

August 10, 2021

The Honorable Alejandro Mayorkas
Secretary
U.S. Department of Homeland Security
2707 Martin Luther King Jr Ave. SE
Washington, DC 20528

Dear Secretary Mayorkas:

As organizations that together represent over 290,000 physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American College of Physicians, write to express our support for the recent action taken by the Immigration and Customs Enforcement (ICE) to protect the health of immigrants who are pregnant, postpartum, or nursing and to urge your agency to take further actions, including administering COVID-19 vaccinations to all eligible immigrants in Customs and Border Protection (CBP) custody.

As organizations that support the health and well-being of all pregnant and postpartum individuals without regard to their immigration status, we applaud ICE's July 1, 2021 memorandum, entitled *Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals*, stating that ICE should generally not detain, arrest, or take into custody individuals known to be pregnant, postpartum, or nursing. The prenatal and postpartum periods are critical in the lives of our patients and their families, and ICE detention during these times puts individuals at risk of severe pregnancy complications.

All individuals held in federal custody, regardless of immigration status, should have access to timely, evidence-based, comprehensive health care—including vaccinations protecting against COVID-19. Our organizations recommend that all eligible individuals, including pregnant individuals and adolescents ages 12 and older are vaccinated against COVID-19.

While there is no evidence that detained immigrants have higher rates of infection than the general population when they enter detention, the conditions of confinement in CBP facilities and the recent finding of the Department of Homeland Security (DHS) Office of the Inspector General (OIG) that CBP is still not providing required medical screenings or consistent welfare checks create concern for increased spread of the COVID-19 infection while in CBP facilities. Thus, vaccination of all eligible individuals, including pregnant individuals and adolescents, in CBP custody is a critically important public health measure. Consistent with the Department of Health and Human Services Office of Refugee Resettlement policy, an individual's discharge from CBP should not be delayed in order to administer the first or second dose of COVID-19 vaccine.

Because there is a Food and Drug Administration (FDA) authorized vaccine for use in children 12 to 17 years of age, it would be unethical to offer COVID-19 vaccine to adults but not children 12 years and up. As of July 29, nearly 4.2 million children have been infected with the virus since the start of the pandemic, representing 14.3 percent of all cases. According to data collected by the American Academy of Pediatrics and the Children's Hospital Association,

among the children who have acquired COVID-19, more than 358 have died from the virus, with more than two-thirds being Black and Latinx children. The currently-widespread Delta variant is more contagious for people of all ages, including children.

Data have shown that COVID-19 infection puts pregnant people at increased risk of severe complications and even death; yet only about 22 percent of pregnant individuals have received one or more doses of the COVID-19 vaccine, according to the U.S. Centers for Disease Control and Prevention. The American College of Obstetricians and Gynecologists recommends vaccination of all pregnant individuals, including for those in detention, and affirms the safety and efficacy of the vaccine in this population.

It has been well documented that individuals held in immigration detention facilities have poor access to medical care, which leads to detrimental health outcomes. The DHS OIG latest report “CBP Needs to Strengthen Its Oversight and Policy to Better Care for Migrants Needing Medical Attention” contained important recommendations aimed at improving CBP’s medical attention and procedures for migrants at the southwest border. We are pleased that CBP has concurred with these recommendations and has agreed to take corrective actions. Our organizations have previously offered to work with your agency to improve medical care for immigrants in all government facilities, including CBP facilities, and this offer still stands. We are happy to work with you to help you be successful as you undertake implementation of the recommendations in the OIG report to better care for immigrants needing medical attention.

We look forward to working with you to further improve access to high quality, evidence-based, comprehensive care. If we can be of assistance, please do not hesitate to contact Tamar Magarik Haro with the American Academy of Pediatrics at tharo@aap.org.

Sincerely,

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians