

May 8, 2026

VIA EMAIL

The Honorable Markwayne Mullin
Secretary
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Avenue SE
Washington, D.C. 20528

Dear Secretary Mullin:

Recent reporting reveals the appalling and horrific treatment that pregnant, postpartum, and nursing individuals have endured in immigration detention during this Administration. We write today with deep concern about the callous indifference with which this Administration appears to be mistreating this extremely vulnerable population. Following your confirmation hearing, you responded to questions for the record and assured Congress that if confirmed, you would work to provide relevant information on this topic. We now write to ask that you make good on that assurance and provide information concerning this vulnerable population—a population of at least 126 women by the Department’s own estimate.¹

Pregnant, postpartum, and nursing individuals appear to have suffered harm and mistreatment both in ICE’s detention facilities and its unofficial detention sites, known as “hold rooms.”² At Camp East Montana, ICE’s makeshift south Texas detention center, there is no doctor on site, yet pregnant women are still detained there.³ When one experienced vaginal bleeding and requested medical care she was reportedly given only water, prenatal vitamins, and a temperature check.⁴ A separate 911 call from Camp East Montana involved a pregnant woman in severe pain with coronavirus.⁵ At a detention facility in Central Arizona, a woman who was three months pregnant suffered a miscarriage, after agents reportedly dismissed her pain, accused her of lying, and told her she just needed to drink more water.⁶ In an ICE hold room in Massachusetts, a pregnant woman reportedly spent three days without a bed until she was taken to the hospital with intense abdominal pain.⁷ Her doctor later wrote that the conditions she suffered during her

¹ See Caroline Kitchener et al., *Pregnant in ICE Detention: Handcuffs and Pleas for Medical Care*, The New York Times, (Mar. 20, 2026), <https://www.nytimes.com/2026/03/20/us/politics/pregnant-women-ice-detention.html>.

² See Logan M. Davis, *EXCLUSIVE: ICE Locks Thousands, Including Kids, in 170 ‘Hold Rooms’ Nationwide. Here’s Where They Are*, Colorado Times Reporter, (Mar. 18, 2026), <https://coloradotimesrecorder.com/2026/03/exclusive-ice-locks-thousands-including-kids-in-170-hold-rooms-nationwide-heres-where-they-are/77352/>.

³ See Caroline Kitchener et al., *supra* note 1.

⁴ *Id.*

⁵ Morgan Lee et al., *‘Worse than a prison’: 911 calls, interviews, reveal problems at ICE’s largest detention camp*, AP News, (Mar. 6, 2026), <https://apnews.com/article/ice-detention-camp-conditions-911-calls-738c63a2b96a90c2f85a668ec2fd3b5b>

⁶ John Washington, *ICE Said She Wasn’t Pregnant. Then She Miscarried.*, LOOKOUT and Phoenix New Times, (Apr. 28, 2026), <https://www.phoenixnewtimes.com/news/ice-said-she-wasnt-pregnant-then-she-miscarried-40663026/>

⁷ See Caroline Kitchener et al., *supra* note 1.

detention put her, “at higher risk of preterm labor.”⁸ In other cases, ICE agents reportedly shackled the hands and ankles of pregnant women, even going so far as to wrap chains around their bellies.⁹

Nursing mothers have fared no better. In one notable case, ICE reportedly separated a legally admitted refugee from her still breastfeeding five-month-old and transferred the mother out-of-state.¹⁰ In another, ICE reportedly separated a nursing mother from her baby and failed to provide proper equipment and care to maintain her milk supply, leading to the mother suffering clogged milk ducts.¹¹

Given these realities, it belies belief for the Department to claim that this treatment is, “the best healthcare many of these individuals have received in their entire lives.”¹² Federal judges overseeing cases against the Department for mistreatment of such women have instead described the Department’s healthcare as leading to “adverse medical consequences” and putting pregnancies at risk.¹³

