



U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: BLAISE, Marie Ange

General Demographic/Background Information

- **Date of Birth:** October 20, 1980
- **Date of Death:** April 25, 2025
- **Age:** 44
- **Gender:** Female
- **Country of Citizenship:** Haiti

Immigration History

- **On February 12, 2025**, the United States Customs and Border Protection (CBP) encountered Ms. BLAISE at Henry E. Rohlsen International Airport, located in Saint Croix, U.S. Virgin Islands, while attempting to board a flight to Charlotte, North Carolina. CBP transferred Ms. BLAISE to Juan F. Luis Hospital and Medical Center, in Saint Croix, U.S. Virgin Islands, for elevated blood pressure (BP).
- **On February 13, 2025**, Ms. BLAISE was charged with removability by CBP.
- **On February 14, 2025**, ICE Enforcement and Removal Operations (ERO) Miami assumed Ms. BLAISE's custody and detained her at San Juan Staging Facility, located in San Juan, Puerto Rico, and later transferred her to Miami Staging Facility, in Miami, FL.
- **On February 21, 2025**, Ms. BLAISE was transferred to Richwood Correctional Center (RCC) in Oakdale, LA.
- **On April 5, 2025**, ICE transferred Ms. BLAISE to Broward Transitional Center (BTC), located in Pompano Beach, Florida (FL).

Criminal History

N/A

Synopsis of Events

RCC Medical Records

On February 21, 2025, Ms. BLAISE's RCC medical intake screening was completed, noting a history of hypertension (HTN) and normal vital signs, except an elevated blood pressure (BP) reading. Ms. BLAISE was prescribed blood pressure medication, daily BP checks for five days and cleared for general population (GP).



On February 24, 2025, a provider completed Ms. BLAISE's initial physical exam. The provider noted Ms. BLAISE's continued elevated BP readings, ordered routine labs, a heart healthy diet, and daily BP checks, with nursing instruction to notify a higher-level provider of any BP readings over 180/110 mmHg, and cleared Ms. BLAISE for GP. Ms. BLAISE's lab results showed decreased kidney function, a mildly elevated low-density lipoprotein (LDL), and otherwise normal results.

On February 24 and 27, 2025, Ms. BLAISE refused BP medication and was educated on the risks and potential outcomes of refusing her BP medication.

Between February 25 and March 1, 2025, health staff checked Ms. BLAISE's BP on four occasions and documented elevated findings.

On March 5, 2025, a provider completed Ms. BLAISE's HTN and lab follow-up evaluation, diagnosed her with chronic kidney disease (CKD), noted noncompliance with BP medication, and Ms. BLAISE's report of left-sided, posterior headache for five days. The provider ordered follow-up labs, daily BP checks, and medication to address Ms. Blaise's medical diagnoses. The provider educated Ms. BLAISE on the importance of diet and exercise, medication compliance, and scheduled a follow-up appointment in 30 days.

Between March 6 and 25, 2025, nursing staff documented Ms. BLAISE refused her pill line medications on nine occasions.

On April 1, 2025, Ms. BLAISE was evaluated by a nurse for recurring swollen tonsils and itchy eyes. The RN noted no redness or throat swelling and consulted with a provider who ordered allergy medication. The RN scheduled Ms. BLAISE for a follow-up appointment with a provider and instructed her to return to the medical clinic if her condition did not improve.

On the same date, a provider evaluated Ms. BLAISE for sore throat, documented enlarged tonsils with no exudate or abscess, and ordered an additional BP medication, an injection to decrease her immune response, an antibiotic, and an analgesic. Ms. BLAISE was educated on the importance of medication compliance and instructed to follow up as needed.

BTC Medical Records

On April 5, 2025, Ms. BLAISE's BTC intake screening was completed, noting normal vital signs, except an elevated BP reading, and her history of HTN. Ms. BLAISE's medications were continued and she was cleared for GP with an appointment to see a provider.

On April 7, 2025, a provider completed Ms. BLAISE's initial physical exam and documented normal vital signs, and her history of HTN and BP medication noncompliance. The APP ordered routine labs (which showed an elevated eGFR and creatinine), a heart healthy diet, and BP checks for seven days. The APP also increased



Ms. BLAISE's BP medication, scheduled a follow-up preventive health assessment in five months, and cleared her for GP.

On April 15, 2025, a provider completed Ms. BLAISE's BP and lab follow-up evaluation, noted her BP medication noncompliance, and ordered a renal diet, repeat chronic care labs in 30 days, and a diuretic for her elevated BP. The APP educated Ms. BLAISE on increasing her fluid intake, exercising daily, and avoiding salty snacks and processed foods.

On April 25, 2025, at approximately 8:35 p.m., custody staff announced a medical emergency at Ms. BLAISE's dormitory.

- **At approximately 8:40 p.m.**, responding health staff found Ms. BLAISE on the ground, unresponsive to verbal commands, and with no detectable pulse. An RN performed a sternal rub, with no response, and administered an ammonia inhalant; however, Ms. BLAISE remained unresponsive.
- **At approximately 8:41 p.m.**, health staff activated emergency medical services (EMS) via 911 and immediately began cardiopulmonary resuscitation (CPR). Ms. BLAISE's blood sugar reading was also taken and was normal. Health staff continued providing CPR until EMS personnel arrived.
- **At approximately 8:53 p.m.**, EMS personnel arrived at BTC and continued life-saving measures.
- **At approximately 9:03 p.m.**, the EMS personnel's supervising physician instructed them to cease all life-saving measures and declared Ms. BLAISE deceased.