Pursuant to Fed. R. Civ. P. 26(a)(2)(B), Thomas D. Fowlkes, M.D. submits the following Expert Report on behalf of the Estate of Eusebio Castillo Rodriguez.

I am a correctional medicine physician with approximately 25 years of experience in delivering primary care in a correctional setting. I am board certified in both Emergency Medicine and Addiction Medicine. I am also a Certified Correctional Healthcare Professional-Physician (CCHP-P). I am well familiar with management in the correctional setting of the disease processes which are at issue in this case. I am also an instructor in the Mississippi Corrections Officer Training Course and I am a certified Adult Detention Officer by the State of Mississippi. My current curriculum vitae (CV) is attached with a more complete list of my qualifications.

(i) A complete statement of all opinions the witness will express and the basis and reasons for them.

Scope of report:

(I.) The appropriateness of the medical care provided to Mr. Eusebio Castillo Rodriguez (N.B. The jail and medical records refer to the decedent as Mr. Castillo. The court records use the last name Rodriquez. For consistency I will refer to Eusebio as Mr. Rodriguez.) by the Turn Key healthcare staff and

(II.) The appropriateness of the actions of the Union County Sheriff's Office (UCSO) staff in monitoring Mr. Rodriguez, providing him access to medical care

and responding to his medical emergency while he was incarcerated at the Union County Jail (UCJ) from 6/8/2022 through 6/13/2022.

My opinions are limited to those that I can offer to a reasonable degree of medical, nursing, and correctional officer certainty (*i.e*. more probable/likely than not and at least a 51% degree of certainty). My opinions are based on what the healthcare providers and correctional officers mentioned below should apply using reasonable care and the degree of skill and learning ordinarily possessed and used by members of their profession in good standing, engaged in the same type of care in a correctional care setting in El Dorado, Union County, Arkansas, or in a similar locality[1].

Factual Summary which forms the bases for my opinions below:

1. Mr. Rodriguez was a 42-year-old man (date of birth=8/14/1979) with past medical history significant for:

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[1] I have familiarized myself with the duty required of an Arkansas physician, nurse, or correctional care facility providing medical care in El Dorado, Union County, Arkansas, or similar locality. While in many respects the Arkansas standard is the same as the one used in correctional facilities nationwide, especially since this case involves very basic care, I am giving my opinions based on the standard of care for this locality or a similar one. In looking at the standard of care in localities similar to El Dorado, I have familiarized myself with the medical facilities, practices, and advantages of El Dorado and its geographical location, size, and character including, without limitation:

- El Dorado Location, Size, and Character: https://www.census.gov/quickfacts/fact/table/eldoradocityarkansas/PST045223; https://www.goeldorado.com/; https://en.wikipedia.org/wiki/El_Dorado,_Arkansas
- Area Physicians, Medical Community, and Services Available: https://sarhcare.org/; https://www.goeldorado.com/live/health-wellness/; https://www.southark.edu/academics/health-science/lpn-to-rn
- Other: Union County Detention Center: https://www.unioncountysheriff.net/divisions.html; Turn Key Health Clinics, LLC: https://turnkeyhealthclinics.com/
- Surrounding major healthcare hubs: Little Rock, AR (University of Arkansas for Medical Sciences: https://www.uams.edu/); Texarkana, AR/TX (Wadley Regional Medical Center: https://www.wadleyhealth.org/ and CHRISTUS St. Michael Health System: https://www.christushealth.org/locations/st-michael; and Shreveport, LA: Ochsner LSU Health Shreveport – Academic Medical Center: https://www.ochsner.org/locations/ochsner-lsu-health-shreveport#:~:text=Ochsner%20LSU%20Health%20Shreveport%20%2D%20Academic%20Medical%20Center%20is%20a%20407,by%20board%2Dcertified%20emergency%20doctors

a. Mr. Rodriguez received primary care from Interfaith Clinic in El Dorado where he was prescribed medications for the medical conditions discussed below. He had lab work in December 2021 and had another visit in February 2022. He was last seen on 6/2/2022 for ankle pain and lower extremity swelling. He was instructed to return the next week for lab tests. He returned to the clinic to have lab tests drawn on 6/7/2022, the day before he was incarcerated.

b. Hypertension for which he was prescribed amlodipine, hydrochlorothiazide, olmesartan (Benicar) and metoprolol. His last blood pressure was 136/96 on 6/2/2022.

b. Type II diabetes for which he was prescribed glipizide. His last known blood sugar readings were 126 mg/dL on 6/2/2022 and 185 mg/dL on 6/7/2022.

c. Alcohol use disorder (AUD)- Mr. Rodriguez struggled with alcoholism. His clinic visits list his AUD as being in remission in May 2021. However, in June 2022 Mr. Rodriguez was drinking daily or nearly so. There is no evidence in the records I have reviewed that Mr. Rodriguez abused other drugs.

d. Abnormal liver function tests- Mr. Rodriguez had abnormal liver function tests for at least the year prior to his death. When his labs were checked the day before his incarceration, his total bilirubin was 1.4 mg/dL and his transaminases were AST of 227 IU/L and ALT of 57 IU/L. He was not noted to be jaundiced at his most recent clinic visit.

e. Mixed hyperlipidemia for which he was prescribed atorvastatin. His lipids were last checked on 6/7/2022 and were improved from December 2021.

