



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: OCHOA-Yoc de Ramirez, Maria Celeste**

General Demographic/Background Information

- **Date of Birth:** August 10, 1997
- **Date of Death:** March 8, 2020
- **Age:** 22
- **Gender:** Female
- **Country of Citizenship:** Guatemala
- **Marital Status:** Single
- **Children:** N/A

Immigration History

- On September 5, 2019, U.S. Border Patrol (USBP) encountered Ms. OCHOA in the Rio Grande Valley, Texas (TX) and transported her to the Rio Grande Valley Sector Centralized Processing Center in McAllen, Texas for processing.
- On September 6, 2019, USBP transferred Ms. OCHOA to the custody of ICE Enforcement and Removal Operations (ERO) in San Antonio, TX.
- From September 6, 2019 to March 8, 2020, ERO housed Ms. OCHOA at three Intergovernmental agreement (IGSA) facilities:
 - September 6 - 12, 2019, El Valle Detention Facility (EVDC) in Raymondville, TX.
 - September 12, 2019 - February 13, 2020, Kay County Detention Center (KCDC) in Newkirk, Oklahoma (OK).
 - February 13 - 18, 2020, Prairieland Detention Center (PDC) in Alvarado, TX.
 - Referred to Texas Health Huguley Hospital (THHH) in Burleson, TX.

Criminal History

- N/A

Medical History

EVDC Medical Records

- **On September 6, 2019**, a registered nurse (RN) completed Ms. OCHOA's intake screening. Ms. OCHOA denied a history of medical or mental health conditions; however, she did report an allergy to gentamycin (antibiotic) and history of spousal physical abuse in 2015. Ms. OCHOA denied a history of sexual assault, her vital signs (VS) were normal, and the RN cleared her for general population (GP) with a referral to a mental health provider (MHP).
- **On September 11, 2019**, an RN completed Ms. OCHOA's transfer summary and cleared her for transfer.

KCDC Medical Records

- **On September 12, 2019**, a licensed vocational nurse (LVN) completed Ms. OCHOA's intake screening. Ms. OCHOA denied a medical history but reported a history of post-traumatic stress disorder (PTSD) from a sexual assault at age 19. Her VS were normal. The LVN submitted an urgent MHP referral for Ms. OCHOA and cleared her for GP.
- **On September 13, 2019**, an MHP evaluated Ms. OCHOA. Ms. OCHOA reported a history of sexual assault, admitted to disruptive nightmares, and resorted to excessive sleep during the



day to cope. She denied any current or history of suicidal or homicidal ideations. Her mental status exam noted a tearful, flat affect, and dysphoric/sad mood. The MHP diagnosed her with severe PTSD, ordered her a routine follow-up, and referred her to a medical provider for further evaluation.

- **On September 20, 2019**, a medical doctor (MD) prescribed Terazosin (used for lowering blood pressure or off-label usage for PTSD associated nightmares) 2 mg, one tablet, orally, at bedtime.
- **On September 21, 2019**, an RN completed Ms. OCHOA's physical examination. Ms. OCHOA denied a history of medical conditions; however, she reported a history of anxiety related tachycardia (fast heart rate), taking Terazosin 1 mg, two capsules, orally, every evening, and admitted to one hospitalization following a sexual assault at age 19. Her examination was unremarkable, and she was instructed to follow up as needed.
- **September 22 – January 31, 2020**, KCDC medical staff evaluated Ms. OCHOA for various complaints from dental pain, allergy related symptoms, cold symptoms, constipation, urinary symptoms, and right elbow injury.
- **On February 2, 2020**, an LVN evaluated Ms. OCHOA for vomiting, weight loss, muscle aches, and an episode of black stool. Her VS were normal, except a pulse (P) of 123 beats per minute [(bpm); normal, 60 – 100 bpm] and a loss of 14 pounds (lbs.) since November 20, 2019. The LVN documented the exam as normal and referred Ms. OCHOA to a medical provider.
- **On February 3, 2020**, an RN evaluated Ms. OCHOA for complaints of shortness of breath and nausea. Her VS were normal, except P of 110 bpm. Ms. OCHOA's exam was normal, except for diminished right lung sounds. The RN referred Ms. OCHOA to a medical provider for evaluation and a chest x-ray was ordered, which was negative.
- **On February 4, 2020**, an advanced practice provider (APP) evaluated Ms. OCHOA, who complained of a runny nose. The exam was unremarkable, except a P of 104. The APP ordered Flonase (allergy nasal spray) daily with routine follow up.
- **On February 5, 2020**, security staff reported that fellow detainees witnessed Ms. OCHOA self-induce vomiting after meals.
- **On February 6, 2020**, an RN assessed Ms. OCHOA for anxiety, poor sleep, and feeling as though her heart was stopping and she was dying. Her VS were normal, except for a P of 118 bpm. Her exam was unremarkable, except tachycardia, light straw tint to her eyes, and abnormal urinalysis (UA) dipstick results. The RN admitted Ms. OCHOA to medical housing for observation and referred her to an APP and MHP for evaluation.
 - The APP ordered Ensure (nutritional supplement) two times daily, weekly weight checks for thirty-days, and the following tests: complete blood count (CBC), comprehensive metabolic panel (CMP), and a hepatic panel (liver function tests). After receiving critical laboratory results, the APP referred Ms. OCHOA to Alliance Health Ponca City emergency department in Ponca City, OK, for further evaluation.
- **On February 7, 2020**, Ms. OCHOA was diagnosed with cholecystitis (inflammation of the gall bladder), acute biliary pancreatitis (inflammation of the pancreas), and transferred to Mercy Hospital in Oklahoma City, OK, for further testing.
- **On February 8, 2020**, Ms. OCHOA had a cholecystectomy (surgical removal of gall bladder).
- **On February 10, 2020**, Mercy Hospital discharged and released Ms. OCHOA to KCDC. Ms. OCHOA complained of not sleeping for thirty days. A nurse housed Ms. OCHOA in medical housing for observation pending a medical provider's evaluation. The MD prescribed