In addition, detaining pregnant women in ICE custody is inconsistent with ICE’s own detention standards and widely accepted, evidence-based clinical guidance and norms. ICE’s 2025 National Detention Standards require facilities to provide pregnant detainees with “access to prenatal and specialized care” and referral to a “physician specializing in high-risk pregnancies” for those detainees identified as high risk.¹⁴ In addition, leading medical authorities, including the American College of Obstetricians and Gynecologists¹⁵, report that “individuals who are pregnant, nursing, or postpartum should have access to patient-centered, nonjudgmental healthcare,” but that “[p]regnant individuals held in immigration detention facilities have poor access to medical care, which can lead to detrimental outcomes, including death.”¹⁶ Accordingly, the continued detention of pregnant, postpartum and nursing women not only raises serious compliance concerns under ICE’s own standards but also contravenes established medical protocols and best practices designed to safeguard maternal and fetal health.

Our concerns are exacerbated by the Administration’s seeming confusion and conflicting statements as to what policies and procedures governing the care and treatment of pregnant, postpartum, and nursing individuals in detention are even operative. In August 2025, the Department of Justice (“DOJ”) stated in a legal filing that ICE’s July 1, 2021 policy on

⁸ *Id.*

⁹ *Id.*

¹⁰ Kyle Cheney, *Judges Decry Treatment of Nursing and Pregnant Detainees in ICE Custody*, POLITICO (Feb. 18, 2026, 5:00 AM), <https://www.politico.com/news/2026/02/18/pregnant-nursing-ice-detainees-00784683>.

¹¹ *Id.*

¹² Caroline Kitchener et al., *supra* note 1.

¹³ Kyle Cheney, *supra* note 9.

¹⁴ U.S. Immigr. & Customs Enf’t, National Detention Standards, Std. 4.3, Medical Care (2025), <https://www.ice.gov/doclib/detention-standards/2025/nds2025.pdf>.

¹⁵ Am. Coll. Of Obstetricians & Gynecologists, *ACOG Releases Update to Guidance on Safe, Equitable Health Care for Immigrants* (Feb. 3, 2026), <https://www.acog.org/news/news-articles/2026/02/acog-releases-update-guidance-safe-equitable-health-care-immigrants>

¹⁶ Am. Coll. Of Obstetricians & Gynecologists, *Detention of Undocumented Pregnant and Postpartum Individuals* (July 9, 2021), <https://www.acog.org/news/news-releases/2021/07/detention-of-undocumented-pregnant-postpartum-individuals>.

“Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals” (“2021 Pregnancy Directive”) was revoked pursuant to Executive Order 14159.¹⁷ However, in February 2026, a different DOJ legal filing indicated the policy was still in effect.¹⁸ The Administration has also provided different figures as to how large the population of pregnant, postpartum, and nursing individuals in detention is, raising questions as to whether ICE is effectively identifying, monitoring, or caring for this vulnerable population.¹⁹

We urge you to immediately resume the commonsense practice of presumption of release of pregnant women from ICE custody, other than in exceptional circumstances such as if the individual poses a threat to public safety or national security, consistent with ICE’s 2021 Pregnancy Directive. In addition, in light of the aforementioned, please provide the following information to our offices by May 21, 2026:

1. Is the 2021 Pregnancy Directive “Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals” still in effect?
 - a. If no, please list and provide a copy of each policy governing the care and treatment of pregnant, postpartum, and nursing individuals in detention.
 - b. If yes, please indicate if the policy was ever temporarily suspended or superseded during the period from January 20, 2025, to present.
2. How does ICE track the number of pregnant, postpartum, and nursing individuals detained in ICE Health Services Corps facilities, non-ICE Health Service Corps facilities, and contracted facilities (also designated as Intergovernmental Service Agreement facilities)? If a database is used to track these populations (e.g., ENFORCE, EAGLE, EARM, etc.), please specify which one.
 - a. If tracking is not done for any one of these populations, please indicate why not.
3. List all ICE Health Services Corps facilities, non-ICE Health Service Corps facilities, and contracted facilities that currently detain pregnant, postpartum, and nursing individuals. For the purposes of responding to this request, such facilities should be understood to include unofficial detention sites such as hold rooms.
 - a. For each facility listed in response to the above, indicate:

