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VIA ELECTRONIC MAIL

Cameron Quinn
Officer for Civil Rights and Civil Liberties
Department of Homeland Security
245 Murray Lane, SW
Washington, DC 20528

John Roth
Inspector General
Department of Homeland Security
245 Murray Lane, SW
Washington, DC 20528

Re: U.S. Immigration and Customs Enforcement's Detention and Treatment of Pregnant Women

Dear Ms. Quinn and Mr. Roth:

The undersigned organizations, American Civil Liberties Union (ACLU), American Immigration Council (Council), American Immigration Lawyers Association (AILA), Center for Gender and Refugee Studies (CGRS), Northwest Immigrant Rights Project (NWIRP), Refugee and Immigrant Center for Education and Legal Services (RAICES) and Women's Refugee Commission (WRC) jointly file this complaint on behalf of numerous women who are or were pregnant and detained by Immigration and Customs Enforcement (ICE). We are gravely concerned with the agency's failure to abide by its own policy against detaining pregnant women, the detention conditions that have been reported by pregnant women in various detention facilities across the country, and the lack of quality medical care provided to women who are pregnant or have suffered miscarriages while in custody.

This issue is of immediate concern given the administration's executive orders directing ICE to dramatically increase immigration enforcement actions and detentions as well as overall detention

capacity. These broad enforcement directives raise serious questions about the future of ICE policies on the detention of pregnant women and the agency's ability to properly provide medical care while pregnant women are in its custody. We urge you to conduct a prompt and thorough investigation into the cases described below as well as fully investigate and report on the steps that ICE has taken to implement and oversee its policies on the detention and treatment of pregnant women.

I. Background

A snapshot of women in immigration detention shows that in late April 2016, approximately 4,829 women were detained in ICE facilities, including family detention centers, constituting 14.6 percent of the total detained population in ICE custody that day.¹ Recent media reports indicate that immigration arrests of women generally increased by 35 percent in the first four months of 2017 compared to the same period in 2016 and that there were 292 pregnant women detained by ICE in the first four months of this year.² Even if we take into consideration that these numbers include some cases in which pregnant women may have continued to be detained for only short periods after being identified as pregnant, they are significant considering that ICE policy prohibits such detentions except in cases where the mandatory detention statute applies or in “extraordinary circumstances.”

For pregnant women in detention, the already considerable stress of taking care of one's health is severely compounded by the extreme circumstances of being detained where one cannot access necessary medical care and support, often experiencing separation from one's family, including very young children, and the uncertainty of immigration proceedings. Many of these women are survivors of abuse seeking protection in the United States while being subjected to “expedited removal” fast-track deportation processes and need to prepare – while detained – for an interview with an asylum officer to establish a credible fear of persecution or for a hearing with an immigration judge.

The conduct of ICE officials in several of the case examples described in this complaint appear to be in direct violation of ICE policy and relevant guidance, including the ICE Performance Based National Detention Standard (PBNDS) addressing Medical Care for Women,³ ICE Family Residential Standards,⁴ an August 2016 ICE Memo on the Identification and Monitoring of

¹ Data snapshot of April 30, 2016. Obtained through Freedom of Information Act (FOIA) request. On file with Women's Refugee Commission.

² Liz Jones, *Her miscarriage in ICE detention raises questions about care*, KUOW (July 19, 2017), <http://kuow.org/post/her-miscarriage-ice-detention-raises-questions-about-care>.

³ *ICE Performance Based Detention Standards, 4.4 Medical Care (Women)*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (rev. Dec. 2016), <https://www.ice.gov/doclib/detention-standards/2011/4-4.pdf>.

⁴ *ICE Family Residential Standards*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT, <https://www.ice.gov/detention-standards/family-residential>.

Pregnant Detainees,⁵ and ICE Health Service Corps (IHSC) policies on the provision of health care services for detained non-citizens, as well as accepted medical standards and practices concerning pregnant women.

Recognizing the risks posed by detaining pregnant women, the August 2016 ICE policy addressing this issue requires that ICE not detain pregnant women unless the mandatory detention statute applies or “extraordinary circumstances” exist. The policy further requires ICE to evaluate on a weekly basis whether each pregnant woman’s continued detention is appropriate. Regardless of the detention standards in place at a given ICE detention facility, this policy applies to all detained pregnant women.

