



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: DANIEL, Charles Leo**

General Demographic/Background Information

- **Date of Birth:** July 3, 1962
- **Date of Death:** March 7, 2024
- **Age:** 61
- **Gender:** Male
- **Country of Citizenship:** Republic of Trinidad and Tobago
- **Marital Status:** N/A
- **Children:** N/A

Immigration History

On July 11, 2000, Mr. DANIEL entered the United States at Miami, Florida, as a Nonimmigrant Visitor (B1).

On July 29, 2015, ICE Enforcement and Removal Operations (ERO) Seattle encountered Mr. DANIEL at Washington Corrections Center, located in Shelton, WA, and lodged an Immigration Detainer, Form I-247.

On March 31, 2020, the Washington State Penitentiary, in Walla Walla, WA, released Mr. DANIEL to the administrative custody of ERO Seattle.

On April 2, 2020, ERO Seattle charged Mr. DANIEL with the following and detained him at Northwest ICE Processing Center (NWIPC), Tacoma, Washington (WA).

- Removability under Section 237(a)(1)(B) of the INA, as a nonimmigrant who remained in the United States for a time longer than permitted,
- Section 237(a)(2)(A)(iii) of the INA, for a conviction of an aggravated felony (murder) with a sentence to a term of imprisonment longer than one year, and
- Section 237(a)(2)(A)(i) of the INA, for a conviction of a crime involving moral turpitude committed within five years after admission for which a sentence of one year or longer may be imposed.

Criminal History

On May 19, 2003, the Seattle Police Department in Seattle, WA arrested Mr. DANIEL for murder in the 2nd degree.

On October 29, 2003, the King County Superior Court in Seattle, WA convicted Mr. DANIEL of murder in the 2nd degree and sentenced him to 220 months of prison and 24-48 months of community custody.



Synopsis of Events

On April 2, 2020, a registered nurse (RN) completed Mr. DANIEL's intake screening and documented a past medical history of kidney stones and mild hypertension. The RN documented a normal exam and vital signs, except a slightly elevated BP. Mr. DANIEL reported previous mental health hospitalization, current use of fluoxetine and denied any suicidal or homicidal ideations.

On April 3, 2020, an advanced practice provider (APP) completed Mr. DANIEL's initial physical exam, documented bilateral lower leg edema and normal vital signs, except an elevated BP, and noted a diagnosis of hypertension without medication. The APP documented Mr. DANIEL's reported use of ace wraps to decrease his leg swelling and that he declined to start any new medications or allow any laboratory blood testing. The APP documented Mr. DANIEL's report of previous psychiatric counseling, prescribed fluoxetine, hearing voices with visual hallucinations, and delusions of "being electronically harassed, and people putting spirits on him." The APP ordered BP monitoring and fluoxetine 10 mg, orally, once daily, noted a pending mental health referral, issued a diet for health, and requested his previous medical records from Washington State Penitentiary.

- **On the same date**, a behavioral health provider (BHP) evaluated Mr. DANIEL and documented auditory and visual hallucinations, treatment with fluoxetine since 2018, marijuana, cocaine, and alcohol use. The BHP documented Mr. DANIEL's pleasant and cooperative attitude.

On April 6, 2020, an APP completed Mr. DANIEL's hypertension evaluation and diagnosed Mr. DANIEL with stage two hypertension without diabetes. Mr. DANIEL agreed to start an antihypertensive medication but refused medical consent for the medication after approximately one week. The APP documented Mr. DANIEL signed a medical consent refusal form for hypertension baseline lab work.

Between April 2020 and October 2023, medical staff monitored Mr. DANIEL's blood pressure when he consented, ordered medications to treat his hypertension, ordered laboratory testing, scheduled chronic care follow-up appointments, and educated him on a healthy lifestyle and the risks of untreated hypertension; however, Mr. DANIEL repeatedly refused medical services and medication with over 60 completed medical consent refusal forms. When Mr. DANIEL consented to blood pressure monitoring, his blood pressures ranged from 120/80 mmHg to 209/116 mmHg.

Between April 2020 and April 2023, Medical staff ordered Mr. DANIEL compression stockings for edema in both legs; however, he refused to wear them, preferring to use ace wraps.

On April 16, 2020, an RN evaluated Mr. DANIEL for administrative segregation housing per his own request, documented a BP reading of 138/70 mmHg, and notified the psychiatrist of his administrative segregation placement. Mr. DANIEL remained in administrative segregation housing through March 7, 2024, except for a two-day period in June 2021 when medical staff housed Mr. DANIEL in the medical housing unit for mental status changes. Medical and behavioral health staff monitored Mr. DANIEL appropriately while he was in administrative segregation.

April 22, 2020, a psychiatrist evaluated Mr. DANIEL, documented a history of delusional disorder, treated with risperidone (antipsychotic medicine) for a short period of time, which Mr. DANIEL refused. The psychiatrist discontinued Mr. DANIEL's daily fluoxetine and ordered fluoxetine three times a week in accordance with his prior Washington State Penitentiary medication order.



Between April 2020 and August 2021, a psychiatrist evaluated Mr. DANIEL monthly and in September 2021, a psychiatrist canceled future appointments due to Mr. DANIEL's repeated medication refusals. Mr. DANIEL's delusions persisted throughout his time in ICE custody; however, he did not agree with the psychiatrist's diagnosis of delusional disorder, nor did he consent to taking an antipsychotic medication for his delusions.

Between August and September 2022, Mr. DANIEL engaged with medical staff for complaints of left ankle and foot swelling. An APP documented an abnormal exam, noting a non-painful, firm, six centimeter in diameter thyroid mass, perforated right eardrum with minimal loss of hearing, and left ankle swelling. The APP ordered an ultrasound of the neck (result: presumptive thyroglossal duct cyst) and left leg (negative for blood clots), a computed tomography scan of the neck (result: large neck cystic lesion), chronic care labs (all normal except elevated kidney enzymes and prostate antigen), ear drops, and compression stockings, and noted Mr. DANIEL's refusal for hypertension treatment. A physician referred Mr. DANIEL to an Ear, Nose and Throat specialist; however, Mr. DANIEL later refused this consultation.

August 2023, a BHP added a significant mental illness (SMI) alert in Mr. DANIEL's medical record. Beginning that month, BHPs completed daily evaluations for Mr. DANIEL in lieu of the previous weekly evaluations because of his SMI classification and segregation housing. The BHPs continued to document Mr. DANIEL's denial of suicidal ideations.

On March 7, 2024, at approximately 5:30 a.m., an RN completed Mr. DANIEL's segregation medical round and documented he was sitting in his room and acknowledged the RN's questions appropriately.

- **At approximately 10:05 a.m.**, a BHP completed Mr. DANIEL's daily SMI segregation evaluation and documented he presented as smiling, pleasant and non-distressed, denied any suicidal ideations.
- **At approximately 10:34 a.m.**, a custody staff member announced via radio, "Man down," in Mr. DANIEL's segregation housing unit.
- **At approximately 10:37 a.m.**, responding health staff arrived at Mr. DANIEL's housing unit, and noted an unresponsive Mr. DANIEL lying on his back. The responding health staff did not identify any pulse or breathing, immediately began administering chest compressions, and called 911 to request emergency medical services (EMS).
- **At an unknown time**, EMS personnel arrived at the facility, assumed Mr. DANIEL's care, and continued providing resuscitative care.
- **At approximately 11:35 a.m.**, EMS personnel stopped all resuscitative efforts due to unsuccessful attempts to resuscitate Mr. DANIEL.