Diminishing Reproductive and Bodily Autonomy Exacerbated by State-Sanctioned Violence from ICE in the USA

Updated Coalition Stakeholder Submission for Consideration on the 4th Cycle of the Universal Periodic Review of the United States of America

<u>Submitting Organizations</u>:

Global Justice Center
Ipas
Physicians for Human Rights
Guttmacher Institute
Birthmark
Louisiana Abortion Fund
Louisiana Coalition for Reproductive Freedom
ReJAC
Jane's Due Process
Lift Louisiana

(Organization descriptions contained in an Annex)

I. Introduction

As the United States ("US") approaches its rescheduled 4th Universal Periodic Review ("UPR"), individuals' sexual and reproductive health and rights ("SRHR") continue to deteriorate across the country. Since our previous submission, both restrictions on reproductive healthcare access, in particular abortion care, and targeted, state-sanctioned violence, intimidation, discrimination, and harassment of communities by US Immigration and Customs Enforcement ("ICE") and Customs and Border Protection ("CBP") have increased.[1]

This submission updates this coalition's[2] April 2025 submission. It includes quantitative research and qualitative data gathered from abortion funds, healthcare providers, doulas, and persons detained or deported by ICE agents. Testimony is from individuals who have been directly harmed by restrictive abortion laws and/or by the recent unlawful changes in and enforcement of immigration policies or from individuals whose clients or patients have suffered such harm. In particular, the submission provides testimony and information concerning:

- ICE agents threatening arrest and deportation, directly reducing healthcare utilization and school attendance[3]
- Detention of pregnant, nursing and postpartum persons by ICE agents[4]
- Forcible separation of families, including mothers and newborns, through deportation[5]
- Miscarriages suffered while in custody and deportation of at least one woman while actively miscarrying[6]
- Lack of, delays and/or denials of healthcare, in particular reproductive healthcare, in detention, including for serious and life-threatening pregnancy-related complications[7]

The impact of these actions and mistreatment is materialized through the words of pregnant individuals, post-partum parents, doulas, birth workers, community leaders, abortion fund volunteers and representatives, and medical providers in southern states, including Texas and Louisiana. This adds to testimonies regarding increasing restrictions on abortion care, criminalization of pregnant people and people who provide, support and enable access to abortion care, and restrictions on freedom of movement, which were provided in our original submission. The submission concludes with updated recommendations for member states to submit to the US during its 4th UPR.

II. Human Rights Violations by the US Government

The US's failure to ensure the provision of safe, accessible healthcare, including the continuum of reproductive healthcare and gender-affirming care, violates its obligations to respect, protect and fulfill the rights to life, health, privacy, liberty and security of person, freedom from torture and other cruel, inhuman, or degrading treatment or punishment ("TCIDTP"), freedom of movement, and conscience, and religion or belief, non-discrimination, and information. Several of these violations are exacerbated by targeted actions by ICE, particularly the rights to freedom from TCIDTP and liberty and security of person[8] for pregnant people in ICE detention, and others directly impacted by their harassment and violence.

Mistreatment and withholding treatment during pregnancy that causes people emotional distress has been found to be unlawful inhuman and degrading treatment. The UN Committee Against

Torture has expressed concern to the US government regarding “the treatment of detained women,” including shackling pregnant women,[9] and called for “adopt[ion of] all appropriate measures to ensure that women in detention are treated in conformity with international standards.”[10] Abhorrent detention conditions also implicate the right to liberty and security of person,[11] and abusive ICE practices are discriminatory.[12]

In facilitating an increasingly restrictive landscape around abortion and terrorizing and criminalizing targeted communities on suspicion of unlawful presence in the country, the US government has breached its human rights obligations. Moreover, by removing constitutional protections for abortion, empowering states to criminalize persons seeking, providing, and supporting abortion, and emboldening ICE and CPB to target and kidnap community members, the US has engaged in prohibited retrogressive measures in contravention of its treaty obligations and recommendations it accepted during its 3rd UPR.