In July 2017, an ICE spokesperson reportedly confirmed that this policy remains in force,⁶ though many reports from advocates and attorneys indicate that this policy was not being followed as early as November 2016.

The ICE standards for the treatment of pregnant women vary according to the type of facility where women are detained. The PBNDS apply to women detained in dedicated adult detention facilities (i.e., facilities that hold adult men and women in ICE custody but do not hold other populations). The Family Residential Standards (FRS) apply exclusively to women and their minor children detained in family residential centers. The FRS were approved by ICE in 2007, several years prior to the PBNDS. The FRS provide limited, basic guidance on the use of force, restraints, access to pregnancy testing and provision of “pregnancy management services.”⁷ Relying on the August 2016 ICE policy memo, the Department of Homeland Security (DHS) Advisory Committee on Family Residential Centers (ACFRC) stated its agreement and recommendation that pregnant women should not be detained in family detention centers.⁸ The 2000 National Detention Standards (NDS) apply to women detained in most non-dedicated adult detention facilities (i.e., facilities that hold adult men and women in ICE custody alongside other populations, such as people in criminal justice custody).⁹ The NDS were approved by the Immigration and Naturalization Service (ICE’s predecessor agency) nearly two decades ago and provide outdated, extremely limited guidance on pregnancy-related issues.

⁵ *Identification and Monitoring of Pregnant Detainees*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (Aug. 15, 2016), https://www.ice.gov/sites/default/files/documents/Document/2016/11032.2_IdentificationMonitoringPregnantDetainees.pdf

⁶ Jones, *supra* note 2.

⁷ *ICE Family Residential Standards*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT, <https://www.ice.gov/detention-standards/family-residential>.

⁸ *Report of the DHS Advisory Committee on Family Residential Standards*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (Sept. 30, 2016), <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf>.

⁹ *ICE National Detention Standards*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT, <https://www.ice.gov/detention-standards/2000>

In addition to the profoundly stressful experiences that people in immigration detention face such as family separation and the uncertainty of immigration proceedings, detention itself creates serious health risks, particularly for pregnant women who have specific and sometimes complex medical needs that cannot typically be addressed in a detention setting. However, when pregnant women are detained, jail and prison officials including ICE and its contractors are legally required to provide appropriate medical care. These legal obligations are independent of ICE's internal detention standards. Organizations including the National Commission on Correctional Health Care (NCCHC), American Congress of Obstetricians and Gynecologists (ACOG), and the American Public Health Association (APHA) have created standards and guidance for critical pregnancy-related care for women in prisons and jails. Some of these standards and practices include proper screening and counseling for pregnant women, referral for high-risk pregnancies, appropriate prenatal care, and proper documentation of all pregnancies and care given.¹⁰

Indeed, this guidance served as the foundation for the creation of the 2011 ICE PBNDS on Medical Care for Women, which was revised in December 2016 to reflect additional guidance on treatment of pregnant women in ICE custody provided in the August 2016 policy. For the exceptional cases where pregnant women are detained, the ICE standard enumerates various medical services that must be offered to pregnant women, including “access to prenatal and specialized care, and comprehensive counseling inclusive of, but not limited to: nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services and parental skills education.”¹¹ The detention standards provide additional accommodations to meet the health needs of pregnant women including additional food during meals and snacks, beds in holding rooms where people may be detained as long as a few days, and “temperature-appropriate” clothing and blankets. The PBNDS prohibit the use of restraints on women who are pregnant or post-delivery, “absent truly extraordinary circumstances.”¹²

In addition to the medical care standards, ICE detention standards addressing custody classification specifically note that “special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault;” this includes pregnancy. In these cases, the Field Office Director must approve the detention of the pregnant woman, with notice sent to ICE Headquarters.¹³

¹⁰ See, *Committee Opinion: Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females*, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (No. 511, Nov. 2011), <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females; Counseling and Care of the Pregnant Inmate>, NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE (P-G-09 & J-G-09), <http://www.ncchc.org/>.

¹¹ See ICE 2011 PBNDS, 4.4 at p. 324.

¹² *Id.* at 325.

¹³ *ICE Performance Based Detention Standards, 2.2 Custody Classification System*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (rev. Dec. 2016), <https://www.ice.gov/doclib/detention-standards/2011/2-2.pdf>

Despite this guidance, however, many of the cases described below indicate that ICE standards and policies are not followed or vary widely in their implementation from facility to facility.

