with Baker County Detention



Center's (BCDC) medical director (MD) regarding Mr. VOLKOV's medical conditions and scheduled Mr. VOLKOV for a chronic care clinic evaluation. The MD continued Mr. VOLKOV's medications.

- **On June 29, 2017**, an MD completed Mr. VOLKOV's chronic care evaluation. Mr. VOLKOV did not report any symptoms and his examination was unremarkable, except for an elevated BP of 155/102. The MD ordered an EKG for that day and laboratory studies to be drawn on July 3, 2017: complete blood count (CBC) with differential, comprehensive metabolic panel (CMP), lipid profile, carbamazepine level, and a urinalysis (UA).
- **On July 3, 2017**, the laboratory studies were drawn as ordered on June 29, 2017. Mr. VOLKOV's abnormal laboratory studies results showed mild anemia and mildly elevated cholesterol (very low-density lipoprotein (VLDL) and low-density lipoprotein (LDL)).
- **On September 12, 2017**, an MD evaluated Mr. VOLKOV for his chronic care conditions and a painful left inguinal hernia. Mr. VOLKOV denied any past hospitalizations and his VS were WNL. The MD documented a good degree of control of Mr. VOLKOV's hypertension and seizure disorder with his current medications.
- **On September 12, 2017**, BCDC's security staff notified an LPN that Mr. VOLKOV stated, "If I can't go home, then I just want to kill myself." The LPN notified a licensed mental health counselor (LMHC) and initiated suicide watch protocols.
- **On September 13, 2017**, a Licensed Mental Health Clinician (LMHC) discontinued suicide precautionary measures and cleared Mr. VOLKOV for general population.
- **On September 20, 2017**, a LMHC evaluated Mr. VOLKOV during a mental health encounter. Mr. VOLKOV presented with rapid speech, anxiety, possible delusional speech, and reported he felt unsafe, because there was a "hit" ordered on his life by President Trump and the sheriff. He also voiced that he was afraid he would be raped during the night. Mr. VOLKOV felt reassured after a custody officer informed him of the 15-minute safety checks. He denied suicidal or homicidal ideations.
- **On October 11, 2017**, Mr. VOLKOV reported to the LMHC complaining of irritability and dysphoria (a profound state of unease or dissatisfaction). He denied suicidal and homicidal ideations.
- **On October 23, 2017**, a RN documented Mr. VOLKOV's VS were stable, except for a low BP of 79/56 right arm and 82/62 left arm. The RN gave Mr. VOLKOV some Gatorade and encouraged him to increase his fluid intake. Later that day, Mr. VOLKOV's BP was 90/56 and he was asymptomatic.
- **On December 6, 2017**, a LMHC reported to an LPN that Mr. VOLKOV was not feeling well. Mr. VOLKOV provided mumbled responses to questions pertaining to his BP of 75/58. The MD was notified and ordered continued monitoring and to hydrate with Gatorade. Later that day, a psychiatrist evaluated Mr. VOLKOV for previous reports of "racing thoughts." During the assessment, Mr. VOLKOV presented calm, cooperative, and reported having a good appetite and no seizures. Mr. VOLKOV reported difficulty sleeping and requested medication for insomnia. The psychiatrist diagnosed Mr. VOLKOV with acute stress disorder, with anxiety, insomnia, and hallucinations. The psychiatrist continued chlorpromazine and initiated hydroxyzine pamoate (antihistamine and sleep aid).
- **On December 26, 2017**, a BCDC's custody officer notified medical staff that Mr. VOLKOV was found "lying in bed and not acting right." An LPN saw Mr. VOLKOV lying on his back, with his right leg elevated and bent, due to muscle spasms. The LPN notified



the MD, who ordered a one-time dose of cyclobenzaprine (muscle relaxant). The LPN administered the medication to Mr. VOLKOV and scheduled him for an MD follow-up.

- **On February 13, 2018**, a RN consulted with the MD after Mr. VOLKOV allegedly reported he fell (unwitnessed). The MD ordered Mr. VOLKOV to be admitted to the MHU for oral rehydration, pending evaluation. Mr. VOLKOV reported he hit his forehead during the fall. The RN identified a quarter size abrasion to his left forehead and on exam, his pupils were equal, reactive to light, and accommodation. Mr. VOLKOV denied having any nausea, sweating, or pain, and his VS were WNL, except for a low BP of 85/65. The RN provided Mr. VOLKOV with Gatorade and an ice pack for his forehead.
- **On February 14, 2018**, Mr. VOLKOV refused all morning medications, Gatorade, and his BP was 70/52. A RN received a verbal order from the MD to continue encouraging oral hydration and to obtain the following laboratory studies: complete blood count, comprehensive metabolic panel, and carbamazepine and levetiracetam levels. Mr. VOLKOV's VS were WNL and he denied any further complaints.
- **On February 18, 2018**, Mr. VOLKOV's BP was 63/50. The LPN contacted the MD. The following verbal orders were given: hold Mr. VOLKOV's BP medications, discontinue metoprolol, encourage fluid hydration with Gatorade, and continue BP checks every shift, for five days.
- **On February 20, 2018**, the MD discharged Mr. VOLKOV from MHU to general population and ordered the following: discontinuation of metoprolol, increase oral fluids and exercise, and continue BP monitoring for five days.
- **On August 8 and 9, 2018**, Mr. VOLKOV refused his annual health assessments.
- **On October 3, 2018**, a LMHC identified Mr. VOLKOV's medications were expired and he refused psychiatric treatment. The LMHC educated Mr. VOLKOV on the importance of medication compliance and adherence to scheduled medical appointments.
- **On November 26, 2018**, at 7:05 a.m., a LPN responded to an urgent call to evaluate Mr. VOLKOV in the dorm for "unresponsiveness." Mr. VOLKOV's vital signs were abnormal with an elevated pulse (P) rate of 114 and a respiratory (R) rate of 22, and a low oxygen saturation (SaO₂) of 86%. Mr. VOLKO's also had an elevated random blood sugar level of 187 mg/dl. Mr. VOLKOV appeared pale, diaphoretic (sweating), confused, with periods of apnea (cessation of breathing), difficult arousing, and abrasions to his skin. The LPN notified the medical director, who ordered to initiate oxygen via non-breather mask and transport to local emergency department (ED) via emergency medical services (EMS).
 - At approximately 7:15 a.m., EMS transported Mr. VOLKOV from BCDC to Ed Fraser Memorial Hospital (EFMH) ED.
 - At 9:45 a.m., EFMH's staff provided an update to BCDC's LPN: stable condition, and that Mr. VOLKOV would be transferred to Memorial Hospital of Jacksonville (MHJ) for continued evaluation and treatment.
- **On November 28, 2018**, at 8:30 p.m., an MD gave a verbal order to a RN to admit Mr. VOLKOV to the MHU for observation when discharged from MHJ, to include the implementation of suicide watch protocols because Mr. VOLKOV had verbally expressed a desire to die in the hospital.
 - At 8:15 p.m., a BCDC RN contacted MHJ for a status update. MHJ staff reported Mr. VOLKOV was diagnosed with a small bowel obstruction, had a hemoglobin (Hgb) result of 8.4 g/dl, and nutritional support was provided using a nasogastric tube (catheter inserted through the nose, past the throat, and down into the stomach).



