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May 26, 2020

Kevin Ernst, Attorney at Law
Ernst, Charara & Lovell, PLC
645 Griswold St.
Suite 4100
Detroit, Michigan 48226

Re: Jonathan Edward Lancaster

Dear Mr. Ernst:

I had an opportunity to review documentation regarding Jonathan Edward Lancaster, including a response to a Freedom of Information Act request describing the circumstances of Mr. Lancaster's death, and additional records from the State of Michigan Department of Corrections.

Overview:

Jonathan Edward Lancaster was born May 23, 1980. He was in the custody of the State of Michigan Department of Corrections on March 13, 2019 while he was in the process of being transported to the Woodland Correctional Center for treatment. He was found in a restraint chair. He was then taken to the Control Center area and "it was noticed that he was not breathing". First aid was rendered and Emergency Medical Services were called. Resuscitation efforts failed.

Jonathan Edward Lancaster was in a single man cell prior to transport. It was noted that the inmate was placed in a "restraint chair" and did not resist when he was placed there by Department of Corrections staff. It was also indicated that he was in an Observation Cell by himself, and that there were surveillance videos. On inspection, Inmate Lancaster appeared to be "very skinny" with protruding hip bones and protruding ribs.

The report notes that his sister, Danielle Lynn Dunn was notified of Inmate Lancaster's death. She described that he was a "good person", that he was "involved with a gang" which led to his incarceration, that her last visit with him was in December, and she described him as "healthy and normal". In early February, she had communication with him by mail "everything seemed normal in this letter".

She had a telephone conversation with him subsequently and he seemed to be "talking

different" and "did not sound right". Three weeks before his death she had a "disturbing conversation" with him where he was whispering "they are going to kill me". She notified Alger Maximum to let them know what he had said. A March 11 Health Care Services note describes that Nurse John P. Crane was called to Control to check on an inmate that was being transferred. He was found unresponsive and not breathing, pulseless with warm skin, and resuscitation was initiated.

His medical file reveals that he had been prescribed Tylenol for pain, Motrin for pain, Atenolol for hypertension, and Benadryl (an antihistamine). A March 4, 2019 chest x-ray and paranasal sinus x-ray were read as normal. Laboratory studies obtained July 3, 2018 showed normal HDL and a low cholesterol HDL ratio with a cholesterol of 177, which was well within normal limits. HIV testing was non-reactive. Thyroid studies were within normal limits.

A March 9, 2019 form notes that Jonathan Lancaster was explained the consequences including death of a continued hunger strike. He mumbled "incoherently", but did not speak directly to the nurse. The nurse completing the form was unable to determine if the inmate had a reason for a hunger strike. Routine medical care is described.

On January 2, 2019 Health Care requested Mental Health Services staff to see Mr. Lancaster because he said he needed to go to the hospital due to someone putting bath salts in his food three days ago, and due to an inability to eat or sleep. He was also quoted as saying it might have been "meth". He described vomiting. He was clearing his throat and spitting. An assessment made at that time by Michael D. Stewart, Physician Assistant and Barbara A. Domina, LMSW noted an Axis I diagnosis of Polysubstance Dependence, and an Axis II diagnosis of Antisocial Personality Disorder. It is noted that in spite of the inmate's contention that he had been poisoned, his judgement was considered fair, as was his insight, and his self-perception was considered to be "realistic".

A January 4, 2019 note describes that the inmate presented oriented times four, and there is a description that the shared that he had been eating, and though he vomited three days ago is not currently vomiting. He had "excessive speech" and stated, "I told them Cobras I wanted out". The next statement is conclusory without objective evidence for the basis of that conclusion stating, "He presented as manipulative, and when one avenue he brought up was pointed out to be invalid by custody he tried another". As a result, the therapist completing the report "reassuring custody that there was no sign of serious mental illness or suicidal thoughts or ideations". There is some question of the use of "pot and Suboxone" two and a half weeks prior "but it did show up in his urine last night". (Suboxone is quite long-acting and could persist for that period, and chronic marijuana use might also generate positive findings for a period of two weeks).

By January 9, the inmate refused to come out for weekly blood pressure and weight

checks. Psych eval on that day noted the inmate complained of feelings of depression. He complained of headache on February 21, 2019. He complained of seeing "three tiny spots in his right eye", intermittent chest pain, and shortness of breath.

On February 25, he was seen for complaints of anxiety. He reported trouble sleeping, weight loss, and trouble breathing.