2. In court on Wednesday, 6/8/2022 Mr. Rodriguez was sentenced to ten days in jail for a driving while intoxicated (DWI) charge. He was taken into custody at court at approximately 1:30 p.m. and was booked into the UCJ at 3:01 p.m.

3. Mr. Rodriguez's booking into the UCJ on 6/8/2022 was significant for:

a. He was placed in Booking Cell #5 where he remained until 6/10/2022.

b. I do not see an inmate medical screening completed by either the UCJ correctional staff or the Turn Key healthcare staff on the day of booking.

4. Harley West, LPN (Nurse West) was the Turn Key nurse on duty on 6/8/2022 at the UCJ.

5. There is a Turn Key Health Intake Medical Questions form which is dated 6/9/2022 and which has what appears to be Mr. Rodriguez's name written in a shaky handwriting and has several questions answered with comments in a different handwriting. The form is not signed. The form reveals: (TKHC0060)

a. Mr. Rodriguez took medication for "blood pressure, diabetes" with comment: "unsure name, needs wife to bring meds."

b. He had diabetes and was not insulin dependent.

c. He reported a history of seizures.

d. He had liver problems.

e. He was not under the influence of alcohol or drugs.

f. The question "Any Chance in Detox occurring?" is circled "No."

6. On Thursday, 6/9/2022 at 6:45 p.m. Kasie Sanford, LPN (Nurse Sanford) completed an intake screening on Mr. Rodriguez in which Nurse Sanford learned: (TKHC0001-0005)

a. She could understand his spoken English.

b. Mr. Rodriguez was taking prescription medications and his wife was going to bring the medicines to the UCJ.

c. Mr. Rodriguez had high blood pressure and diabetes. Nurse Sanford checked his glucose and found it to be 107 mg/dL.

d. The screening questions for alcohol abuse were answered as follows: (TKHC0003)

62668	Intake Screening - Medical	Are you using or have you ever used any of the following? If so, what is the date of last use and frequency of use (daily, often, occasionally)? **IF ANY ARE DAILY - INITIATE APPROPRIATE DETOX/WITHDRAWAL MONITORING FLOWSHEET**	ALCOHOL- UNKNOWN TIME FRAME, BUT SHOWS SIGNS OF DETOX	Sanford, Kasie	06-09-2022 6:45 pm
62668	Intake Screening - Medical	Have you ever had or are you currently having any withdrawal symptoms when you stopped drugs or alcohol? **IF YES, EXPLAIN AND REFER FOR IMMEDIATE EVALUATION BY A PROVIDER**	Yes	Sanford, Kasie	06-09-2022 6:45 pm

e. Mr. Rodriguez was experiencing tremors.

f. The remainder of the medical and mental health screenings were unremarkable.

g. Nurse Sanford recommended Mr. Rodriguez to be housed in general population and to have a "routine provider referral." (TKHC0003)

7. One of the primary purposes of initial medical screenings for new detainees in a county jail is to detect persons who may be at risk of withdrawal from drugs or alcohol once they are incarcerated. Persons who regularly abuse alcohol and certain drugs become physically dependent upon them. When they suddenly stop consuming those substances, as occurs when they are arrested, the person is at risk of developing a withdrawal syndrome. Withdrawal syndromes have different symptoms, severity, time course, and risk of death depending upon the specific substance the person is dependent on. Some withdrawal syndromes are merely uncomfortable and do not require significant medical intervention. Other withdrawal syndromes, such as the alcohol withdrawal syndrome, are much more dangerous and require medical intervention to prevent progression of the withdrawal syndrome and potential death.

The bad news is that the alcohol withdrawal syndrome has one of the highest risks of death of any withdrawal syndrome if left untreated. The good news is that the alcohol withdrawal syndrome follows a predictable step-wise progression and can be effectively prevented/treated with a class of drugs known as benzodiazepines. Valium, Librium, and Ativan are examples of benzodiazepines.

When a person who is physically dependent on alcohol stops drinking, the general timeline for development of an alcohol withdrawal syndrome if left untreated is: (N.B. The following are times after last drink and they are general

estimates of timeframe. Whether the alcohol withdrawal syndrome will progress to the more serious stages and the exact time course are dependent upon the individual's prior history and amount of alcohol usage.)

a. 8-12 hours – The person becomes sober and may develop mild tremors, a headache or nausea (commonly referred to as a hangover).

b. 12-24 hours- Tremulousness, anxiety, sweating, rapid heart rate, elevated blood pressure and other symptoms may progress.

c. First 48 hours- An alcohol dependent person may develop an alcohol withdrawal seizure and, if so, it typically is within this timeframe. Alcohol withdrawal seizures are prevented and treated with benzodiazepines. Mr. Rodriguez did not develop an alcohol withdrawal seizure.

d. If left untreated the alcohol withdrawal syndrome can become more severe and progress to the most severe stage called delirium tremens or DTs by 48-96 hours after last drink. DTs is characterized by hallucinations, delirium (an altered sensorium), agitation, tachycardia, fever, other abnormal vital signs, and profuse sweating (diaphoresis). DTs are a medical emergency and require intensive medical management, often in a hospital intensive care unit (ICU) setting.

e. Untreated DTs can lead to death, most often about 5-7 days after stopping drinking.

