United States Senate

WASHINGTON, DC 20510-4705

July 14, 2008

COMMERCE, SCIENCE, AND TRANSPORTATION ENERGY AND NATURAL RESOURCES FINANCE

COMMITTEES:

INDIAN AFFAIRS
SMALL BUSINESS

Charles F. Keyes 4304 37th Ave NE Seattle, Washington 98105

Dear Mr. Keyes,

In response to my inquiry on your behalf, I have received the enclosed correspondence from the Assistant Director of the Health Services Division for the Federal Bureau of Prisons. I hope you find the Federal Bureau of Prison's response to be helpful.

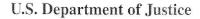
I appreciate you bringing this matter to my attention and giving me the opportunity to assist you in resolving this issue. Please feel free to contact my office in the future, should you need assistance with another matter involving the federal government.

Sincerely,

Mari

Maria Cantwell United States Senator

MC: cw





## Federal Bureau of Prisons RECEIVED

JUL 14 2008

Washington, DC 20534
July 10, 2008

The Honorable Maria Cantwell Unites States Senate Jackson Federal Building 915 2<sup>nd</sup> Avenue Suite 3206 Seattle, Washington 98174

Attn: Ché Warren

Dear Senator Cantwell:

Your letter to Matthew Bronick, Chief, Office of Congressional Affairs, Federal Bureau of Prisons (BOP), concerning Dr. Roxanna Brown, a former detainee at the Federal Detention Center (FDC SeaTac) in Seattle, Washington, has been forwarded to my office for response. You write on behalf of Charles Keyes who had expressed concerns regarding the circumstances surrounding her death.

A review of the medical record reveals that Dr. Brown, was a 62-year-old female who arrived at FDC SeaTac on May 9, 2008, as a Pre-Sentence Detainee who was being held on charges of wire fraud. She had a medical history of depression, above the right knee amputation with prosthetic, knee pain, chronic constipation, and hyperlipidemia. Upon arrival at the institution, Dr. Brown received an initial screening from institution medical staff. At the screening, she voiced no other medical concerns. Prescriptions for Simvastatin, Sertraline (Zoloft) and Acetaminophen were written. Following the assessment, Dr. Brown was again seen by institution medical staff on the evening of May 12th for complaints of nausea, vomiting, and diarrhea. A diagnosis of acute gastroenteritis was given. Promethazine by injection and Loperamide by mouth were prescribed and provided. Dr. Brown was instructed to return to institution sick call if her symptoms continued. On the evening of May 13th, she collapsed in her cell and local emergency medical services were contacted. When the paramedics arrived, Dr. Brown was unresponsive. Resuscitation efforts were unsuccessful and she

was pronounced dead. The autopsy performed revealed acute peritonitis resulting from a perforated gastric ulcer.

I trust this information is of assistance to you in responding to your constituent's concerns. If I can be of further assistance in this matter, please do not hesitate to contact my office.

Sincerely,

RADM Newton E. Kendig Assistant Director

Health Services Division