



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: HERNANDEZ Ibarra, Ramiro**

General Demographic/Background Information

- **Date of Birth:** March 11, 1978
- **Date of Death:** March 21, 2020
- **Age:** 42
- **Gender:** Male
- **Country of Citizenship:** Mexico
- **Marital Status:** Married
- **Children:** N/A

Immigration History

- On June 23, 1999; June 27, 1999; July 3, 2000; May 7, 2001; and May 12, 2001; the U.S. Border Patrol (USBP) encountered and arrested Mr. HERNANDEZ after illegally entering the United States via the Mexico-Texas border. Each time, USBP granted him a voluntary return (VR) to Mexico.
- On December 30, 2003, USBP encountered Mr. HERNANDEZ at the Hidalgo County Jail (HCJ) in Edinburg, Texas (TX), and lodged an I-247 (Immigration Detainer – Notice of Action). USBP took custody of Mr. HERNANDEZ and granted him a VR to Mexico on December 31, 2003.
- On May 7, 2010, USBP apprehended Mr. HERNANDEZ near McAllen, TX and issued him a form I-862 (Notice to Appear). An immigration judge granted Mr. HERNANDEZ a Voluntary Departure on June 8, 2010, and Enforcement and Removal Operations (ERO) San Antonio witnessed his return to Mexico on June 9, 2010.
- On December 21, 2019, ERO San Antonio encountered Mr. HERNANDEZ at HCJ, served him with form I-862 (Notice to Appear), and lodged an I-247 (Immigration Detainer – Notice of Action) with HCJ.
- On January 15, 2020, HCJ released Mr. HERNANDEZ to ERO San Antonio. ERO served Mr. HERNANDEZ with form I-200 (Warrant for Arrest of Alien) and transferred him to Port Isabel Detention Center (PIDC) for housing.

Criminal History

- On October 29, 2003, the Texas Department of Public Safety arrested Mr. HERNANDEZ on charges of driving while intoxicated (DWI). Mr. HERNANDEZ was convicted and imposed a sentence of 30 days of confinement.
- On December 20, 2019, Hidalgo County Sheriff's Office arrested Mr. HERNANDEZ on charges of assault, which caused bodily injury to a family member. He was convicted on January 14, 2020, and imposed a sentence of 24 days of confinement (time served).

Medical History

PIDC Medical Records

- **On January 15, 2020**, a licensed vocational nurse (LVN) completed Mr. HERNANDEZ's medical intake screening. Mr. HERNANDEZ reported a history of diabetes, hypertension (HTN), and taking medications, but was unable to recall the names of the medications. Mr.



- HERNANDEZ denied any pain, discomfort, mental health or suicide history. The LVN referred Mr. HERNANDEZ to a medical provider for evaluation of his chronic medical history.
- **On January 16, 2020,** an advanced practice provider (APP) completed Mr. HERNANDEZ's physical examination. Mr. HERNANDEZ reported a five-year history of diabetes and HTN, taking metformin (anti-diabetic medication), but again unable to recall the name of his HTN medication. The APP prescribed Mr. HERNANDEZ's medication and ordered an electrocardiogram (ECG) and laboratory tests.
 - **On February 7, 2020,** an APP evaluated Mr. HERNANDEZ during a chronic care appointment and reviewed his laboratory results, which were normal except for elevated lipids, glucose, hemoglobin A1C, and trace protein and ketones in his urine. Mr. HERNANDEZ complained of left flank pain, reported past kidney issues, and not drinking water. The APP prescribed atorvastatin (treats elevated cholesterol and triglyceride levels) 10 mg, one tablet by mouth, daily; Pedialyte; and instructed him to increase his water intake.
 - **On February 13, 2020,** a registered nurse (RN) evaluated Mr. HERNANDEZ for acute left flank pain, radiating to his lower back. Mr. HERNANDEZ reported a history of kidney disease, taking medications, and admitted to limited water intake. Mr. HERNANDEZ requested over the counter medication for pain. The RN referred Mr. HERNANDEZ to a provider for further evaluation.
 - **On February 15, 2020,** an APP evaluated Mr. HERNANDEZ for left flank pain. Mr. HERNANDEZ reported a history of kidney problems, gastritis (inflammation in the stomach lining), and decreased water intake. A urine dipstick showed positive ketones and proteins in his urine. The APP noted positive left flank tenderness and prescribed and ordered the following: ibuprofen (pain medication), tamsulosin (used to treat urine retention), omeprazole (treats heartburn), Pedialyte, sliding scale insulin, and additional laboratory studies, including a urine culture.
 - **On February 17, 2020,** an RN evaluated Mr. HERNANDEZ for left flank pain, radiating to his lower back. Mr. HERNANDEZ reported pain with ambulation, movement, and no relief with pain medication. The RN noted Mr. HERNANDEZ had difficulty ambulating, notified the on-call provider, and received an order to transfer Mr. HERNANDEZ to Valley Baptist Medical Center (V BMC) emergency department (ED) in Harlingen, TX, via emergency medical services (EMS) for evaluation.
 - **On February 18, 2020,** at approximately 1:52 a.m., a V BMC medical doctor (MD) discharged Mr. HERNANDEZ with a diagnosis of low back pain and a urinary tract infection on the following medications: cephalexin (antibiotic), cyclobenzaprine (muscle relaxer), and ibuprofen.
 - At approximately 4:50 a.m., an RN evaluated Mr. HERNANDEZ after he returned to the facility, reviewed his V BMC ED discharge summary, and contacted the on-call provider. An APP issued a telephonic order for sulfamethoxazole/trimethoprim (antibiotic), ibuprofen for pain, and to house Mr. HERNANDEZ in the medical housing unit (MHU) for observation.
 - At approximately 2:26 p.m., an APP evaluated Mr. HERNANDEZ in the MHU. Mr. HERNANDEZ requested to return to the dorms with self-administered medications versus pill line administration due to difficulty ambulating. He denied back pain, dysuria, hematuria, chills, or sweats. The APP discharged Mr. HERNANDEZ from the MHU with keep on person medications.