(References 1 & 2)

8. Because the alcohol withdrawal syndrome develops in a step-wise progression and because effective treatments are available which, if given early in the withdrawal syndrome, prevents progression to the more severe stages, there is a scoring tool which has been developed and validated to measure, score and follow the severity of the alcohol withdrawal syndrome. This assessment tool is the Clinical Institute Withdrawal Assessment for Alcohol (revised) or CIWA-Ar. It is often referred to as the CIWA scale or CIWA score. This allows one to measure over time the severity of the alcohol withdrawal syndrome and to gauge the effectiveness of medications being given to prevent or treat alcohol withdrawal symptoms.

By measuring the severity of ten different symptoms and scoring each one, an observer can calculate a CIWA score between zero and 67. The CIWA categories and scoring guidelines are: (References 2 & 3)

Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar)

Nausea and vomiting
0: No nausea or vomiting
1
2
3
4: Intermittent nausea with dry heaves
5
6
7: Constant nausea, frequent dry heaves and vomiting
Paroxysmal sweats
0: No sweats visible
1: Barely perceptible sweating, palms moist
2
3
4: Beads of sweat obvious on forehead
5
6
7: Drenching sweats
Anxiety
0: No anxiety, at ease
1
2
3
4: Moderately anxious, guarded
5
6
7: Acute panic state, consistent with severe delirium or acute schizophrenia
Agitation
0: Normal activity
1: Somewhat more than normal activity
2
3
4: Moderately fidgety and restless
5
6
7: Paces back and forth during most of the interview or constantly thrashes about
Tremor
0: No tremor
1: Not visible, but can be felt at fingertips
2
3
4: Moderate when patient's hands extended
5
6
7: Severe, even with arms not extended

Headache
0: Not present
1: Very mild
2: Mild
3: Moderate
4: Moderately severe
5: Severe
6: Very severe
7: Extremely severe
Auditory disturbances
0: Not present
1: Very mild harshness or ability to frighten
2: Mild harshness or ability to frighten
3: Moderate harshness or ability to frighten
4: Moderately severe hallucinations
5: Severe hallucinations
6: Extremely severe hallucinations
7: Continuous hallucinations
Visual disturbances
0: Not present
1: Very mild photosensitivity
2: Mild photosensitivity
3: Moderate photosensitivity
4: Moderately severe visual hallucinations
5: Severe visual hallucinations
6: Extremely severe visual hallucinations
7: Continuous visual hallucinations
Tactile disturbances
0: None
1: Very mild paresthesias
2: Mild paresthesias
3: Moderate paresthesias
4: Moderately severe hallucinations
5: Severe hallucinations
6: Extremely severe hallucinations
7: Continuous hallucinations
Orientation and clouding of sensorium
0: Oriented and can do serial additions
1: Cannot do serial additions
2: Disoriented for date by no more than 2 calendar days
3: Disoriented for date by more than 2 calendar days
4: Disoriented for place and/or patient
Total score is a simple sum of each item score (maximum score is 67)
Score:
<10: Very mild withdrawal
10 to 15: Mild withdrawal
16 to 20: Modest withdrawal
>20: Severe withdrawal

At the bottom of the scale, one can see a table converting a CIWA score into the severity of the alcohol withdrawal syndrome.

9. In correctional healthcare, the most important principle in patients with AUD is being aware of the danger of an alcohol withdrawal syndrome and having a plan to follow the patient serially to determine if alcohol withdrawal develops, to treat the withdrawal syndrome if it does develop and to refer the patient to a hospital if the alcohol withdrawal syndrome continues progressing despite treatment or becomes severe. While helpful, the use of the specific CIWA rating scale is not required by the standard of care.

Turn Key did have a withdrawal assessment tool in its electronic health record (EHR). The withdrawal assessment tool Turn Key used at the UCJ in June 2022, while being within the standard of care, is a bit confusing because it asks several additional questions about symptoms which are not associated with the alcohol withdrawal syndrome but rather with an entirely different withdrawal syndrome (opiates) that we often encounter in jails as well. Thus, the score calculated in the Turn Key software is not entirely equivalent to the CIWA score and has several pieces of extraneous information.

There is no evidence in the records I have reviewed in this case to suggest that Mr. Rodriguez had an opiate use disorder or that he would have been likely to develop an opiate withdrawal syndrome. Thus, for purposes of this report, I have tried to extract out only the questions on the assessment tool related to alcohol withdrawal and to calculate an actual CIWA score.

10. On Thursday, 6/9/2022 at 5:45 p.m. Nurse Sanford completed an initial withdrawal assessment on Mr. Rodriguez. This would be approximately 26 hours after he was arrested and at least that long since he last consumed alcohol. That assessment showed:

a. Mr. Rodriguez consumed 6 beers on Saturday. It is unclear if this represents his last alcohol consumption and/or his typical daily consumption.

b. I calculate Mr. Rodriguez's CIWA to be 14 at 5:45 p.m. on 6/9/2022. His vital signs (VS) at that time were pulse (P)= 113 beats/minutes, respirations (R)= 20 breaths/minute, blood pressure (BP)= 174/101 and oxygen saturation (Sa02)= 97%.

c. The assessment tool calculated Mr. Rodriguez's Turn Key proprietary withdrawal score as 15 and gave Nurse Sanford the following instructions: (TKHC0007)

62668	Drug and Alcohol Withdrawal Assessment - INITIAL	Tabulate Score: A. If total score is >or= to 8 , or P>100, or BP>160/100, or other concerning signs, contact HCP for orders B. For patients presently receiving treatment, if there is a change in total score equaling 8 or more, or there are significant changes in vital signs or condition, notify HCP C. If initial score <8, assess BID X 6 days: if score is <8 for 6 days discontinue assessment	8-67 (15)	Sanford, Kasie	06-09-2022 5:45 pm