II. Individual Complaints

To document the troubling conduct described above, our organizations have compiled reports about pregnant women being detained for much longer periods of time than should be permitted given their medical needs, and in conditions that are completely inadequate under existing policies. Several women report being ignored by detention staff when requesting medical attention or experiencing serious delays even during health emergencies involving severe bleeding and pain. In cases in which the woman was identified as having a high-risk pregnancy, she was not referred to a specialist. In several of the cases, there is concern that women are receiving inadequate and sub-standard medical care during and after miscarriage. In every instance, the women express concern that the conditions of their detention and pressure of preparing for their legal cases in detention has had a harmful impact on their pregnancies.

The following examples illustrate a disturbing trend of ICE officials unjustifiably denying or delaying the release of pregnant women as well as their failure to provide the necessary medical care. In some of the cases below, the women have previously submitted a complaint with the DHS Office for Civil Rights and Civil Liberties. We also note that while the focus of this complaint is on the care and treatment in ICE custody, in at least two cases there are serious concerns over the treatment and medical care provided while the complainants were in Customs and Border Protection (CBP) custody.

Pseudonyms have been used in each of the following cases to protect the identities of the individuals involved; detailed sworn declarations may be available upon request. These accounts represent only a few of the many we have received.

a. Account of Ana, formerly detained in the South Texas Family Residential Center (STFRC), Dilley, Texas

Ana is a 28-year-old woman from Honduras who was detained at the STFRC in Dilley, Texas, for over 16 days in August 2017 with her five-year-old child. Ana suffered from several medical problems, some of which were related to her pregnancy, including a urinary tract infection, significant abdominal and lower back pain, migraines, lightheadedness, weakness and fainting. She fainted once while she was in a processing unit shortly after crossing the U.S.-Mexico border and again about four days after arriving at the STFRC.

After fainting at the STFRC, Ana reports being taken to the “Medical Unit.” Medical personnel conducted testing that detected a fetal heartbeat and a blood test confirming that she was pregnant.

Although she was given a pregnancy test during intake at the STFRC, the results incorrectly indicated that she was not pregnant.

Ana describes her experience of being pregnant in detention:

It is very difficult for me to be detained here with my son while I am pregnant. It is hard for me to get around because I am not feeling well and my son is too heavy for me to carry. I feel that I need to be living where my family can assist me. I am very concerned about the health of my baby because there are a lot of people here and many viruses, including the flu and diarrhea.

Being detained and preparing for a credible fear [interview] has also been very stressful for me, which I feel is dangerous for my baby. In order to prepare for my credible fear interview with a CARA [the pro bono legal service organization at STFRC] legal assistant, I have had to discuss my history of sexual abuse and domestic violence in detail.

Ana's attorney notified ICE on at least six separate occasions that Ana was pregnant and suffering from health problems, and requested her immediate release in light of the August 2016 ICE Memo. Ana was finally released, but not before enduring the stress and trauma of undergoing a credible fear interview while in detention.

b. Account of Sara, formerly detained in the South Texas Family Residential Center (STFRC), Dilley, Texas

Sara is a 27-year-old woman from Honduras who fled to the United States with her 8-year-old daughter. Sara was raped in Honduras and shortly before fleeing, learned that she was pregnant. She informed CBP officers upon her arrival to the U.S. on or around August 17, 2017 that she was approximately seven weeks pregnant. Her pregnancy was again confirmed when she arrived to the STFRC in Dilley on or around August 20 and had a medical screening. Sara describes the challenges she has faced while being pregnant in detention:

Being in detention with my daughter while pregnant has been difficult. I experience nausea when I eat in the dining hall. It is very stressful to have to recount the things that happened to me in Honduras in preparation for my credible fear interview, which is tomorrow. I feel isolated because my daughter and I have been assigned our own room. I believe it would be better for me to be released so that I could live with my close family friend, who intends to help care for me and my daughter during my pregnancy.