- **On March 18, 2020**, an RN evaluated Mr. HERNANDEZ for nausea and vomiting. Mr. HERNANDEZ reported he last ate a bag of Hot Cheetos, had diarrhea, and denied other symptoms. He admitted to metformin non-compliance and had not taken it for the past few days. The RN noted normal vital signs, except for a slightly elevated heart rate of 109 beats per minute (bpm) (normal 60 – 100 bpm) and an elevated blood sugar of 205 mg/dl (normal 60 – 100 mg/dl). The RN notified the on-call provider, received telephone orders for an MHU admission, ondansetron (treats nausea and vomiting) 8 mg, by mouth, as needed, and to provide a promethazine injection (treats nausea and vomiting) 25 mg, intramuscular now, and to encourage oral hydration.
- **On March 19, 2020**, at approximately 5:25 a.m., while viewing the video monitor, an RN observed Mr. HERNANDEZ fall while going to the bathroom. The RN noted normal vital signs, except for a slightly elevated BP (140/82), and no injuries. The RN notified the on-call provider, received a telephone order to notify EMS, and to transfer Mr. HERNANDEZ to VBCM.
 - At approximately 5:45 a.m., EMS personnel arrived, noted Mr. HERNANDEZ as alert and oriented with flank and lower back pain, and transported him to VBCM ED.
 - At approximately 6:30 a.m., VBCM ED personnel evaluated Mr. HERNANDEZ and admitted him for hypotension (low blood pressure).
 - At approximately 8:10 a.m., during a daily hospital update, a PIDC RN provided Mr. HERNANDEZ's keep on person medication list, and noted empty bottles of metformin, lisinopril, and ibuprofen.
 - At approximately 10:50 a.m., a VBCM RN reported that Mr. HERNANDEZ was hypotensive (84/55), hypothermic (rectal temperature of 88.6), confused, sedated, intubated, and pending transfer to the intensive care unit (ICU). The RN also reported that Mr. HERNANDEZ was on antibiotics and vasopressors (anti-hypotensive drugs).
 - At approximately 4:12 p.m., VBCM transferred Mr. HERNANDEZ to ICU.
 - At approximately 6:42 p.m., a VBCM MD ordered emergent dialysis for Mr. HERNANDEZ due to acute kidney failure.
- **On March 20, 2020**, at approximately 1:15 a.m., a VBCM RN reported Mr. HERNANDEZ's condition had improved with increased BP readings; however, he remained on antibiotics, epinephrine (for blood pressure support), and received dialysis.
 - At approximately 5:15 a.m., a VBCM RN reported Mr. HERNANDEZ's condition was worsening.
 - At approximately 9:15 a.m., a VBCM RN reported Mr. HERNANDEZ remained in critical condition, unresponsive, in kidney failure, and death was imminent. The RN stated his diagnosis was related to a suspected metformin overdose.
 - At approximately 1:15 p.m., a VBCM RN reported Mr. HERNANDEZ remained in critical condition, unresponsive, in kidney failure, currently receiving dialysis, and on ventilatory (breathing) support.
 - At approximately 4:20 p.m., a VBCM MD notified ICE Health Service Corps (IHSC) that Mr. HERNANDZ was in organ failure and advised them to contact his next of kin. Mr. HERNANDEZ remained unresponsive in ICU.
 - At approximately 5:30 p.m., Mr. HERNANDEZ's wife invoked a do not resuscitate order.

Synopsis of Death



- **On March 21, 2020**, at approximately 12:30 a.m., a VBMC RN reported Mr. HERNANDEZ remained unresponsive in critical condition, his condition was worsening, and he was no longer tolerating dialysis treatments.
 - At approximately 4:30 a.m., a VBMC RN reported Mr. HERNANDEZ's condition continued to deteriorate.
 - At approximately 5:46 a.m., Mr. HERNANDEZ expired on ventilatory support and a VBMC MD pronounced Mr. HERNANDEZ dead.
 - ICE requested an autopsy from the county medical examiner and an independent medical examiner, but the requests were denied.