acetaminophen and ketorolac, as needed for pain. Prior to Ms. OCHOA's hospitalization, security staff discovered several pills – type unknown – under her mattress.

- **On February 11, 2020**, an APP evaluated Ms. OCHOA status post-cholecystectomy. Ms. OCHOA refused medications claiming they were making her crazy. Ms. OCHOA also reported that she wanted jail personnel to kill her and that she wanted to die, but had no plans or desire to self-inflict injury. Her VS were stable, except P of 120. The APP placed Ms. OCHOA in medical housing on suicide watch and referred her to mental health.
 - An MHP evaluated Ms. OCHOA. Ms. OCHOA voiced the desire for medication to the extent that she did not want to feel. The MHP diagnosed Ms. OCHOA with 1) eating disorder - rule out bulimia, 2) depressive disorder, 3) and personality disorder - not otherwise specified, and ordered continued suicide watch, consider referral to a higher level of care, and routine referral for psychiatrist evaluation.
- **On February 12, 2020**, ERO Dallas transferred Ms. OCHOA to PDC for further mental health evaluation of possible PTSD and bulimia.

PDC Medical Records.

- **On February 14, 2020**, an RN completed Ms. OCHOA's intake screening. Ms. OCHOA reported a recent cholecystectomy, four days ago; current medications: Terazosin (psychotropic), acetaminophen, amoxicillin, docusate sodium, multi-vitamins, and allergy medicine (nasal decongestant spray and cetirizine-D). Ms. OCHOA denied a history of other medical or mental health conditions; however, she reported receiving counseling six months ago for a history of spousal sexual and physical abuse, three years ago. The RN referred Ms. OCHOA to the MHP and APP.
 - A licensed marriage and family therapist (LMFT) completed Ms. OCHOA's initial mental health evaluation. Ms. OCHOA denied history of mental health and suicidal ideations; however, she reported an ex-husband raped her three years ago and complained of difficulty sleeping. The LMFT's assessment of Ms. OCHOA's mental status was PTSD and referred her to psychiatry.
 - An APP completed Ms. OCHOA's initial chronic disease evaluation due to her recent surgery. Ms. OCHOA complained of a poor appetite, dry mouth, weakness, and difficulty sleeping. Her VS and examination were normal, except jaundiced (yellow) sclera. The APP's assessment was unspecified jaundice, anorexia (lack of appetite), post cholecystectomy, PTSD; and ordered intravenous fluid hydration, continuance of medications, laboratory testing, and to maintain in medical for observation. The APP scheduled a next-day follow-up.
- **On February 17, 2020**, an MD evaluated Ms. OCHOA. Ms. OCHOA complained of a lack of appetite; however, she reported drinking Ensure (nutritional supplement) and eating from her food tray. Ms. OCHOA's laboratory results were abnormal, and the MD ordered repeat laboratory testing (CMP, amylase, lipase) for confirmation and considered a hospital referral for further diagnostic testing if repeat laboratory testing was abnormal.
- **On February 18, 2020**, an APP reviewed Ms. OCHOA laboratory results and referred her to Texas Health Huguley Hospital (THHH) in Burleson, TX, to rule out bile duct obstruction. THHH admitted Ms. OCHOA for elevated liver enzymes, abdominal pain with nausea and vomiting, and acute pancreatitis.
 - On this same date, Ms. OCHOA was scheduled for a psychiatrist evaluation; however, Ms. OCHOA was not seen because of her referral to the hospital.



