

March 30, 2018

The Honorable Thomas Homan
Acting Director
U.S. Immigration and Customs Enforcement
500 12th St, SW
Washington, DC 20536

Dear Acting Director Homan:

On behalf of the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians, we write to express serious concerns about the U.S. Immigration and Customs Enforcement's (ICE) decision to end its policy of presumptive release of pregnant women and adolescents from immigration detention facilities. The decision puts the health of women and adolescents and their pregnancies at great risk. As health care providers for women and adolescents, we urge you in the strongest possible terms to reverse this decision.

In 2016, ICE issued a memorandum entitled "Identification and Monitoring of Pregnant Detainees" and concluded that, "generally, absent extraordinary circumstances", pregnant women would not be detained by ICE.¹ According to an internal memo publicized on March 29, 2018, ICE will no longer honor that policy, and instead will make a "case-by-case custody determination taking any special factors into account" when considering pregnant women and adolescents.²

It has been documented that while in immigration detention facilities, pregnant women and adolescents experience poor access to medical care, and are highly vulnerable to sexual assault.³ Although standards were published by ICE to improve women's access to reproductive health care, including prenatal care, facility adherence to these standards is unknown.⁴ In 2016, the Department of Homeland Security's (DHS) Advisory Committee on Family Residential Centers recommended that barring extraordinary circumstances, no pregnant woman or her children should be detained in a family residential center.⁵

All pregnant women and adolescents held in federal custody, regardless of immigration status, should have access to adequate, timely, evidence-based, and comprehensive health care. Pregnant immigrant women and adolescents should have access to high levels of care, care that is not available in these facilities. The conditions in DHS facilities are not appropriate for pregnant women or children. A growing body of evidence suggests that maternal psychological state can negatively affect fetal and child development,⁶ and practices like shackling during pregnancy, which have been reportedly used at ICE facilities, have serious negative physical and mental health impacts on pregnant women.⁷

We urge ICE to reverse this decision, and instead focus on securing access to adequate, timely, evidence-based, and comprehensive medical care by medical providers trained to care for pregnant women and adolescents.

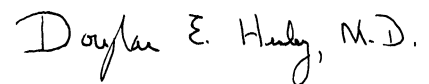
Sincerely,



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¹ U.S. Immigration and Customs Enforcement. Identification and Monitoring of Pregnant Detainees. https://www.ice.gov/sites/default/files/documents/Document/2016/11032.2_IdentificationMonitoringPregnantDetainees.pdf. Accessed March 29, 2018

² The Hill. *ICE Will Detain Pregnant Women, Ending Previous Policy*. <http://thehill.com/latino/380827-ice-will-detain-pregnant-women-ending-previous-policy>. Accessed March 29, 2018.

³ Health care for unauthorized immigrants. Committee Opinion No. 627. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:755–9.

⁴ Ibid.

⁵ U.S. Department of Homeland Security Advisory Committee on Family Residential Centers. *Report of the ICE Advisory Committee on Family Residential Center*. <https://www.ice.gov/sites/default/files/documents/Report/2016/acfrc-report-final-102016.pdf>. Accessed March 30, 2018.

⁶ Kinsella, M. T., & Monk, C. (2009). Impact of Maternal Stress, Depression & Anxiety on Fetal Neurobehavioral Development. *Clinical Obstetrics and Gynecology*, 52(3), 425–440. <http://doi.org/10.1097/GRF.0b013e3181b52df1>

⁷ Health care for pregnant and postpartum incarcerated women and adolescent females. Committee Opinion No. 511. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118: 1198–1202.