Despite the agency's awareness of Sara's pregnancy, she and her daughter were released after seven days only after her attorney notified ICE of her condition, and requested that she not be forced to undergo the stress of a credible fear interview while in detention. She was released before

being required to undergo a credible fear interview, and will now proceed with her asylum claim before the immigration judge in a non-detained setting.

c. Account of Laura, formerly detained in the South Texas Family Residential Center (STFRC), Dilley, Texas

Laura is a 24-year-old woman from Honduras. She was detained in the STFRC with her five-year-old daughter shortly after they arrived to the United States in August 2017. She is about two months pregnant. Laura and her daughter were detained in the STFRC for about 16 days, through her credible fear proceedings. Laura reports a history of miscarriage – in April 2016 she miscarried after going into hiding in Honduras from a gang who had threatened to kill her. She notes that she was frightened that her detention in Dilley would cause her to miscarry again. She says,

After two weeks in the safe house [in Honduras], when I was seven months pregnant, I had a miscarriage. I was taken to a doctor, who told me that I seemed depressed and had probably miscarried because of this. Before he told me this, I knew I was very sad, but I hadn't known what to do about it or that I had depression.

I have vomited four times here at STFRC. I also get headaches and feel dizzy sometimes, probably in part because the food here makes me lose my appetite and it is hard for me to eat when I am depressed. I have not told the doctor about most of this because he has not asked how I am feeling in the three times I have visited him. Yesterday, we were called to the Medical Unit for my vaccinations, but they accidentally gave them to my daughter instead, even though she had already received hers. For this reason, they called us back later and had to give me mine.

On Sunday September 3rd, I started to feel like I was again falling into a depression like last time. It is very difficult for me to be locked up like this. It feels like when I was in the safe house in Honduras. I have been crying a lot and my head always hurts. I have been told that I will have my credible fear interview on Friday, but the idea of having to recount all of the difficult things that have happened to me is very stressful. In my orientation with USCIS, I asked if I could be exempt from the interview because of my high-risk pregnancy, but they said I have to do it.

Laura and her young child were detained despite numerous requests for their release. Laura has suffered anxiety and symptoms of depression due to the experience of confinement, the stress of undergoing a credible fear interview in detention, and the fear that such stress will have a negative impact on her pregnancy.

d. Account of Emma, formerly detained in the South Texas Family Residential Center (STFRC), Dilley, Texas

Emma is a woman from El Salvador. She and her five-year-old son fled violence and threats of death in El Salvador. Emma became pregnant after being raped and tortured in Mexico while en

route to the United States. She was about seven weeks pregnant when she arrived to the U.S.-Mexico border. After presenting at the port of entry, she and her child were taken into CBP custody. Emma reports that she informed an immigration official at the border that she was pregnant and that she was bleeding. She was taken to the hospital by car but was returned to a CBP processing center. She describes her ordeal:

I wanted to explain to the immigration officer who processed me about my rape and show him that my fingernails were missing [as part of the torture inflicted on her] but he said, “No, don’t tell me anything. You all say the same thing.” I told the immigration officials at the border that I might be pregnant but that I was bleeding. They took me in a car to a hospital. I was given two ultrasounds: one of my stomach and one of my vagina. The doctor told me that I was pregnant and that my pregnancy was high risk. He told me that I have an infection, and gave me pills.

I was taken back to the border, where we slept in the cold on very thin mattresses. Most people were given only aluminum blankets but I was given a real one. I still could not sleep, however, because there were so many children crying. I could not eat because the smell of food makes me want to vomit.

She explains in further detail the trauma of being detained while pregnant.

All of these experiences have been very traumatizing for me. I have not heard any news of my four children, but am afraid to try to contact them because of my husband. I also know that my husband will kill me if he ever finds out that I got pregnant by another man. At the same time, I did not want to have a baby, and especially not from rape. However, I am from a Christian church and know that it would be a sin not to have the baby and am afraid of having a miscarriage due to my high-risk pregnancy. It is very stressful for me to be in detention while going through all of these difficult emotions, and not feeling well.

Emma and her five-year-old child were detained for at least 20 days.

e. **Account of Teresa, currently detained in Otay Mesa Detention Center, California**

Teresa, a 31-year-old Honduran woman from El Salvador, was taken into DHS custody on July 23, 2017, after she arrived at the San Ysidro Port of Entry on the U.S.-Mexico border. She spent about 24 hours in a holding cell at the Port of Entry and was then transferred to Otay Mesa Detention Center (OMDC), where she remains detained. Teresa was four months pregnant when she arrived to the United States but suffered a miscarriage in detention.

