



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: RAMIREZ-ARREOLA, Augustina**

General Demographic/Background Information

- **Date of Birth:** May 30, 1956
- **Date of Death:** July 25, 2018
- **Age:** 62
- **Sex:** Female
- **Country of Citizenship:** Mexico
- **Marital Status:** Reported that she is separated
- **Children:** Reported having six (6) children with her former husband

Immigration History

- On or about November 20, 2013, Ms. RAMIREZ applied for admission into the United States at the San Ysidro Port of Entry. During an oral interview and sworn statement, Ms. RAMIREZ said she came to the United States because she had heard an announcement on the Michoacan radio station that the United States was giving out free passes to enter for people from Michoacan. She wanted to attain this pass to see her children in Modesto, California.
- On November 22, 2013, Ms. RAMIREZ was served an I-296 and I-860 (Final Order of Removal).
- On December 8, 2013, Ms. RAMIREZ was removed from the United States.
- On May 21, 2018, Ms. RAMIREZ applied for admission into the United States at the San Ysidro Port of Entry. Ms. RAMIREZ was processed as an expedited removal.
- On June 3, 2018, Ms. RAMIREZ was transferred to Otay Mesa Detention Center (OMDC).
- On July 17, 2018, Ms. RAMIREZ requested an immigration judge review.
- On July 23, 2018, an immigration judge issued an order of removal for Ms. RAMIREZ.

Criminal History

- None

Medical History

- **On June 3, 2018**, a registered nurse (RN) completed Ms. RAMIREZ' prescreening. Ms. RAMIREZ acknowledged having a current illness or health problems, but denied pain, taking medication, or mental health issues. The RN did not assign a priority to Ms. RAMIREZ' s prescreening. Later that day, a RN completed the intake screening. Ms. RAMIREZ denied history of medical problems, but did report a cough and sore throat for three days. Ms. RAMIREZ also reported having right eye surgery, ten years ago, to remove a "piece of flesh." Her vital signs were within normal limits except for an elevated pulse and a mildly elevated blood pressure. The RN marked the intake screening as "normal."
- **On June 4, 2018**, the radiologist read Ms. RAMIREZ' chest x-ray and could not rule out active tuberculosis (TB). Ms. RAMIREZ was not cleared for general population housing, and the advanced practice provider (APP) ordered a two-view chest x-ray.
- **On June 5, 2018**, the radiologist read Ms. RAMIREZ' two-view chest x-ray as "confirmed findings of initial screen, positive study. The heart size is within normal limits." The APP



ordered Ms. RAMIREZ to be placed in negative pressure isolation, but because the OMDC medical housing unit (MHU) isolation rooms were full, the APP ordered Ms. RAMIREZ be transported to the Alvarado Hospital emergency room (ER).

- **On June 6, 2018**, Ms. RAMIREZ remained stable. Three sputum samples were collected and a purified protein derivative (PPD) was planted to determine if Ms. RAMIREZ was infected with TB.
- **On June 8, 2018**, the PPD results were reviewed and determined to be negative. A computer tomography (CT) scan of the chest with contrast showed bilateral lower lobes (LL) and left upper lobe (UL) pneumonia. Two of the sputum samples were found to be negative for acid-fast bacilli (AFB), but positive for extended spectrum beta-lactamases (ESBL).
- **On June 11, 2018**, Ms. RAMIREZ underwent a QuantiFERON-TB Gold test, a diagnostic test for latent TB infection, which yielded a positive result for TB.
- **On June 12, 2018**, Ms. RAMIREZ was started on rifampin, isoniazid, pyrazinamide, and ethambutol (RIPE), a medication regiment for TB treatment, with a plan to discharge Ms. RAMIREZ after five days of treatment. Ms. RAMIREZ also saw an infectious disease specialist who changed her administration of amoxicillin-clavulanic acid from oral to intravenous (IV) for seven days.
- **On June 14, 2018**, the third sputum samples came back negative.
- **On June 19, 2018**, Ms. RAMIREZ's RIPE treatment was discontinued due to elevated liver function enzymes.
- **On June 21, 2018**, Ms. RAMIREZ's RIPE treatment was re-initiated with only ethambutol. The following orders were also submitted: laboratory test and lipase in the morning.
- **On June 26, 2018**, Ms. RAMIREZ underwent an echocardiogram which showed aortic stenosis. Ms. RAMIREZ's liver enzymes remained elevated without improvement and ethambutol was discontinued.
- **On June 27, 2018**, ethambutol and rifampin were restarted.
- **On July 3, 2018**, Ms. RAMIREZ remained stable with the re-initiation of TB medications (day five of ethambutol/rifampin/pyridoxine and day three of isoniazid).
- **On July 4, 2018**, Ms. RAMIREZ was discharged to OMDC. A RN notified the APP of Ms. RAMIREZ' return. The APP ordered Ms. RAMIREZ to be admitted to MHU to screen for TB.
- **On July 5, 2018**, a medical doctor (MD) completed Ms. RAMIREZ' physical examination. The MD documented a review of Ms. RAMIREZ' hospital stay which revealed a diagnosis of heart murmur and aortic stenosis and that no surgery was performed. Ms. RAMIREZ's vital signs were stable, with a heart murmur audible over upper sternal border. Ms. RAMIREZ was told to continue her TB medications (RIPE) and omeprazole for heartburn. The MD also submitted a referral for a cardiac surgeon consult for severe asymptomatic aortic stenosis.
- **On July 7, 2018**, Ms. RAMIREZ requested to be seen in sick call for itching to her arms and legs. Per the RN Guidelines, an RN ordered diphenhydramine to treat her condition and instructed Ms. RAMIREZ to return to the clinic if the condition worsened and/or symptoms were not relieved by medication.
- **On July 10, 2018**, Ms. RAMIREZ returned from an off-site appointment with the cardiac surgeon, who recommended aortic valve replacement surgery. The RN scheduled a follow-up appointment with an APP.



- **On July 17, 2018**, a MD submitted a referral for surgery.
- **On July 18, 2018**, a RN obtained blood and urine samples for laboratory testing. Ms. RAMIREZ requested a sick call for continued itching. The RN re-ordered diphenhydramine and encouraged Ms. RAMIREZ to return to the clinic in three days, if symptoms persisted or worsened.
- **On July 19, 2018**, an APP evaluated Ms. RAMIREZ as a follow-up to the July 10, 2018 cardiologist visit. Ms. RAMIREZ denied a history of heart disease or problems. Ms. RAMIREZ' surgery was scheduled for July 25, 2018. The APP continued with diphenhydramine for itching, related to the TB medications. A follow-up appointment was scheduled for one week and the APP submitted a referral for an infectious disease consult.
- **On July 24, 2018**, Ms. RAMIREZ was pre-admitted to the hospital for her scheduled surgery.
- **On July 25, 2017**, Ms. RAMIREZ underwent aortic valve replacement surgery. Prior to the surgery, her vital signs were within normal limits. Post operation, Ms. RAMIREZ was admitted to the intensive care unit (ICU) for close monitoring.

Synopsis of Death

- **On July 26, 2018**, the day following her aortic valve replacement, bleeding was observed and Ms. RAMIREZ became unstable. Ms. RAMIREZ was diagnosed with cardiogenic shock and was returned to surgery to replace the aortic valve prosthesis. During the operation, Ms. RAMIREZ went into a cardiac arrhythmia and passed away.
- The preliminary cause of death is cardiogenic shock with possible contributing factors including protamine reaction and a hypertrophied non-compliant left ventricle.