III. <u>Updated Research and Data</u>

Since our April 2025 submission, access to reproductive healthcare has further devolved. In March 2026, the Guttmacher Institute released data that demonstrates shifts in access to abortion care during 2025.[13] These data, coupled with policy developments, demonstrate the new and growing threats against pregnant people that have arisen since our prior submission. While the number of abortions in 2025 remained stable in comparison to 2024, the modes of care shifted significantly:[14] 142,000 people traveled across state lines to obtain abortions in 2025, a decline from the 154,000 people who traveled in 2024, and the 170,000 in 2023.[15] Meanwhile, telehealth by clinicians in states with shield laws, increased from approximately 72,000 in 2024, to 91,000 in 2025.[16]

While this data demonstrates the resiliency of providers and people accessing care, it is punctuated by increasing legal and policy threats impeding healthcare access since our prior submission.

a. Threats to Telehealth Abortion Care

Restrictive US states have increasingly filed civil and criminal lawsuits against healthcare providers to halt telehealth abortion care. Some states have also introduced and, in some instances, enacted bills that ban or restrict access to medication abortion, an essential component of telehealth. In 2025, nine states introduced 23 bills that sought to criminalize the sale, purchase or distribution of abortion medication and one law was enacted.[17] Texas’s newly enacted law allows private citizens to sue individuals or entities that manufacture, distribute, mail, or provide abortion-inducing drugs to or from the state.[18] Louisiana enacted a law which grants individuals a private right to sue anyone who performs, attempts, or facilitates an abortion, targeting out-of-state providers shipping medication into the state.[19] This law allows residents to sue for damages, directly challenging "shield" laws in other states.[20]

b. Travel Restrictions

Attacks on individuals’ ability to travel for abortion care has also increased. In 2025, six states introduced 11 abortion support bans.[21] Two states (Tennessee and Idaho) currently have such laws in effect[22] and the number of bills introduced on the topic has increased over the last two years.[23] Under these laws, transporting minors across state lines for abortion care or providing

minors with financial or logistical support for abortion care could lead to civil or criminal penalties. For young people, particularly those in states with abortion bans and restrictions, traveling out of state with support from an abortion fund or practical support organization is their only means to access care. Montana has even attempted to criminalize both assisting one to travel for and/or access abortion care, making pregnant people a direct target of the law.[24]

Overall, 8 states have introduced 12 bills with criminal or civil penalties that threaten abortion funds, practical support networks, and individuals that enable travel for abortion care.[25] These supporting entities and people are often the only resources people have to surmount steep obstacles to healthcare.

c. *Prenatal Personhood Measures - Criminalization of Pregnant People*

Criminalization of pregnancy outcomes and pregnant people has increased. In 2025, at least 37 bills were introduced in 19 states that would grant embryos or fetuses the same legal rights as people. Seven of these bills explicitly include language that could be used to criminalize people for their pregnancy outcomes. For example, a bill introduced in Iowa sought to explicitly grant legal rights to embryos and fetuses, as well as attach liability under its existing “wrongful death” statute. Lawmakers in several Southern states have proposed and, in some cases, passed laws that would classify abortion as homicide, enabling prosecutors to seek the death penalty or life imprisonment for people who obtain or perform abortions.[26]

d. *Increased Spending and Harmful ICE Enforcement*

Amidst increasing restrictions on reproductive healthcare nationwide, a federal budget reconciliation law[27] was passed in July 2025, which drastically increased immigration enforcement spending and included non-spending measures affecting noncitizens (*i.e.*, restricting eligibility for certain public benefits or tax programs). The Trump Administration also rescinded the longstanding "sensitive locations" policy which directed ICE officers to refrain from conducting enforcement actions in or near hospitals, schools, places of worship, and social service providers.[28] This policy was designed to ensure that individuals could access healthcare, education, and essential services without fear of arrest or deportation. Since its rescission, the Administration has waged an aggressive immigration enforcement campaign that emboldens ICE to operate with few constraints.[29] The combination of increasing restrictions on reproductive healthcare and removal of critical safeguards has led to grave mistreatment and rights violations both in and outside of healthcare settings and schools, traumatizing family separations, and denials of healthcare, including reproductive healthcare, in detention centers.