Teresa reports that she did not receive medical attention in the holding cell at the San Ysidro Port of Entry, despite notifying immigration officials that she was bleeding, that she was experiencing pain, and that she was four months pregnant. Early the next morning, while still in the holding cell,

she notified officers again that she was experiencing extremely heavy blood flow, that she was pregnant and that she was very concerned about her health. She requested medical assistance on numerous occasions.

Teresa was transferred to OMDC, where she met with medical personnel. Her attorney intervened and demanded that she be taken to the hospital, which did not occur. Several days later, OMDC medical staff confirmed that she had miscarried.

Following the miscarriage, Teresa continued to experience serious medical issues including heavy bleeding. Her attorney again requested her release on humanitarian parole on August 22, 2017, which ICE denied. Teresa who was placed in expedited removal proceedings after expressing fear of return to Honduras, eventually received a positive credible fear determination but remains detained at OMDC.

Teresa reports that medical staff prescribed her medication that she had to purchase through OMDC's commissary for approximately \$30. During the week of September 11, she was told that she would have a medical appointment scheduled with a provider outside of the detention center. She was given no timeline for this appointment, and it has not yet occurred. She was also told that her current medication would be discontinued until she met with the outside provider. Later that week, facility officials came to her room and confiscated the acetaminophen that she had been given and her other medication. She continues to experience headaches, weight loss and other related health issues that are not being properly treated by OMDC medical staff.

f. Account of Carolina, formerly detained at Joe Corley Detention Facility, Texas

Carolina is a 23-year-old woman from El Salvador. She entered the United States in January 2017 and was arrested by CBP. Carolina reports that she was repeatedly raped while traveling through Mexico en route to the United States. As a result, she became pregnant but did not learn about her pregnancy until after a medical exam at the Joe Corley Detention Facility in Conroe, Texas in February 2017. By this time, she was already two months pregnant.

Carolina's attorney submitted a request for humanitarian parole on the basis of her pregnancy and the mental trauma associated with the rape and her detention. Despite these extreme circumstances, ICE denied the request for parole because she had re-entered the U.S. and had not yet been found to have a reasonable/credible fear of return to her home country.

ICE finally issued a Notice to Appear (NTA) in May 2017—some five months after her initial detention – after the Asylum Office reversed its initial negative decision. She was scheduled for an individual merits hearing in September 2017, at which point Carolina would be at full term. Carolina's attorney made an additional request for release on humanitarian parole to ICE in light

of the positive reasonable fear determination and her pregnancy. ICE denied parole again, alleging incorrectly that she was subject to mandatory detention. Carolina's attorney provided evidence demonstrating that she was not subject to mandatory detention, medical records, and the DHS memoranda regarding appropriate treatment of pregnant women.

ICE finally reconsidered and granted Carolina parole in July 2017 when she was seven months pregnant.

g. Account of Monica, formerly detained in Northwest Detention Center, Tacoma, Washington

Monica is a 31 year-old woman from Mexico. She is the mother of two U.S. citizen children, ages 11 and 14. She was detained by ICE in April 2017 at the Northwest Detention Center in Tacoma, Washington after she appeared for an appointment with ICE. Unbeknownst to her, she had previously been ordered removed in absentia by an immigration judge. At the time of her detention, she was approximately four weeks pregnant. Monica had a medical appointment with a doctor a few days after arriving at the detention center. After a short appointment, the doctor gave her prenatal pills. The doctor also gave her a prescription for her medical condition, hyperthyroidism.

Monica experienced great anxiety and depression during the next two weeks as she was told by ICE officials that she would be deported immediately. Her condition prompted another visit to the health care worker at the detention center. Monica obtained legal counsel who filed a motion to rescind the in absentia removal order because she had not received notice and voluntarily appeared at her ICE appointment.

A week later, after approximately three weeks of detention, Monica miscarried while she was detained. She began bleeding early in the morning and sought medical attention but had to wait over an hour to be seen by a physician. Detention officers did not immediately respond to her requests for help even though she was bleeding profusely. Eventually, she was taken to a local hospital in a patrol car, where a physician confirmed she had lost the pregnancy.