¹⁷ Memorandum in Opposition to Motion for Temporary Restraining Order at 29, *Aguilar Maldonado v. Olson*, No. 25-cv-3142 (D. Minn. Aug. 8, 2025), <https://s3.documentcloud.org/documents/27172523/nelsonorder.pdf>; U.S. Immigr. & Customs Enf’t, *ICE issues new policy on pregnant, postpartum, nursing individuals* (July 9, 2021), <https://www.ice.gov/news/releases/ice-issues-new-policy-pregnant-postpartum-nursing-individuals>

¹⁸ Kyle Cheney, *supra* note 10.

¹⁹ *Compare* Kyle Cheney, *supra* note 10, DHS spokesperson is quoted as saying “pregnancy in ICE detention is exceedingly rare—making up 0.133% of all illegal aliens in custody” with Caroline Kitchener et al., *supra* note 1, DHS spokesperson says pregnancy in ICE detention is rare “comprising 0.18 percent of all undocumented immigrants in custody.”


- i. Whether prenatal and postnatal health care is offered on-site or offsite;
 - ii. the legal name of the entity or entities providing prenatal and postnatal health care if not ICE Health Services Corps;
 - iii. The number of medical personnel employed at each facility disaggregated by job category;
 - iv. The dates and hours during which no medical personnel were physically present at the facility, from January 20, 2025 to the present;
 - b. For each facility listed in response to the above, indicate how many pregnant, postpartum and nursing individuals were:
 - i. transported to a hospital;
 - ii. referred for off-site obstetric, gynecological, or postpartum care;
 - iii. treated for emergency pregnancy-related or postpartum complications; or reported to have experienced miscarriage, stillbirth, preterm labor, or other serious maternal-health events.
4. Please provide all 911 call recordings made from ICE Health Services Corps facilities, non-ICE Health Service Corps facilities, and contracted facilities involving pregnant, postpartum, and nursing individuals. Please redact any personally identifiable information for the recordings to the extent possible. If recordings are not available, due to the inability to redact PII, please clearly indicate this in your response and provide a description of the recording.
5. Section 5.4 of the 2021 Pregnancy Directive requires that pregnant, postpartum, and nursing women receive weekly evaluations to determine whether continued detention is appropriate.
 - a. Does ICE Health Services Corp. perform these weekly evaluations at facilities it operates?
 - b. Does ICE perform any sort of monitoring or audit to verify that such evaluations are performed at non-ICE Health Service Corps and contracted facilities?
 - c. Please provide all records²⁰ related to such weekly evaluations

²⁰ For purposes of this request, “records” include any written, recorded, or graphic material of any kind, including letters, memoranda, reports, notes, electronic data (emails, email attachments, and any other electronically-created or stored information), direct messages, chats, calendar entries, inter-office communications, meeting minutes,

- d. For each weekly evaluation provided please indicate whether ICE accepted or rejected the recommendations regarding continued detention therein.
6. Do ICE Health Services Corps facilities, non-ICE Health Service Corps facilities, and contracted facilities track requests from detained pregnant, postpartum, and nursing individuals for medical care?
- a. If yes, what is the average number of days between a request for medical care and the provision of medical care?
 - b. If no, how do ICE Health Services Corps facilities, non-ICE Health Service Corps facilities, and contracted facilities stay apprised of the health of pregnant, postpartum, and nursing individuals in their custody?

Please contact my office if you have any questions about responding to these requests. Thank you for your attention to this matter.

Sincerely,


Richard Blumenthal
United States Senator


Mazie K. Hirono
United States Senator


Jon Ossoff
United States Senator

phone/voice mail or recordings/records of verbal communications, and drafts (whether or not they resulted in final documents).