



**U.S. Immigration and Customs Enforcement (ICE)  
Detainee Death Report: ROMERO, Ronal Francisco (aka CRUZ, Ronald)**

**General Demographic/Background Information**

- **Date of Birth:** January 24, 1979
- **Date of Death:** May 16, 2018
- **Age:** 39
- **Sex:** Male
- **Country of Citizenship:** Honduras
- **Marital Status:** Single
- **Children:** None reported.

**Immigration History**

- On May 15, 2002, Mr. ROMERO was encountered and apprehended near Carricitos, Texas (not a Port of Entry) by U.S. Border Patrol (USBP). He was placed under arrest, transported to the Harlingen, Texas USBP station for processing, and ultimately released with a DHS form I-862 – Notice to Appear.
- On September 25, 2002, Mr. Romero was ordered removed in absentia by an Immigration Judge in Houston, Texas.
- On January 20, 2016, U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) took custody of Mr. ROMERO upon his release from Jackson County Jail in Kansas City, MO for driving while intoxicated.
- On January 21, 2016, ERO received travel documents for Mr. ROMERO, and on January 29, 2016, he was removed from the country via ICE Air Operations.
- On May 9, 2018, USBP apprehended Mr. ROMERO and transported him to the McAllen, TX USBP station for processing.
- On May 12, 2018, Mr. ROMERO had his Final Order of Removal reinstated and ERO requested travel documents.

**Criminal History**

- On January 14, 2016, Mr. ROMERO was convicted of Driving Under the Influence, and was sentenced to two (2) days in jail.

**Medical History**

- **On May 14, 2018**, Mr. ROMERO arrived at Port Isabel Detention Center (PIDC) and underwent intake screening conducted by a licensed vocational nurse (LVN). Mr. ROMERO had no medical or mental health complaints, his vital signs were within normal limits, and the LVN labeled Mr. ROMERO's intake screening as "normal."
- **On May 15, 2018**, an advanced practice provider (APP) evaluated Mr. ROMERO as a referral from nurse sick call. Mr. ROMERO complained of fever, headache, left ear pain, sore throat, and body aches. Based on the examination, the APP diagnosed Mr. ROMERO with fever, streptococcal pharyngitis (aka "strep throat"), and unspecified abnormal findings in urine. The APP ordered amoxicillin for 10 days and ordered baseline laboratory tests. The APP admitted Mr. ROMERO to the medical housing unit (MHU) for treatment and intravenous fluid (IV) management. A physician reviewed and co-signed the APP's treatment plan. Later, an APP evaluated Mr. ROMERO for altered mental status and noted:



"mental status: stupor, slow responsiveness; eyes: pupils sluggish, round, hyporeactive to light, and accommodation; neurology: cooperative with exam, lethargic, follows commands (albeit to a limited extent); assessment: altered mental status." The APP ordered and referred Mr. ROMERO to a local emergency department by emergency medical services' (EMS) transport for further evaluation.

#### Synopsis of Death

- On May 16, 2018, Mr. ROMERO was admitted to the medical intensive care unit at the Valley Baptist Medical Center (V BMC) with a diagnosis of diabetic ketoacidosis (a life-threatening complication of diabetes mellitus) and sepsis (infection). V BMC reported Mr. ROMERO had coded (emergency resuscitative efforts for cardiopulmonary arrest), was successfully resuscitated at 12:55 a.m. and 1:09 a.m., and started him on medications for circulatory support. Mr. ROMERO coded at approximately 8:30 a.m. with a heart rhythm of asystole (no heart activity), but was successfully resuscitated after approximately 10 minutes (however, he remained unresponsive). At 4:30 p.m., the attending physician pronounced Mr. ROMERO brain dead, and ordered to keep Mr. ROMERO on his current medications and ventilatory support. At 6:48 p.m., Mr. ROMERO again coded, and despite 20 minutes of advanced cardiac life support measures, he was pronounced dead.
- On June 15, 2018, the State of Texas issued a Certificate of Death documenting Mr. ROMERO's cause of death as meningitis, clinical history of diabetic ketoacidosis, clinical history of sepsis, and no evidence of trauma.