Monica's attorney requested her release from ICE detention on three different occasions, appealing to humanitarian factors. Despite the extreme medical circumstances, all three requests were denied. Monica was detained for over two months and continued to experience depression and anxiety. Eventually, an immigration judge granted her bond of \$1,500 in June 2017 despite DHS opposition, her family was able to raise enough money to post bond, and she was released.

h. Account of Sandra, formerly detained in STFRC, Dilley, Texas

Sandra is a 20-year-old woman from Guatemala who fled to the United States with her now 22-month-old daughter. She is about two months pregnant. Sandra was taken into DHS custody in

late August 2017 and detained during her credible fear interview proceedings. She reports experiencing nausea, stomach pain and anxiety. She says,

Since I have been detained it is very difficult for me to eat because I constantly feel nauseous. It is especially bad in the morning and after I eat. The food at the detention center is not very nutritious and always makes me feel sick. Sometimes I skip meals because I don't want to feel sick. One time recently, I started throwing up in the morning after I woke up.

My stomach also hurts and I have to pee often. I did not have nearly as much stomach pain when I was pregnant with my first child. Because of these symptoms, it is difficult to care for my young daughter or even pick her up, and because I am detained, I have to constantly watch my daughter.

I worry about the health of my unborn child because many of the women and children at this detention center are sick and I am not able to properly eat because of the limited food options at the detention center.

Sandra and her child were detained for about 20 days in the STFRC.

i. Account of Norma, formerly detained in Karnes Family Residential Center (Karnes), Karnes City, Texas

Norma is a 32-year-old Mam-speaking woman from Guatemala. Norma first entered the United States with her three minor children in July 2015, after fleeing violence in Guatemala. Norma was released from CBP custody with an ankle monitor in July 2015. She resided in Mississippi with family until July 2017, when she was arrested by DHS after being ordered removed in absentia by an immigration judge.

Before she was taken back into custody, Norma had a fourth child in January 2017, but the child died in May 2017 due to health complications. Despite ICE policy clearly stating that pregnant women will not be required to wear a radio frequency or global positioning system monitor¹⁴, Norma wore an electronic ankle monitor throughout the duration of her pregnancy, including during the Cesarean section and until she was re-detained in Karnes. She was detained while pregnant with her fifth child in the Karnes Family Residential Center along with her three children until they were released on September 3, 2017.

j. Account of Rosa, formerly detained in various detention centers in Texas and the New Mexico Area

Rosa is a 23-year old woman from El Salvador. She sought asylum at a U.S. port of entry in March 2017 and informed officials that she was 12 weeks pregnant. Despite her pregnancy, she was

¹⁴ *Identification and Monitoring of Pregnant Detainees*, U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (Aug. 15, 2016), *supra* note 5, 2- 3.

detained in ICE custody for approximately three months, during which time she was transferred between facilities no fewer than six times. During one of these trips, Rosa was taken by bus from New Mexico to Laredo, Texas, and then returned shortly thereafter; in total, this was a 23-hour round trip during which she had extremely restricted access to food and the restroom. Rosa was hospitalized following the trip due to exhaustion and dehydration.

During her detention at Otero County Prison in New Mexico, Rosa reports that she experienced nausea and vomiting, weakness, headaches, abdominal pain, and vomited blood. She was denied requests for a vegetarian diet, did not receive sufficient prenatal vitamins or adequate medical attention. She was assigned to a dormitory area on the second floor and requests to be moved to a first floor dormitory area so that she would not have to climb stairs were denied.

ICE ignored numerous requests for Rosa to be released and denied her attorney's requests for a stay of removal. Rosa was finally released at the end of May 2017, after 12 weeks of detention.

III. Conclusion

Given the severity of these violations and the immediate impact on the health and safety of women in immigration detention, we ask that you review these cases and this issue in an expedited manner.

Thank you in advance for your time and consideration. If you have any questions or require additional information, please contact Katie Shepherd of the American Immigration Council at kshepherd@immcouncil.org or (202) 507-7511, Katharina Obser of the Women's Refugee Commission at katharinao@wrcommission.org or (202) 750-8597, or Victoria Lopez of the ACLU at vlopez@aclu.org or (202) 548-6616.

American Civil Liberties Union

American Immigration Council

American Immigration Lawyers Association

Center for Gender and Refugee Studies

Northwest Immigrant Rights Project

Refugee and Immigrant Center for Education and Legal Services

Women's Refugee Commission