IV. New Testimony- The Impact of Diminishing Reproductive Healthcare Access and Increased State Violence

Below, we provide **new** testimony that demonstrates the health and human rights impacts experienced by pregnant individuals, with a focus on multiply-marginalized individuals under the threat - or custody - of ICE. BIPOC, LGBTQIA+, unhoused, and previously incarcerated people are most likely to be apprehended, incarcerated, and charged under restrictive laws.[30]

a. *Humiliating Mistreatment of Pregnant and Recently Pregnant People in Detention*

As of February 16, 2026, 121 pregnant, postpartum, and nursing women have been detained by ICE. Further, 363 pregnant, postpartum, or nursing women have been deported by ICE between January 1, 2025 and February 16, 2026.[31]

Physicians for Human Rights ("PHR") and Women's Refugee Commission ("WRC") conducted interviews with 29 parents at Honduran reception centers in November 2025. Of those interviewed, 4 were postpartum women who had been separated from their infants, including one baby as young as two months old. Three women were visibly pregnant.[32] Of the pregnant women interviewed, only one reported being transported to a medical facility for prenatal care. She was placed in shackles throughout her appointment, including in the examination room, and ICE officers were physically present during her gynecological exam. She recounted:

> "*Two days ago, they took me to the hospital to see a gynecologist, but they took me in handcuffs, like I was a criminal. And while they were examining me, the guards didn't leave; they just stayed there. They sent me to take a urine test, and do you know what they did? They tied one of my hands to a pole in the bathroom, and with the other I had to hold the urine container, and the guard was standing outside with the door open. It would have been better not to have gone. ... It was really awful*."[33]

One woman described being transported (including long flights and bus rides) during her third trimester, which is generally deemed unsafe by medical providers. WRC received a separate report through its Detention Pregnancy Tracker about a woman who was transported in her second trimester, in violation of medical advice.[34]

A 25-year-old woman approximately 13 weeks pregnant began bleeding inside a detention facility. Despite repeatedly informing guards over several days, she received no medical attention and was deported while actively bleeding. When she arrived in Honduras, she had to be immediately transferred to a hospital for emergency medical care. In another case, a healthcare provider described the situation of a 40-year-old woman who was miscarrying, a situation that requires timely intervention to avoid a significant risk of infection and potentially fatal complications, yet she was deported ten days later without having received any treatment. She required immediate hospitalization upon arrival in Honduras. A doctor at a Honduran reception center described the broader systemic failure: "*The main problem is the lack of information received about pregnant patients. There is no clarity about examinations, check-ups, or medical history*."[35]

Access to reproductive healthcare is becoming all but nonexistent for minors in custody of the Office of Refugee Resettlement ("ORR"). ORR has issued a directive requiring all pregnant minors coming into its custody to be placed at a single facility in Texas, despite warnings from immigration advocates that the facility lacks adequate healthcare.[36] Some of these youth are as young as 13 and experiencing high-risk pregnancies that require specialized medical attention, including access to abortion care.[37] Historically, pregnant minors were placed in shelters or foster homes coordinated by ORR where individualized care and medical oversight were more available.[38] The current policy instead concentrates them in a facility in a state where abortion is banned, while simultaneously placing them in a region where care for complex pregnancies is limited.[39] The policy coincides with a proposed regulation anticipated to either severely restrict or remove access to abortion care altogether for anyone in ORR's custody anywhere in the U.S.[40] This policy raises serious concerns about the denial of essential reproductive and prenatal health services

and further deepens the vulnerability of already at-risk migrant children in detention.