11. After this initial withdrawal assessment and medical screening, Nurse Sanford called the provider on-call for Turn Key for the UCJ, Deanna Hopson, M.D. (Dr. Hopson). Nurse Sanford entered the following orders in Mr. Rodriguez's EHR:

a. (TKHC0012)

62668	Substance & Alcohol Detox Order Form	PREVENTATIVE ALCOHOL DETOX:	No	Sanford, Kasie	06-09-2022 6:59 pm
62668	Substance & Alcohol Detox Order Form	PREVENTATIVE ALCOHOL DETOX:	Yes -- Clonidine Orders	Sanford, Kasie	06-09-2022 6:59 pm

b. At 7:22 p.m. on 6/9/2022 Nurse Sanford documented speaking with Dr. Hopson, receiving orders to start the alcohol withdrawal protocol orders and advising her that Mr. Rodriguez also had hypertension and diabetes. Nurse Sanford documented receiving telephone orders from the provider and reading them back for confirmation: (TKHC0012)

62668	Phone Orders - Dr. Deanna Hopson	Date/Time:	06/09/2022 1921	Sanford, Kasie	06-09-2022 7:22 pm
62668	Phone Orders - Dr. Deanna Hopson	Medication Orders (TOBR):	Yes (OK TO START ALCOHOL DETOX ORDERS AS INDICATED.)	Sanford, Kasie	06-09-2022 7:22 pm
62668	Phone Orders - Dr. Deanna Hopson	Additional Provider Orders (TOBR):	Yes (MONITOR BP AND BS PER PROTOCOL DUE TO REPORTS OF DIABETES AND HTN.)	Sanford, Kasie	06-09-2022 7:22 pm
62668	Phone Orders - Dr. Deanna Hopson	TORB:	K. SANFORD, LPN, EMT:::06/09/2022 1921	Sanford, Kasie	06-09-2022 7:22 pm
62668	Phone Orders - Dr. Deanna Hopson	Telephone/Verbal Orders Read Back:	Yes	Sanford, Kasie	06-09-2022 7:22 pm

c. Dr. Hopson ordered:

i. “Alcohol Detox Orders as indicated”

ii. “Monitor blood pressure and blood sugar per protocol”

12. Turn Key’s Policy & Procedure on Intoxication/Withdrawal Management says in part: (J-23)

Policy:

1. All persons entering the jail are evaluated for the risk of alcohol and/or drug (opioids, hypnotics, stimulants) intoxication and withdrawal and provided with treatment if clinically indicated.
2. Established protocols are followed for the treatment and observation of individuals manifesting symptoms of intoxication or withdrawal. Protocols are approved by Turn Key, are current, and are consistent with nationally accepted guidelines.
3. Withdrawal management is done only under medical supervision and in accordance with local, state, and federal laws.
4. Patients experiencing severe, life-threatening intoxication, overdose, or withdrawal are transferred to a licensed community hospital.
5. Individuals at risk for progression to more severe levels of intoxication or withdrawal are kept under observation by qualified medical personnel or health-trained security personnel. Whenever severe withdrawal symptoms are observed, the healthcare provider (HCP) is consulted promptly.

I have not been provided Turn Key's nor Dr. Hopson's protocols referred to above for managing patients with substance abuse and withdrawal. Thus, I cannot be completely certain of what orders Dr. Hopson gave or intended for Mr. Rodriguez to receive.

a. Item 11.a. above references clonidine orders, but I find no other medication order for clonidine or that this medication was ever administered to Mr. Rodriguez.

b. There are orders entered for ibuprofen, Robaxin (a muscle relaxer), and Prilosec (a medication for gastrointestinal symptoms) entered on 6/9/2022 with Dr. Hopson as the prescriber. These medications are often used to treat the opiate withdrawal syndrome and would be of no utility in treating alcohol withdrawal.

c. There are orders for a multivitamin, folate and thiamine entered on 6/9/2022 with Dr. Hopson as the prescriber. These medications are often given to

alcoholics to replenish their nutritional stores and to prevent some complications of alcoholism, but they would not treat the alcohol withdrawal syndrome.

d. There are no orders for benzodiazepines recorded on Mr. Rodriguez's EHR nor could I find evidence that he was ever given any benzodiazepine at the UCJ.

13. At 7:45 p.m. on 6/9/2022 Nurse Sanford completed another withdrawal assessment on Mr. Rodriguez. This time his CIWA score was 10 and his VS were P=113, R=20, BP=127/102, and Sa02=96%. He was now febrile with a temperature (T)=100.5. (N.B. The CIWA score in this item and hereafter is the CIWA scores as I calculate them from the information given rather than the combined withdrawal score found in the Turn Key EHR.)

14. The EHR created two automated tasks on the evening of 6/9/2022. These were both urgent health care provider referrals based upon the software's calculation of Mr. Rodriguez's CIWA scores on that evening (11 in one instance and 15 in the other). Nurse Sanford deleted these tasks. (TKHC0036)

15. Tasks were created in the EHR for "alcohol detox monitoring" twice a day for seven days along with tasks for blood sugar checks and blood pressure checks also twice a day for seven days. (TKHC0038-0039)

16. At 7:45 a.m. the next morning, Friday 6/10/2022 Nurse Sanford performed a withdrawal assessment and took Mr. Rodriguez's vital signs. His CIWA score was 8. VS: T=98.5, P=108, R=20, BP=113/96.