- The RN also reported that Mr. VOLKOV was verbally abusive to MHJ's staff and reported that he would rather die than to get better and he wished to die.
- At 9:00 p.m., Mr. VOLKOV returned to BCDC from MHJ "against medical advice." He was admitted to the MHU on suicide watch and referred to a mental health provider. Mr. VOLKOV refused vital signs assessment.
 - • At 10:10 p.m., Mr. VOLKOV refused to have a physical exam performed.
 - **On November 29, 2018**, during morning rounds, an RN administered Mr. VOLKOV's medications and scheduled him a same day psychiatric appointment. His VS were WNL and he denied any complaints.
 - At 7:55 a.m., Mr. VOLKOV reported, "I don't want to kill myself, not today, not tomorrow, not next month." The LMHC discontinued the suicide watch protocols and initiated mental health observation, with clothing and utensil restrictions, for every thirty minutes.
 - At 9:00 a.m., an MD evaluated Mr. VOLKOV for unstable VS and altered mental status. The MD evaluated Mr. VOLKOV in a wheelchair and reported he was in stable condition.
 - At 12:15 p.m., the LMHC initiated a special needs form to discontinue all suicide watch protocols and cleared Mr. VOLKOV for general population without restrictions. Mr. VOLKOV did not exhibit any signs or symptoms of suicidal/homicidal ideations.
 - At approximately 7:10 p.m., a psychiatrist evaluated Mr. VOLKOV and found him experiencing shortness of breath while talking and unable to verbalize if his abdomen was hurting. "Nurses advised to consult with primary care for [chest x-ray] and possible aspiration pneumonia." Mental status exam (MSE): disheveled appearance, oriented with good eye contact, anxious with congruent affect, intact memory, unremarkable behavior, cooperative, coherent speech, and unremarkable thought content. Mr. VOLKOV denied any suicidal or homicidal ideations, or distorted perception. Mr. VOLKOV presented with anxiety and complained of a poor appetite. The psychiatrist diagnosed Mr. VOLKOV with unspecified psychosis. All psychotropic medications were ordered to be held at this time due to a possible small bowel obstruction, and a follow-up visit was scheduled in 30 days.

Synopsis of Death

- **On November 30, 2018**, an RN evaluated Mr. VOLKOV in MHU. He did not report or appear to be in acute distress. His vital signs were: BP 143/94, P 112, R 23 (even and unlabored), and SaO₂ was 96% on room air. Examination: lung sounds clear in all four quadrants.
- At approximately 11:30 a.m., the MD examined Mr. VOLKOV and noted the following: alert and oriented, visibly in distress, difficulty breathing, distended abdomen, severe abdominal pain on palpation, negative bowel sounds, and pale skin. His vital signs were: BP 94/61, P 120, R 16, and SaO₂ of 76%.
- At approximately 11:48 a.m., the MD ordered Mr. VOLKOV to be transported to the local hospital and informed him of his assessment findings, his pending hospital referral, and the importance of remaining in the hospital.
- At approximately 12:05 p.m. Mr. VOLKOV was transported to MHJ's ED via EMS.



- At approximately 12:59 p.m., Mr. VOLKOV arrived at MHJ's ED. The admitting diagnosis was ascites (excess fluid in the abdomen), unstable vital signs, dyspnea (shortness of breath), and generalized weakness. Mr. VOLKOV complained of mid to umbilical abdominal pain. Examination: alert, oriented, but displayed symptoms of respiratory distress. Mr. VOLKOV's vital signs were: T 97.1, R 26, P 120, BP 91/64, and SaO₂ of 86%, on room air. Fifteen liters of oxygen were initiated via non-rebreather mask and his SaO₂ increased to 96%. Abdomen: bowel sounds sluggish in upper right and left quadrants and absent in right and left lower quadrant.
- At approximately 1:11 p.m., Mr. VOLKOV “vomited feces” and experienced cardiac arrest. Advanced cardiac life support (ACLS) measures were initiated. After forty-eight minutes of an unsuccessful resuscitation, an MHJ physician pronounced Mr. VOLKOV dead at 1:59 p.m.