

RON WYDEN
OREGON

RANKING MEMBER OF COMMITTEE ON
FINANCE

221 DIRKSEN SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5244

United States Senate
WASHINGTON, DC 20510-3703

COMMITTEES:

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February 3, 2020

Mr. Mark A. Morgan
Acting Commissioner
U.S. Customs and Border Protection
1300 Pennsylvania Ave. N.W.
Washington, D.C. 20229

Mr. Matthew T. Albence
Acting Director
U.S. Immigration and Customs Enforcement
500 12th Street, S.W.
Washington, D.C. 20536

Dear Acting Commissioner Morgan and Acting Director Albence:

I write to you today to request more information about the treatment of pregnant migrants in the custody of your agencies, particularly in light of the many troubling reports alleging the mistreatment, abuse, and neglect of pregnant women in detention facilities under your jurisdiction.

I traveled to the southern border in July 2019 and saw firsthand the trauma pregnant migrants experience. During my visit, I encountered a pregnant woman legally seeking asylum in the United States with her family. A doctor who accompanied me on the trip quickly determined that this woman was in distress due to complications with her pregnancy and required immediate medical attention. As I observed Customs and Border Protection (CBP) officers process this woman and her family at the El Paso Paso del Norte Port of Entry, I became concerned that she would not receive the medical care she needed in a timely manner. Following my trip, I looked further into the treatment of pregnant women in detention facilities, including those managed by Immigration and Customs Enforcement (ICE), and I became increasingly concerned that this administration's revision of policies has only worsened a systemic problem.

There is no disputing the fact that pregnant women require specialized medical care and sanitary conditions to ensure their well-being and safety through pregnancy. Three major medical organizations have made it clear that "the conditions in DHS facilities are not appropriate for pregnant women or children."¹ In the absence of compelling evidence that a pregnant woman is a threat to herself or the safety of others, there is no justification for the civil detention of pregnant women, especially when ICE and CBP could utilize effective alternatives to detention.

Regrettably, and contrary to the recommendations of the medical community and several Members of Congress, this administration has decided not to reinstate a policy of presumptive release for all pregnant women. At a bare minimum, it is certainly the responsibility of your agencies to institute strong measures to ensure timely and adequate medical care and the humane treatment of pregnant

¹ American Academy of Pediatrics, American College of Obstetricians, and Gynecologists, and American Academy of Family Physicians letter to ICE Acting Director Homan (March 30, 2018)

911 NE 11TH AVENUE
SUITE 630
PORTLAND, OR 97232
(503) 326-7525

405 EAST 8TH AVE
SUITE 2020
EUGENE, OR 97401
(541) 431-0229

SAC ANNEX BUILDING
105 FIR ST
SUITE 201
LA GRANDE, OR 97850
(541) 962-7691

U.S. COURTHOUSE
310 WEST 6TH ST
ROOM 118
MEDFORD, OR 97501
(541) 858-5122

THE JAMISON BUILDING
131 NW HAWTHORNE AVE
SUITE 107
BEND, OR 97701
(541) 330-9142

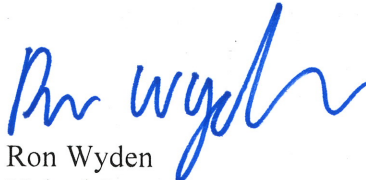
707 13TH ST, SE
SUITE 285
SALEM, OR 97301
(503) 589-4555

women in custody. This includes ending the practice of shackling pregnant migrant women, considering that the practice is banned in federal prisons under the recently enacted First Step Act. Further, it is your responsibility to investigate the disturbing complaints raised at your detention facilities, hold personnel accountable for the mistreatment and neglect of detainees, and correct course as needed to ensure the safety and care of all detainees. To help me understand this ongoing issue, please provide the following information by March 31, 2020:

1. What is the number of pregnant women currently in ICE and CBP custody?
 - a. How are your respective agencies tracking this information?
 - b. Please provide the number of pregnant women annually in ICE and CBP custody for the last three years.
2. Do all pregnant individuals in your agencies' custody receive access to edible food, potable water, showers, clean bedding, fresh clothing (including undergarments), and prenatal and other necessary medical care -- including medication and supplements?
3. Does CBP keep records of each instance of shackling a detainee, as required by the National Standards on Transport, Escort, Detention, and Search? If not, why not?
4. While in ICE custody, what specialized care do pregnant women receive and what protocols are in place to ensure consistency of care?
 - a. How many ICE facilities have an OB-GYN on staff?
 - b. How often are pregnant women referred externally for care?
 - c. What process is used to determine if a referral is necessary?
5. While in CBP custody, what specialized care do pregnant women receive?
 - a. How often are pregnant women referred externally for care?
 - b. What process is used to determine if a referral is necessary?
6. Please describe what specialized care and protocols are in place during and after a woman experiences a miscarriage or stillbirth while in ICE and CBP custody.
7. Please provide all policy guidance, procedures, directives, and training methods ICE and CBP agents and officials receive about detaining pregnant women.
 - a. Are these materials provided to contracted or subcontracted staff?
 - b. How are staff trained on these policies and procedures?
8. What steps have your respective agencies taken to investigate and address complaints of abuse, mistreatment, and neglect toward pregnant women?
9. Have any of these investigations resulted in disciplinary actions of ICE or CBP personnel?

Thank you for your attention to this important matter. If you have any questions, please contact Lavanya Sridharan in my office at 202-224-5244.

Sincerely,



Ron Wyden
United States Senator