17. On 6/10/2022 Nurse Sanford received Mr. Rodriguez's home prescription medications for diabetes, hypertension and hyperlipidemia. These medications were continued with Dr. Hopson listed as the prescriber.

18. On 6/10/2022 Nurse Sanford administered medications twice to Mr. Rodriguez.

19. At 2:51 p.m. on 6/10/2022 Mr. Rodriguez was moved from booking cell 5 to H pod.

20. On Saturday, 6/11/2022 Nurse West obtained vital signs on Mr. Rodriguez at 8:32 a.m. She did not check his temperature. VS: P=115, BP=150/121. Nurse West also checked Mr. Rodriguez's glucose (120 mg/dL). She administered medications to Mr. Rodriguez twice that day. At 2:20 p.m. Nurse West performed a withdrawal assessment and got a CIWA of 8. She repeated the withdrawal assessment at 7:17 p.m. that evening and got a CIWA of 9. She also checked his glucose a second time that day (176 mg/dL). His VS at 7:17 p.m. were T=99.0, P=123, R=18, BP=147/94, Sa02=97%.

21. In the early morning hours of Sunday, 6/12/2022 Sgt. Joseph Walka (Sgt. Walka) encountered Mr. Rodriguez in his housing unit with an abnormal mental

state. Sgt. Walka and Sgt. Jedidiah Cotton (Sgt. Cotton) had actual knowledge that Mr. Rodriguez was suffering from alcohol withdrawal as he documented in a report about the incident: (Union County 000042)

> On 06/12/2022 at approximately 0030 hours, I Sgt Walka, was conducting cell checks with Sgt Cotton when we entered H pod. Upon entering H pod, inmate EUSEBIO CASTILLO was acting erratically and was attempting to exit the pod whenever we entered for checks. A couple inmates in the pod stated that he was acting weird and was attempting to walk up on them and get in their face when they were trying to sleep. They said they were worried about him and did not want anything to happen to him, so they asked if we could relocate Castillo to keep an eye on him. I spoke with Sgt Cotton and he stated that Castillo was detoxing from alcohol. We concluded that for his health and safety we would place him in Booking 3 for closer observation. We then moved Castillo without incident into Booking 3 at approximately 0040 hours.

22. On Sunday, 6/12/2022 Nurse West administered medications twice to Mr. Rodriguez. Nurse West also checked his vital signs twice that day and documented a withdrawal assessment twice that day. Results were:

a. 8:59 a.m.- VS=T=99.3, P=96, R=18, BP=160/102, Sa02=97%. Nurse West recorded a CIWA=11; however, as part of this score she recorded that Mr. Rodriguez was completely oriented to time, place and person and was able to do serial math addition problems. This is entirely inconsistent with the description of Mr. Rodriguez's mental state documented by Sgt. Walka that morning.

b. 6:28 p.m.- VS=T=99.3, P=88, R=18, BP=148/115, Sa02=99% and CIWA=13.

c. Nurse West administered medication to Mr. Rodriguez twice on 6/12/2022.

d. Nurse West did not document checking Mr. Rodriguez's blood sugar at all on 6/12/2022.

23. Security staff on duty at the UCJ on the morning of 6/13/2022 included Sgt. Walka and Correctional Officer Demario Freeman (CO Freeman). Sgt. John Ward was on-duty and providing transportation. Sgt. Walka documented this incident report on the events on the morning of Monday, 6/13/2022. (Union County 000042)

> On 06/13/2022, I began my shift at approximately 0515 hours. I noticed Castillo was lying on the floor in the cell face down, in his underwear. Lt Perry had just offered him a breakfast try at the time and Lt Perry stated he denied his tray. Lt Perry stated that Castillo was alert but refused his tray. I monitored Castillo in the morning via cell checks until Nurse Kasey Sanford arrived at approximately 0800 hours. I advised her that Castillo was laying on the floor, trembling, and was incoherent when attempting to talk with him. She advised me to bring him to nursing for her to evaluate him.
>
> Officer Freeman and myself then opened the door to Booking 3 and attempted to have Castillo put his uniform on to go see the nurse. Due to the language barrier, I used the Google Translate app on the Guardian device and had it translate that we were going to take him to nursing and needed him to get dressed. Castillo remained on the floor, trembling and would not respond to the translation. Officer Freeman and myself then assisted Castillo to the bench in the cell and dressed him in the uniform. We then took him to nursing exam room in a wheelchair for evaluation.
>
> After the nurse evaluated Castillo, she stated that she was going to have him transported to the hospital. Officer Freeman and myself then returned Castillo to booking and waiting for further information. A short time later, Lt Worley advised that the judge had released him and he would be transported to the hospital by Sgt Ward. Officer Freeman and myself then placed Castillo in the civilian clothes he entered jail with and wheeled him to Sgt Ward's vehicle in the sally port. We hoisted Castillo into the backseat of Sgt Ward vehicle and secured him with the seatbelt. We waited for the nurse to bring his medicine and medical paperwork before leaving. When nurse arrived at the vehicle, she advised Castillo was now unresponsive. She then asked for an ambulance to come and transport Castillo to the hospital. The nurse had me retrieve smelling salt capsules and she attempted to get Castillo alert. He appeared to have some response to the smelling salt. A few moments later ProMed ambulance arrived and transported Castillo to the hospital.