On March 6, he reported weight loss "one meal away from a hunger strike". He presented as anxious, reporting idiosyncratic thoughts related to a number of issues including the "Me Too movement", feces and urine in his cell, unclean food, having other prisoners trying to jump him, and smoking meth two to three months ago in prison. It is noted that he has a history of "very manipulative behaviors", as well as "severe substance abuse". The evaluation on that day notes that the inmate was incarcerated for Armed Robbery and Felony Firearm. He was not cooperative during the appointment.

On March 6, there was a referral initiated by George R. Wood, LMSW noting "while completing round, Prisoner Lancaster claimed there is things coming out of the walls". He was also displaying "non-normal behavior such as standing in one spot for an extended length of time and crouching in fetal positions by his door". He professed that he was dying and stated, "Let me out...I'm going to die", and this was behavior that was out of character for him.

On March 8, there was a call from Control requesting permission to use chemical agent for cell extraction. The inmate was standing facing the cell door with his right hand inside his pants. His color was pale. He refused to speak and would occasionally nod his head. Chemical agent was deployed "five times" and five pepper balls were applied to the inmate's left thigh and two to the buttock area. He was then secured in a restraint chair. He did not respond to instructions. Restraint chair remained deployed.

On March 8 it is noted, "While he is not officially in a hunger strike as he accepted a tray on the 6th, staff reported did not appear he ate anything on it". It is noted that he appeared "gaunt". His appearance has changed in the past few weeks. He was uncooperative with staff. He was evaluated by a qualified Mental Health professional who noted that the prisoner was at "moderate risk" of suicide or self-injury. The inmate was to be placed in a stripped, clean Observation Cell, suicide preventive garments, checks every 15 minutes. The inmate was placed in soft restraints on March 8.

On March 9, the inmate had removed his protective gown and was lying on the bunk in a prone position, head turned to the side, spit drooling from his mouth, unable to answer questions. Skin turgor was described as "good" with no pallor or cyanosis. The nurse, Barbara L. Bedient was unable to check the inmate's pupils due to "whenever attempted patient squeezed his eyes shut" (negativism...a sign of catatonia). He is later described as being on a "hunger strike". When made aware of the fact that his behavior was to be

interpreted as a hunger strike and the consequences could be death, the inmate "mumbled incoherently, but no response understood". This culminated in the inmate's death as described above.

In a Clinical Progress Note on March 10, 2019, his conduct was interpreted by the assessing nurse, Nathan E. Moser "patient refuses to speak". (There is no indication that this behavior was willful, and there is no rationale for the conclusion that this was willful). Negativism was noted "he is able to resist opening of eyelids and mouth", and he was described as "uncooperative, non-communicative".

On March 11, at 8:20 a.m., Inmate Lancaster was referred to CSP "demonstrating significant indicators of mental illness which have escalated over the past week". It is noted that in January 2019 at another facility he reported "unusual delusional thoughts indicative of paranoia - in that he was reported being drugged with bath salts, food being contaminated with enemas, and his girlfriend putting a hit out on him". Those behaviors were interpreted as "manipulative".

Assessment at that time was "Psychotic Disorder NOS". Suicide risk was considered moderate. Global Assessment of Functioning was 10. Global Assessment of Functioning of 10 is defined as "persistent danger of severely hurting self or others (e.g. recurrent violence, or persistent inability to maintain minimal personal hygiene, or serious suicidal act with clear expectation of death). A GAF of 10 would be considered a psychiatric emergency. Nurse Wood offers no plan of action.

Subsequent notes describe the inmate's conduct as "hunger strike". The only intervention made was "patient was encouraged to drink more water and to start eating".

Conclusions

Based on my review of the documentation described above, it would be my conclusion that Jonathan Edward Lancaster was in the custody of the State of Michigan Department of Corrections, that the State of Michigan Department of Corrections had identified him as being a person in need of psychiatric treatment, that the description of his psychiatric treatment and the assessment of his Global Assessment of Functioning level of 10 indicated that they were aware that he needed emergent psychiatric treatment, that no psychiatric treatment was provided, and as a result Jonathan Edward Lancaster died of the effects of a psychiatric condition that was treatable, his death was foreseeable, and the failure to provide any psychiatric treatment and any intervention in a timely manner caused Jonathan Edward Lancaster's death.

Furthermore, it would be my opinion that had psychiatric treatment been provided, Mr. Lancaster would not have died, and his condition would have responded to treatment, and that over the course of the days prior to his death, the severity of his condition and the

Re: Jonathan Edward Lancaster
May 26, 2020
Page 5

deteriorating course of his condition was appreciated and described by the medical personnel who assessed him and no action was taken. This would constitute a deliberate indifference to his deteriorating medical condition, his emergent need for psychiatric care, and would be considered the cause of his death.