THHH Medical Records

- **February 19 - 28, 2020**, Ms. OCHOA remained in inpatient care and received specialty consults and diagnostic testing.
- **On February 24 and 25, 2020**, THHH completed an abdominal computed tomography (CT) scan, liver biopsy, and a chest x-ray. CT scan results showed: possible pancreatitis; fatty, enlarged liver; abnormal uterine appendages, which could be related to a prominent ovarian cyst; and bilateral atelectasis (partial collapse of lung) with trace left pleural effusion (buildup of fluid in the lining of lungs). The liver biopsy showed a fatty liver with mild periportal hepatitis (inflammation of the liver) without fibrosis (scarring). The chest x-ray results showed mild atypical pneumonitis (inflammation of the lungs) and mild diffuse bilateral alveolar disease.
- **On February 29, 2020**, Ms. OCHOA was transferred to Texas Health Harris Methodist Hospital (THHMH) – Fort Worth for a hepatology (liver specialist) consult.

THHMH Medical Records

- **February 29 – March 3, 2020**, Ms. OCHOA's condition improved, her VS were stable, and discharge was anticipated on March 4, 2020. During this period, a gastroenterologist consulted and evaluated Ms. OCHOA. The MD noted an unremarkable exam, except positive jaundice and abnormal laboratory results (AST - 904, ALT - 112, Alk phosphate – 501, and bilirubin - 10), liver biopsy – moderate diffuse macro vesicular steatosis (accumulation of fat in the liver), and mild periportal hepatitis (inflammation of the liver).
- **On March 4, 2020**, during the hospital discharge process, Ms. OCHOA presented weak and incontinent of urine; therefore, the discharge was halted.
- **On March 5, 2020** at approximately 7:45 p.m., Ms. OCHOA had difficulty breathing, an elevated P of 168 bpm, and an elevated lactic acid (organic acid present normally in muscle tissue as a by-product of the breakdown of glucose). She was transferred to the intensive care unit (ICU) and cardiology was consulted. Later this day, Ms. OCHOA experienced seizure-like activity, and she was emergently transferred to Neuro Critical Care ICU.
 - At 10:45 p.m., Ms. OCHOA coded (medical emergency) for significant respiratory distress and was successfully resuscitated. There was no evidence of cardiac arrest.
- **On March 6, 2020** at 12:05 a.m., Ms. OCHOA required intubation and placement on a ventilator to assist with her breathing, and her condition worsened with persistent and worsening acidosis and hypotension.
 - At 9:53 a.m., Ms. OCHOA's active problem list included: septic shock, hyperbilirubinemia (excess of bilirubin in the blood), elevated liver enzymes, supraventricular tachycardia [(SVT); abnormal fast heart rate], acute respiratory failure, seizure, cardiomyopathy (enlarged, weak heart muscle), and thrombocytopenia (abnormally low platelets).
 - At 11:10 a.m., Ms. OCHOA's lactic acid level continued to increase.
 - At 2:53 p.m., Ms. OCHOA's urine culture was positive for staphylococcus aureus (bacteria) and abdominal CT scan results revealed ascites (accumulation of fluid in abdominal cavity). Ms. OCHOA was diagnosed with bacteremia (bacteria in the blood), pneumonia, and intravenous antibiotics were initiated.
 - At 9:10 p.m., Ms. OCHOA was diagnosed with widespread infection [(sepsis); a life-threatening condition when the body's response to infection causes injury to its own



tissues and organs] and placed on renal dialysis but was discontinued due to treatment failure.

- **On March 7, 2020**, Ms. OCHOA's condition continued to deteriorate and showed impaired temperature regulation, multi-organ system failure, and no evidence of brain activity.

Synopsis of Death

- **On March 8, 2020**, Ms. OCHOA experienced cardiac arrest three times with unsuccessful resuscitation.
 - At 8:45 a.m. CT, Ms. OCHOA was pronounced deceased. An autopsy was ordered and is pending for the official cause and manner of death.