24. Video footage from the UCJ show Mr. Rodriguez is slumped over in the wheelchair and appears to be completely unresponsive while he is being dressed by

Sgt. Walka and CO Freeman, while he is being pushed in a wheelchair to the booking area and while he is being "hoisted" into Sgt. Ward's transport vehicle.

25. On the morning of 6/13/2022 Nurse Sanford documented this medical note: (TKHC0055)

06-13-2022 11:44 am	Nurse was notified prior to AM med pass inmate was still having detox issues. Inmate escorted to nursing for evaluation. Nurse noted inmate was not able to hold his body weight up, was able to answer questions when asked, but was still shaking. Vitals taken. Inmate was to be transported to MCSA ER for further eval/treat due to lengthy detox status and worsening of s/s. Report called to Michelle, RN at MCSA ER and explained inmate would be arriving via officer car. Inmate was loaded into officer car. Nurse was notified inmate may have passed out in back seat. Nurse immediately opened back door and noted inmate to be slumped over towards door area, breathing heavily. Inmate was not as responsive as was in exam room prior. Inmate again was not able to hold his body weight. Nurse used ammonia inhalant to arouse inmate, which did get some response, but not full arousal of inmate. Nurse requested ProMed ambulance to transport patient to MCSA ER. Nurse noted inmate began to "mouth breathe" as he was not prior in the exam room. Inmate was not able to hold eys open at that time. Nurse kept inmate airway patent until ambulance crew arrived. Transfer of pt was given to Paramedic John Berdue. Nurse gave detail hx of inmate detox status, medical status, and prior status in exam room. Inmate loaded on stretcher and secured x 3 straps. Inmate prepared for transport via ambulance to MCSA ER. Nurse called Michelle RN at MCSA ER and relayed inmate would be arriving via ambulance instead. Report given to Michelle, unaware of any status change over the weekend. Noted inmate status this AM and needed further medical intervention. Vitals taken prior to transport: Bp 146/82 Hr 74 Resp 22 Temp 97.8 O2 96% BS 113

26. Mr. Rodriguez was ultimately transported by ambulance to the Medical Center of South Arkansas Emergency Department (ED) arriving at 9:33 a.m. His ED stay was significant for:

a. This nurse triage note: (MCSA0008)

06/13 09:33	Presenting complaint: EMS states: unresponsive, responds to sternal rub, Nurse at Jail reported blood glucose of 113 and we got 63 started on D5 drip, given 1 mg of Narcan with no reaction. Vitals 126/74, 18, 63, 100%. Law enforcement states: nurse at jail reports that he went in on Monday and started having withdrawal symptoms on Thursday, he is having the shakes, sweats, he has been released was going to send him via law enforcement but he spiraled down so we are now sending him by Pro Med.

b. This ED physician documentation: (MCSA0002)

06/13 10:33	INTO THE EMERGENCY ROOM FROM THE JAIL FOR EVALUATION. JAIL NURSE HAD CALLED TO GIVE REPORT THEY WERE DISCHARGING FROM THE JAIL A PATIENT WHO HAD BEEN IN FOR DWI AND HAS BEEN RECEIVING MEDICATIONS IN THE GEL FOR DETOXING OFF ALCOHOL. GEL NURSE STATED HE WAS BEING DC FROM JAIL THIS MORNING AND WAS SENT TO THE ER FOR EVALUATION. THE JAIL NURSE HIM PUT HIM IN A WHEELCHAIR WHEN SHE ROLLED HIM TO THE SQUAD CAR HE WAS SWEATY DIAPHORETIC AND NOT RESPONSIVE SO THEY CHANGED AND CALLED EMS TO SEND HIM TO THE ER. EMS FOUND HIM MINIMALLY RESPONSIVE GAVE HIM D50 AND NARCAN WITH NO RESPONSE. ON ARRIVAL TO THE EMERGENCY ROOM PATIENT UNABLE TO PROVIDE ANY HISTORY. . Onset: The symptoms/episode began/occurred today. Severity of symptoms: in the emergency department the symptoms are unchanged. It is unknown whether or not the patient has had similar symptoms in the past. It is unknown whether or not the patient has recently seen a physician.

c. He was hypoglycemic prior to arrival and was given dextrose.

d. He was persistently hypotensive in the ED.

e. He was acidotic with an elevated lactate level of 12.9 mmol/L.

f. He was critically ill with multi-system organ failure on arrival with severely abnormal kidney and liver function.

g. He had evidence of rhabdomyolysis with an elevated creatinine phosphokinase (CPK) of 12,332.

h. A urine drug screen showed no benzodiazepines in Mr. Rodriguez's system nor any drugs of abuse.

27. Mr. Rodriguez was transferred to University of Arkansas for Medical Sciences (UAMS) for specialty neurology care via helicopter transport. On arrival at UAMS Mr. Rodriguez required intubation. The ED physician documented: (000117)

> Critically ill treat patient transferred from an outside hospital. Per report, patient was put in jail on 06/06/2022. He started to exhibit withdrawal symptoms on 06/09/2022. He was reportedly being treated for alcohol withdrawal at the jail, however the only medications I see listed I things such as clonidine, muscle relaxers, and vitamins, do not see any benzodiazepines or Librium. Per report earlier today he slumped over that was still responding to questions, he was to be transported by a police to the ED when they noticed that he had become diaphoretic and unresponsive so an ambulance was called. At the outside hospital he had various lab abnormalities including significantly elevated troponin, CK, and ammonia level. Had a non con CT of his chest abdomen pelvis that was reported as no acute findings. He was given at least 2 L of IV fluid, and likely more, and started on phenylephrine for persistent hypotension. He has hyperkalemia the outside hospital as well and was treated with bicarb, calcium, and Kayexalate via NGT. On arrival to our ED, he is obtunded with a GCS of 6 at best, was emergently intubated for airway protection. Phenylephrine was discontinued and he remained hypotensive, was started on Levophed and vasopressin, ultimately required addition of epinephrine drip to maintain a map greater than 65. he was treated with Zosyn at the outside hospital, I have added vancomycin to complete his possible sepsis with unknown source coverage. We have ordered various labs as well as a repeat head CT as we do not have the report from the outside hospital, and have consulted MICU for further workup and management. Unclear etiology at this time, though I suspect this may be progression of his alcohol withdrawal to DTs with associated end-organ dysfunction.[AY.1M]

28. Despite maximum medical treatment in the ICU, Mr. Rodriguez's multi-system organ failure worsened and, after multiple cardiac arrests, he died on 6/22/2022.

29. An autopsy was performed on 6/24/2022 at the State Crime Laboratory. The cause of death was ruled multi-system organ failure due to alcoholic liver disease and diabetes mellitus and the manner, natural.

Opinions: The following are my opinions to a reasonable degree of medical certainty on each of these areas based upon my training, experience, and a review of the records in this case:

(I.) The medical and nursing care provided to Mr. Rodriguez by the Turn Key healthcare staff while he was incarcerated at the UCJ from 6/8/2022 through 6/13/2022 was far below the acceptable standard of care. Specifically:

1. Mr. Rodriguez was an alcoholic and was physically dependent on alcohol. In addition, he had chronic medical conditions of hypertension, diabetes and abnormal liver function tests. It was entirely foreseeable that Mr. Rodriguez might well develop an alcohol withdrawal syndrome when he was suddenly incarcerated and separated from his daily alcohol supply. These baseline factors were all easily able to be ascertained by those at the UCJ who came in contact with Mr. Rodriguez during his June 2022 incarceration. In fact, the Defendants all documented quite well that they were aware of these factors. It should have not, and apparently did not, surprise anyone that Mr. Rodriguez would develop alcohol withdrawal syndrome once incarcerated.

2. Persons at risk for alcohol withdrawal syndrome must be assessed for the development of withdrawal symptoms, they must be monitored serially and an appropriate plan must be put in place to prevent or treat any withdrawal symptoms that develop.

3. Mr. Rodriguez was not assessed for the first 26 hours he was incarcerated. It is not clear to me at this point if that was an isolated oversight or is part of a pattern and practice at the UCJ. It is also not clear at this point who was responsible for screening Mr. Rodriguez on the day of his booking. It is hoped that fact deposition testimony will elucidate this.

4. When Mr. Rodriguez did receive an intake screening 26 hours after his arrest, he was already experiencing significant alcohol withdrawal symptoms. Nurse Sanford readily identified this with the help of the screening tools in place in Turn Key's EHR, which also prompted her to take the appropriate action of referral to/consultation with the physician responsible at the UCJ. Her actions on this day were within the standard of care.

5. There is no evidence in the records I have reviewed in this case, that Turn Key followed its own policy requiring protocols for withdrawal management to be approved or ensuring that they were "current" and "consistent with nationally accepted guidelines." They were not, and were also below the standard of care. Protocols which do not contemplate the use of benzodiazepines at any point in the

management of alcohol withdrawal syndrome cannot be within the standard of care. (N.B. There would be an exception for situations in which benzodiazepines or other prescription drugs were not used at all, but the patient was referred to a facility that did use benzodiazepines if any alcohol withdrawal symptoms developed. That was clearly not the case here.)

6. Dr. Hopson's orders for the management of Mr. Rodriguez's alcohol withdrawal syndrome were far below the standard of care. She did not prescribe any medication which would be expected to have any effect at all on the severity of the alcohol withdrawal syndrome or its course. Her orders are tantamount to leaving the alcohol withdrawal syndrome completely untreated. The reason for Dr. Hopson's use of completely ineffective prescriptions for the treatment of alcohol withdrawal syndrome is not entirely clear at this point.

7. It does appear that Dr. Hopson's protocol, or at least the prompts in the Turn Key EHR, prompt the UCJ nurses to serially monitor the progression of the alcohol withdrawal syndrome and provide prompts when to consult the provider again. Both Nurse Sanford and Nurse West failed to do this. These actions are both below the standard of care.

8. Mr. Rodriguez's symptoms and time course are completely consistent with the progression of the untreated alcohol withdrawal syndrome. His worsening was

entirely foreseeable and was more likely than not preventable had he received appropriate treatment.

9. Mr. Rodriguez developed multisystem organ failure which led to his death. Fortuitously, Mr. Rodriguez had blood tests obtained the day before he was incarcerated which showed that he did not have multi-system organ failure just prior to his incarceration. The intervening factor was untreated severe alcohol withdrawal which led to this organ failure and his death.

10. The UCJ staff told the hospital that Mr. Rodriguez developed alcohol withdrawal symptoms on Thursday. That is consistent with my reading of the records. The alcohol withdrawal syndrome would be predictably progressive. It is clear that at least by Sunday, 6/12/2022 Nurse West's assessment of Mr. Rodriguez was not consistent with the other information we know about Mr. Rodriguez's clinical condition from Sgt. Walka's incident report and the other inmates' reports. By this point, Mr. Rodriguez was clearly confused, delirious and hallucinating. Nurse West's assessment on Sunday, 6/12/2022 is so clearly inconsistent with his clinical condition on that day as to be concerning that she performed only a cursory assessment, ignored the development of these concerning symptoms, or failed to perform the assessment at all. Perhaps her deposition testimony will clarify what failure occurred. In any event, his abnormal vital signs and CIWA assessments should have prompted a reasonable nurse to consult a provider or send Mr.

Rodriguez to the hospital on that day, especially because he wasn't receiving any treatment for his progressive condition.

11. Neither Nurse Sanford nor Nurse West contacted a provider again despite Mr. Rodriguez's abnormal vital signs and CIWA scores. This failure is below the standard of care and directly lead to Mr. Rodriguez's severe alcohol withdrawal syndrome and death.

12. As concerning or possibly more so, are Nurse Sanford's actions on the morning of 6/13/2022. Nurse Sanford saw and assessed Mr. Rodriguez inside the UCJ when he was clearly unresponsive and having a medical emergency. Any reasonable nurse, and even a non-medically trained layperson, would be able to detect that Mr. Rodriquez was suffering from a medical emergency and that an ambulance needed to be called.

Instead, she (and the correctional officers discussed below) stood by while Mr. Rodriguez was released from custody and was prepared for a routine transport to the hospital in a custody car. She disregarded what should have been clearly apparent to be a serious medical need.

(II.) The actions of the UCSO staff in monitoring Mr. Rodriguez, providing him access to medical care and responding to his medical emergency while he was incarcerated at the UCJ from 6/8/2022 through 6/13/2022 were far below the acceptable standard of care. Specifically:

1. Officers on duty in the early morning hours of 6/12/2022, including Sgt. Walka and Sgt. Cotton knew that Mr. Rodriguez was suffering from acute alcohol withdrawal and, as trained correctional officers, would have known that acute alcohol withdrawal is a serious and potentially fatal medical condition. There was no nurse on duty at the UCJ in the overnight hours and they should have contacted the on-call medical provider for instructions or referred Mr. Rodriguez to a hospital for treatment. They did not. Instead, they merely moved Mr. Rodriguez to a different cell. Their actions were below the standard of care for a trained correctional officer.

2. Officers on duty at the UCJ on the morning of 6/13/2022, including Sgt. Walka, CO Freeman and Sgt. Ward all interacted with Mr. Rodriguez when he was unresponsive, unable to respond and clearly having a medical emergency which would be obvious to even a layperson. Rather than calling an ambulance or summoning emergency aid for Mr. Rodriguez, they stood by while he was released from custody and "hoisted" him into a car so that he could be dropped off at the hospital.

3. Mr. Rodriguez clearly had a medical emergency at the time he was referred to the hospital on 6/13/2022. This medical condition clearly developed while incarcerated and as a result of his lack of medical treatment while incarcerated. Mr. Rodriguez was unresponsive, unable to provide any meaningful medical history

and clearly in no condition to be released from custody. The UCJ intended for Mr. Rodriguez to be merely dumped off at the hospital with no apparent concern for his wellbeing and without taking any responsibility for the serious medical condition which developed directly as a result of their lack of medical care.

All of my findings, conclusions, and opinions in this report are expressed as requested to a reasonable degree of medical, nursing, and correctional officer certainty and based on the applicable standard of care as defined above. There are no fact depositions and related documents available for consideration at this time. I reserve the right to review these additional materials as noted or as they become available and to amend or modify these opinions based on the review of additional materials.

(ii) The facts or data considered by the witness in forming these opinions.

To assist me in forming these medical opinions I have reviewed records in this case, including:

1. The Complaint
2. UCJ Administrative Records including court records
3. Turn Key medical file
4. Outside Medical Records
    a. Interfaith Clinic
    b. Medical Center of South Arkansas

c. Survival Flight

d. UAMS

5. Autopsy Report

6. FOIA disclosures and various written discovery from the parties

7. Turn Key contract with Union County

8. Portion of Turn Key Policies and Procedures

9. Videotape from UCJ and bodycam clips (I am unable to access the video portion of these clips)

(iii) Any exhibits that will be used to summarize or support these opinions.

References

1. Pace, C. Alcohol withdrawal: Epidemiology, clinical manifestations, course, assessment, and diagnosis. Saitz R, ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com (Accessed on April 14, 2024.)

2. Hoffman, R.S., Weinhouse, G.L . Management of moderate and severe alcohol withdrawal syndromes. Schwarz, E, ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com (Accessed on April 14, 2024.)

3. Sullivan, J. T., Sykora, K., Schneiderman, J., Naranjo, C. A., & Sellers, E. M. (1989). Assessment of alcohol withdrawal: the revised clinical institute withdrawal assessment for alcohol scale (CIWA-Ar). *British journal of addiction, 84*(11), 1353-1357.

(iv) The witness's qualifications, including a list of all publications authored in the previous 10 years.

See Appendix A for my current CV.

(v) A list of all other cases in which, during the previous four years, the witness testified as an expert at trial or by deposition.

See Appendix B for my case list from the last four years.

(vi) A statement of the compensation to be paid for the study and testimony in the case.

See Appendix C for my fee schedule.

X Thomas D. Fowlkes, M.D.

Thomas D. Fowlkes, M.D.