If you have any further questions regarding my evaluation, diagnosis, or recommendations, please feel free to contact me at my office address.

Very truly yours,

Gerald A. Shiener, M.D.

Gerald A. Shiener, M. D.
Diplomate of the American Board of Psychiatry and Neurology
Added qualifications in Addiction, Forensic and Geriatric Psychiatry, Psychosomatic
Medicine and Brain Injury Medicine

Medical Director Integrated Care and Consultation Liaison Services
Wayne State University Physicians Group
Sinai Grace Hospital of Detroit

Associate Professor of Psychiatry and Behavioral Neurosciences
Wayne State University School of Medicine

GAS/rlf

MICHIGAN DEPARTMENT OF CORRECTIONS - Bureau of Health Care Services

This is to certify that I, Jonathan Lancaster, 335251
am voluntarily refusing: Print Prisoner Name MDOC Number

- foods
- liquids
- food and liquids

Reasons for my refusal and/or other remarks:

It explained consequences including death if continued hunger strike. It incoherently but did not speak directly to this RN. Custody present. Unable to determine if it has reason for Hunger Strike

I acknowledge receipt of a thorough explanation of the consequences of such refusal, including the possibility of death.

Date Prisoner Signature and MDOC Number Date QHP Signature and Title

The prisoner is unwilling or unable to sign above, I have read the statement above to the prisoner, answered any questions, and my signature attests to having done so. This process shall be witnessed by another staff member who shall also sign and date the form below.

3/9/19 B. Bedient, RN _____ Hill
Date QHP Signature and Title Date Additional Employee Witness Signature/Title

PRISONER ACKNOWLEDGEMENT OF THE CONSEQUENCES OF REFUSING FOOD AND/OR LIQUID

Prisoner Information:
 Name: Lancaster, Jonathan
 Prisoner ID #: 335251
 D.O.B.: 5/23/1980

81-554-19

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name JONATHAN LANCASTER Age 38 Years
Date Received 02/12/2019
Time Received 11:13 PM
Taken By Paul A. Zelenak, RN
Date Initiated 02/12/2019

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>
02/12/2019	11:14 PM	Paul A. Zelenak, RN

Detail

Schedule Nurse Sick Call approx 02/14/2019 with RN by Paul A. Zelenak, RN. Reason: ringing noise in my ears.
Assessment/Plan: Will list for evaluation.

Medical Question

Patient Complaint/Concern: ringing noise in my ears.

Assessment/Plan: Will list for evaluation.

81-554-19

LANCASTER, JONATHAN
335251
05/23/1980

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: JONATHAN LANCASTER
DATE OF BIRTH: 05/23/1980
DATE: 02/21/2019 7:27 AM
VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 38 year old male presents with neurologic and ent.

History of Present Illness

1. Neurologic

Additional comments:

The pt. complains of headaches with throbbing pressure on the left side of his head with pressure on the top of his head. He also complains of seeing 3 tiny spots in the right eye when he moves his eye to the right and a line in his left eye. He denies any visual loss, he denies any flashing lights. He also complains of a constant ringing his ears. He denies any hearing loss. He reports that all his symptoms started approx. one month ago. He reports he has been taking tylenol from the store, but he denies taking ASA. he denies taking any other meds. The pt. also complains of intermittent chest pain and shortness of breath. he denies any sinus symptoms or sore throat. He reports his aunt had a brain aneurysm. He requests HIV and hepatitis testing due to tattooing. he seems very anxious today and responds positively to ROS. The pt. denies a past hx. of anxiety or panic disorder. He denies and increase in stress.

2. ENT

Allergies

Allergen/Ingredient

Brand

Reaction:

No Known Drug Allergies

Review of Systems

Constitutional:

Negative for chills/rigors, fatigue, generalized weakness and malaise.

HEENT:

Positive for:

- Floaters.
- Tinnitus.

Negative for eye pain, eye redness, photophobia, vision changes and vision loss.

Negative for ear drainage, facial pain, fullness in ears, hearing loss, nasal congestion, nasal drainage, pharyngitis and vertigo.

Respiratory:

Positive for:

- Dyspnea.

Negative for cough and wheezing.

Cardiovascular:

Positive for:

LANCASTER, JONATHAN

335251

05/23/1980

01-03-19

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	JONATHAN LANCASTER	Age	38 Years
Date Received	02/24/2019		
Time Received	3:13 PM		
Taken By	Nathan E. Moser, RN		
Date Initiated	02/24/2019		

81-584-19 4

Medical Question

Patient Complaint/Concern: Ulcer / Chest Pain.

Detail: Re-ulcer issue; chest pain is getting worse; 1 1/2 hours of sleep out of 36 My whole body has been trembling and the ringing noise from ears and head..

Assessment/Plan: You have been assessed and referred to the provider.

LANCASTER, JONATHAN
335251
05/23/1980

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: JONATHAN LANGASTER
DATE OF BIRTH: 05/23/1980
DATE: 03/04/2019 9:23 AM
INMATE ID: 335251

01-534-19

Clinical Progress Note

Comments:
Pt. continues to refuse Aterjolol. Will list for MP chart review. Pt. reason for not taking medication today was that -
"that is shit water", & mumbled incoherently under breath.

Date: 03/04/2019
Time: 9:23 AM
User: Barbara L. Bedient, RN

Provider: Amy Westcomb PA

Document generated by: Barbara L. Bedient, RN

NAME: LANCASTER, JONATHAN E
D.O.B.: 05/23/1980
Inmate ID: 335251

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: JONATHAN LANCASTER
DATE OF BIRTH: 05/23/1980
DATE: 03/06/2019 3:11 PM
INMATE ID: 335251

Mental Health Services Referral

TO: Mental Health Services
FROM: Flitton, C/O
DATE: 03/07/2019

Reasoning
Orientation
Behavior
Emotion
Recall/Memory
Talk
Appearance
Relationships

Reason for Referral:

While completing routine round, prisoner Lancaster 334251 claimed "there's things coming out of the walls."
Prisoner Lancaster is also displaying non normal behaviors such as standing in one spot for an extended length of time and crouching in a fetal positions by his door. Prisoner Lancaster has also exclaimed "I'm dying. Let me out I'm going to die." This is not Prisoner Lancaster's normal behavior.

Desired Action:

Interview with QMHP.

Response Date: 03/06/2019

Response:

Inmate evaluated 3/6/2019.

Provider: Amy Westcomb PA

Document generated by: George R. Wood, LMSW

NAME: LANCASTER, JONATHAN E
D.O.B.: 05/23/1980
Inmate ID: 335251

03-06-2019 3:11 PM

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: JONATHAN LANCASTER
DATE OF BIRTH: 05/23/1980
DATE: 03/08/2019 6:44 PM
INMATE ID: 335251

Clinical Progress Note

Comments:

1445 call from control for ok for chemical agent use if needed for cell extraction. Inmate to be placed in obsv. cell. 1450 to Birch unit. Inmate on bunk facing cell door. Rt. hand inside of pants. Color pale. Resp easy/even. Inmate refuses to speak. Occasionally nods head yes. Instructed inmate that he had agreed (thumbs up) to go into an observation cell, but now his refusal has triggered the move team and possible use of chemical agent. Inmate nodded yes when instructed that having the agent would be uncomfortable and he should comply with the move team.

Date: 03/08/2019

Time: 6:44 PM

User: Debbie L. Miller, RN

Comments:

1512 Move team in unit waiting extraction to wash inmates face of agent and assess inmates condition.
1659 Inmate removed after chemical agent used 5 times and application of 5 pepper balls to inmates left thigh (inmate has pants on) and 2 to left buttock area. 1701 Inmate secured in restraint chair. Inmate treated outside of entrance of Birch unit. Inmate noted to have redness to forehead. remains non-verbal, with eyes open no nasal drainage, no tearing. Eye wash to cleanse face of any chemical agent. Inmate reacted with same and nasal drainage began, clear nasal drainage noted. Inmate nodded yes when asked if it stung, entire bottle used on face/eyes. Lungs clear but inmate holding breath when asked to breath. Inmate to Aspen Unit per custody.

Date: 03/08/2019

Time: 7:02 PM

User: Debbie L. Miller, RN

Comments:

1723 Inmate placed in soft restraints in front of A-202. Inmate refusing to stand. CSMT check showed rt. wrist restraint loose, and belly chain loose, restraints readjusted. CSMT good with fingers able to be placed between inmate and restraint. Inmate remains non-verbal. 1725 Inmate carried by custody to bunk. Mat and gown on bed and covering inmate. Inmate on abd. instructed to reposition his legs or arms if feeling discomfort as pulling in restraints would increase discomfort. Inmate then asked "Where's my dad?" Responded probably at home, I didn't really know. "I just want to go home." Instructed inmate that cooperation and compliance would be the key to getting restraints removed/ loosened. Inmate just closed his eyes.

Date: 03/08/2019

Time: 7:34 PM

User: Debbie L. Miller, RN

Provider: Amy Westcomb, PA

NAME: LANCASTER, JONATHAN E
D.O.B.: 05/23/1980
Inmate ID: 335251

81-554-19