b. Diminishing Access to and Quality of Care due to ICE

A community abortion fund representative detailed the obstacles faced by people seeking care in the Gulf Coast,[41] highlighting the chilling impact of ICE on healthcare access and disparate treatment of immigrants at health centers:

> "*I think some of the biggest barriers…in the community are the fear and isolation… for themselves to stay protected in their families. The ICE presence… People are now not having access to hospitals in those emergency room situations. They're already going into that relying on community, like, hey, I know a friend that's a doctor, hey, I know a friend that's a nurse, hey, I know someone that can do that…*
>
> *[I]n general, … if you're a person of color or if you're anything that is a bit marginalized, you're kind of getting a little bit of restricted access to care already… as we do have people in hospital positions, with the same biases and views as these people in government positions. They start to take that into their roles, and this impacts those people's care, … I've heard from one person that they felt they were being talked down to because they were a migrant person, and that this wasn't their space to access.*

c. Increasing Fear of Criminalization, Restrictions on Freedom of Movement and Threats to Security of Person

A Gulf Coast-based Abortion Fund Coordinator explained how fear among abortion seekers, supporters and providers is increasing as restrictive states expand surveillance and threats of criminalization:

> "*Right now for the community we serve…we're seeing state legislation pretty much criminalize abortion seekers and those who are trying to assist abortion seekers to the point where people are afraid to move, are afraid to seek care outside of their state because they don't know what the repercussions are… when we see the government working and acting in ways that criminalize, but also inflict violence on its own citizens, then we don't necessarily have that right to free movement or security, because we are also being monitored by certain systems. Some governments are using our personal information that we have in our phones to track… when we were pregnant or if we missed a period, they are using our phones to try to see when we're leaving our state and entering into a legal state… to prosecute abortion seekers.*

They further explain how the situation has been exacerbated due to increased ICE presence and violence:

> *"[W]e are seeing a big presence of ICE… we are witnessing ICE go into schools… sit outside of churches, sit outside of hospitals where we know some of the most underserved people in our community are seeking care because typically it's low cost, typically, the providers speak the language that is native to them. And we are seeing people who are not getting care because they're afraid to leave home. They're afraid… to get groceries, let alone seek medical care, because even those who… can prove they're American citizens are not only being subject to violence from ICE, but also being killed and*

imprisoned and are not given due process, what should be here in America…."

d. Increased Fear in Communities and Diminishing Access to Care

A Texas-based doula shares her thoughts on torture in communities she serves and the impact of increased surveillance:

> *"It is torture to be forced to carry a pregnancy you do not want, to sit in a hospital while your body is in crisis, and be denied care because of laws. It is torture to live in a system where your pain is not believed and your life is not prioritized. That is state-enforced suffering… And it doesn't stop at the physical. There is a level of mental anguish…. The constant exposure to death, to violence, to statistics about our bodies, watching people who look like us suffer and die - it sits in us. It lives in our nervous systems. It shapes how we move, how we think, how we survive…*
>
> *We are living in a time where people are afraid to travel. Afraid to go to hospitals, and even to be visible. That fear is coming from systems of surveillance and control. Systems like ICE, policing, and family policing systems like CPS [child protective services], which operate in ways that make people feel watched, exposed, and unsafe. So people start making decisions based on fear. They delay [and] avoid care. They stay in harmful situations because leaving feels more dangerous … What we are experiencing right now is not new. It is a continuation of what this country has always done to Black and Brown people. From chattel slavery to Jim Crow, to present day policy- our humanity has always been negotiated instead of protected."*

When asked about the impact of ICE on her communities, she said:

> "*ICE presence has created a level of fear that is shaping how people live, move, and make decisions about their health. And this is not just impacting one group. While the narrative often centers Latin communities….This fear reaches across communities of color. Anyone who is perceived as 'other,' anyone with an accent, anyone connected to someone undocumented - people are feeling it.*
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> *ICE does not operate in isolation. It functions as part of a broader system of family surveillance and policing… these systems create an environment where people are afraid to seek help, even when they need it the most.*
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> *What I am seeing on the ground is people avoiding hospitals, even during serious medical situations, because they are afraid of being reported, detained, or separated from their families. I am seeing families not report abuse, including sexual abuse, because they do not want to bring any authority into their lives that could trigger investigation or deportation.*
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> *I am working with people who are afraid to document their children, afraid to access services, afraid to travel across state lines for care… I have supported people who are carrying pregnancies they did not want to carry, not because they chose to, but because they were too afraid to move, too afraid to be seen, too afraid to risk what could happen if they sought care."*

e. *Widening Disparities, Increasing Infant Mortality, Decreasing Access to Reproductive and Other Healthcare, and Lack of Freedom of Movement due to ICE*

A Gulf Coast-based abortion fund staff member expressed concern around infant and maternal mortality:

> "*Since* Dobbs*, our infant mortality rates are going up…everywhere, all states where abortion has been banned. Infant mortality has actually gone up by, I think, 11% for Black families… The disparities that already exist in health, and the way that certain communities are oppressed and harmed and kept from necessary resources more than others… have grown as well…*
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> *Sepsis has gone up… [the] need for a blood transfusion as a result of miscarriage, because… There is a fear around medical providers being able to provide necessary care.*

In regard to increased ICE presence and violence in their communities, they said:

> "*We support folks who are in Texas, Florida, Mississippi, Alabama, Arkansas, Georgia, and Louisiana… we've had a lot of community members because of policies and practices in place in Florida and in Texas… be concerned about even leaving their homes or their neighborhoods, due to the presence of Border Patrol or ICE…. So things have shifted and become more intense and more violent in the past year or so… We get those types of calls from all over our region now, where folks are concerned about traveling. They're concerned about needing an ID, or they're concerned about if they have a companion, who doesn't have an ID or a passport, how that's going to affect their ability to travel, even if they do travel by car.*
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> *With* Dobbs*, the reality is people are traveling hundreds and sometimes thousands of miles for care. Every border you have to cross… every mile that you're traveling… you are dealing with… the threat that you or a family member could be, attacked in some way, or held, without any cause… Every mile that you're traveling just exacerbates that threat. So, people who are already dealing with a lack of healthcare access in their communities, not only specifically for abortion care, but for other types of healthcare, who lack access to clean water, clean food… [they are] most impacted by the rise of ICE presence."*

They further explained their efforts to ensure immigrant communities can access care safely:

> "*We have over 70 clinic partners that we work with across the U.S, and we do talk to each of our partners about their ID requirements, their policies on cooperating with ICE, when folks don't have access to getting an ID, or those types of things… we direct them. Together, we work with them to find a clinic that meets their needs, that does not have policies around IDs that might prevent them from accessing care there*."

A staff member for a Texas abortion fund explained how ICE presence has exacerbated restrictions on movement for marginalized communities and existing health disparities:

> "*People do not have the ability to move freely because of layers and layers of state-sanctioned violence, systemic oppression and racist policies… Our callers, especially those with a different citizenship status have always had a sense of fear when accessing abortion care because you've already been navigating such stringent levels of enforcement… the current ICE presence just sort of ramped things up and added that. People are not only unable to access abortion care, but now out of fear they're not accessing reproductive healthcare in general, nor general healthcare…People are not leaving their homes, they are unable to go to work, unable to get groceries, unable to pick up their kids from school, send their kids to school - so all of those things all still impact family health and abortion access...things were already bad and have just gotten worse and it's all rooted in some form of fear.*
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> *Within the last few years in general, and I can only imagine how much it's ramped up, maternal mortality has pretty much skyrocketed in Texas in general and it can honestly be tied to the lack of adequate prenatal care… there are larger amounts of individuals who might not be able to update their eligibility for healthcare, not able to receive the Medicaid access they need because of mixed-status families."*[42]

Another Texas-based abortion fund case manager described how immigration enforcement has fundamentally reshaped the landscape of healthcare access and mobility for immigrant communities. For young people who are not born in the United States, *"there's also no freedom to travel outside of the state… not without the possibility of facing cruel and unusual punishment at the hands of Immigration and Customs Enforcement*." This is especially acute in the context of abortion care, where "*young people who need abortion in Texas already have very limited options—you have to travel out of state to get medically assisted abortion care*."

Fear surrounding travel, especially by plane, has had profound consequences. The case manager noted the anxiety of traveling stating "*just the fear of traveling out of state for their abortion care, especially by plane… if not for our clients themselves, then for their parents*." In some cases, this fear has directly shaped pregnancy outcomes: "*we've had a client consider continuing a pregnancy they did not want for fear of ICE detaining their mom at the airport*."

More broadly, the staff member emphasized that these dynamics significantly exacerbate barriers to care. Individuals seeking abortion services must spend additional time and financial resources to access care that "*should be available in their neighborhoods to begin with*." At the same time, everyday actions, "*leaving your house when you don't need to as an immigrant… giving personal, vulnerable information about you and your child*", become imbued with risk and uncertainty. For immigrant families, particularly new parents, this creates a constant state of precarity, where pursuing healthcare, education, or economic opportunities requires navigating fear and the possibility of harmful or unpredictable outcomes.

f. Patients' Fear of Seeking Prenatal and Obstetric Care

Medical providers from across 30 states have expressed grave concern over diminishing access to healthcare for immigrant communities after the reversal of protections for sensitive locations,[43] and specifically for pregnant people who are delaying or forgoing prenatal care. One doctor said, *"I am an OB/GYN in a large inner-city public hospital. We see less walk-in patients, patients*

coming later to prenatal care, and an increase in immigrant patients on labor and delivery with no prenatal care."[44] Another added, "*Many of our pregnancy care patients at my family medicine practice are immigrants… There are definitely many missed prenatal visits, which I worry may be because people are worried about the risks to themselves or family members of leaving home because of documentation status*."[45]

g. Resiliency of Communities

Despite the myriad challenges and threats discussed in this submission, there are many examples of resilience and reasons for hope:

> "*Every single one of our callers is resilient. It's phenomenal how people find us sometimes - I know a lot of it has to do with the relentless efforts we have made to make ourselves visible and provide people with information on how to access us. But then there's folks who had been calling every abortion fund in Texas hoping one bites, folks who have called every clinic in New Mexico and called their list of abortion funds and we just happen to be on those lists. People who have seen our sticker on a random poll down the street… I think that all of those things signify the lengths that people are willing to go to and also how resourceful people are and I think that translates to resilience, especially in an area like ours where information is unclear, healthcare is inadequate and we live in a time where health literacy is very low… Having all of those factors at play and people still being able to find us I think is an act of resilience*."

A community health worker based in Louisiana explained how local communities are uniting to fill healthcare gaps. She said, "*We are compiling a list of safe providers… Also, we've been trying to get in partnership with one of the doctors here… who's opening up her own clinic, and she'll provide ultrasounds and have other resources for folks all around, like prenatal care and different things like that… We took a loss [when the Planned Parenthoods were shut down by the federal government] with people [now not] being able to get different screenings and healthcare, provided without having insurance. So, we've been trying to figure out how to bridge those barriers right now."* When asked what keeps them committed, they responded, *"It's just the hope and belief and internal flame in me that believes we will win, that we have to win this. There are so many barriers put up against us, and that's what keeps me going in this work. Believing in you, believing in me, believing in we, believing in the collective*."

A Gulf Coast abortion fund Care Coordinator echoed a similar sentiment: "*For me, it's my love for community, my love for being a Black woman, and my love for wanting my child to live in a world that doesn't necessarily look like the world that I live in. Being able to not make decisions based off survival alone, but to be able to make the choices that are innately my own choice. Because again, I am a mother, but I also have sought abortion access under this landscape. And in this world, in a lot of my current decisions and choices, it's like, what's going on? Am I able to raise a child in a safe environment if my own government is inflicting violence on its citizens… So what keeps you going is just the hope for… a future world that is better than the world that I have to navigate*."

Another employee of the same abortion fund said, "*When I've needed support, my community has been there for me. I think the least that I can do is be there for my community when I'm needed. I am an immigrant. I only became a citizen less than two years ago, and I migrated when*

I was 11. Not that being part of that community makes it the sole reason why I put myself in this work. But I do have first-hand knowledge of the fear that can permeate. I was part of a mixed status family. I also know how it feels to have had to access care. So having been in need in the past and having my community step up for me has made it so that I absolutely want to be there for my community members when they need it."

One abortion fund case manager described being continually struck by the determination of young people in Texas: "*Young folks in Texas have a fervor that never ceases to floor me… abortion clients [are] traveling for the care they know that they deserve, in spite of the fear… or traveling alone when it's not safe for their parent or family member or even a friend to accompany them*." They further emphasized that this resilience is mirrored among young parents, who remain "*fully dedicated to the well-being of their children*," seeking education, resources, and opportunities not only for themselves, but for their entire families. Even under constant pressures of *"fear, shame, and the threats that dangle over them on a daily basis,*" individuals and families continue to find ways to survive and thrive.

V. Recommendations

As provided in our April 2025 submission, despite the US government's international legal obligations and political commitments, not only has it failed to implement previously accepted recommendations during the period under review, it has increasingly facilitated and promoted the erosion of SRHR and human rights more broadly, thereby endangering the autonomy, health, and safety of all rights-holders. We therefore call upon states to make the following additional recommendations to the US during the upcoming review cycle:

- Recognize state and local legislators' crucial role in ensuring the US meets its human rights obligations and elevate state-based strategies to safeguard the right to reproductive, maternal, and child healthcare.

- Urge the US Congress to pass legislation, such as the "Protecting Sensitive Locations Act" (S.455/H.R.1061), to codify, reinstate and strengthen protections for Sensitive Locations, prohibiting immigration enforcement actions within 1000 feet of healthcare facilities, schools and school bus stops, places that provide assistance for people such as children, pregnant people, and abuse victims, child care facilities, disaster or emergency service providers, places of worship, courthouses and lawyers' offices, facilities used as polling places, certain labor union facilities and public assistance offices.

- Urge the US Congress to pass the "Stop Shackling and Detaining Pregnant Women Act" (S.916/H.R.4644) which will protect the health and safety of pregnant women in immigration detention by reinstituting their presumption of release, prohibiting the US Department of Homeland Security (DHS) from shackling pregnant women in its custody, and setting new standards of care and transparency for the treatment of pregnant women and youth.

- Urge the US Congress to pass the "Health Equity and Access under the Law (HEAL) for Immigrant Families Act" (S.2149/H.R.4104) which restores access to health coverage so immigrants in the US can participate in the insurance programs they would otherwise be

eligible for, but for their immigration status or length of stay.[46]

- **Urge the US DHS to:**
    - Identify, document and protect medically vulnerable individuals, including pregnant, postpartum and nursing people, in ICE custody. Require ICE and CBP to conduct timely, standardized medical and mental health screening at intake and throughout custody, to identify existing vulnerabilities including pregnancy, postpartum status, chronic medical conditions, disabilities, and serious mental illness, and to document these vulnerabilities in CBP and ICE systems of record.[47]
    - Implement existing presumptions of release for pregnant, postpartum, and nursing people as required by the ICE Pregnancy Directive. Establish an ICE policy to prohibit the transfer or deportation of individuals with unresolved, unstable, or emergent medical conditions, including individuals experiencing miscarriage, hemorrhage, or other acute pregnancy-related complications, consistent with ICE Health Services Corps medical guidelines on appropriate clinical care and medical clearance prior to movement or removal.
    - Require standardized documentation of all medical events and medical care for those in DHS custody. Flag those with high needs across all systems of record (CBP and ICE) and ensure such documentation is available for internal oversight, independent investigation, and accountability processes.
    - Create a National Coordinator on child welfare and reunification for parents subject to immigration enforcement. Consider an interagency taskforce that would include relevant DHS agencies, the Department of State Consular Affairs, the Department of Health and Human Services Office of Refugee Resettlement, and other agencies as necessary for facilitating reunification and facilitating required identification for travelling.
    - Refrain from transferring pregnant and parenting unaccompanied immigrant youth in ORR custody turning 18 to ICE custody for detainment.
- **Urge the ORR to:**
    - Release pregnant youth to sponsors, particularly parents or other family members, as expeditiously as possible.
    - Cease placing pregnant unaccompanied immigrant youth in states where abortion is banned or access is heavily restricted.
    - Place pregnant youth in ORR facilities within states where they can receive comprehensive reproductive healthcare, including abortion care.
    - Place pregnant youth in ORR custody in placements located near level 4 Neonatal Intensive Care Units.
    - Prioritize pregnant youth for foster care placements, which are the least restrictive

placements (the legal standard for children in ORR custody) short of reunification with family, and rapidly expand foster care placement options available to vulnerable youth, including pregnant and parenting youth.

ANNEX

Coalition Stakeholder Submission for Consideration on the 4th Cycle of the Universal Periodic Review of the USA

Submitting Organizations

Global Justice Center

Global Justice Center is a non-partisan, non-profit organization dedicated to promoting the enforcement of international law in a progressive, non-discriminatory manner in order to advance gender equality. In close collaboration with civil society partners, the organization focuses on two primary areas: promoting reproductive autonomy as an international human right and advancing justice for mass atrocities involving sexual and gender-based violence.

Contact: Elise Keppler, Executive Director; ekeppler@globaljusticecenter.net; 11 Hanover Square, 6th Floor New York, NY 10005, USA

Ipas

Ipas is an international nonprofit working for reproductive justice by expanding access to abortion and contraception. Ipas works with partners across Africa, Asia and the Americas to ensure all people have the right to make fundamental decisions about their own bodies and health. Ipas's sustainable, holistic approach recognizes that in order for that to happen, there must be community and health-system support for human rights and abortion access, and laws and policies that support bodily autonomy--cornerstones for healthy, thriving individuals, communities and countries.

Contact: Bethany Van Kampen Saravia, Senior Legal and Policy Advisor, vankampensaraviab@ipas.org; P.O. Box 9990, Chapel Hill, North Carolina, 27515, USA

Physicians for Human Rights

Physicians for Human Rights (PHR), which shared in the 1997 Nobel Peace Prize, deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. PHR conducts research, undertakes fact-finding investigations, and galvanizes thousands of health professionals and allies in the legal sector to confront humanitarian emergencies and support justice for victims of human rights violations. PHR's findings offer information to policymakers, activists, and journalists that can be used to reform policies and practices that threaten public health and undermine human rights.

Contact: Payal Shah, Director of Legal Research and Advocacy; pshah@phr.org; 520 8th Avenue Suite 2301, 23rd Floor, New York, New York, 10018

Guttmacher Institute

The Guttmacher Institute is a leading research and policy organization committed to advancing sexual and reproductive health and rights (SRHR) worldwide. The Guttmacher Institute envisions a future in which all people can realize their rights and access the resources they need to achieve sexual and reproductive health.

Contact: Kelly Baden, Vice President for Public Policy; kbaden@guttmacher.org; New York, New York

Jane’s Due Process

At Jane's Due Process, we are dedicated to bridging the gap between young people in Texas and access to confidential and compassionate reproductive healthcare services. JDP helps young folks navigate parental consent laws and abortion bans. We help people under 18 confidentially access legal and safe abortions, as well as birth control, STI testing, and more. Our organization fights to ensure all young people in Texas have the reproductive freedom to make their own choices.

Contact: Lucie Arvallo, Executive Director; lucie@janesdueprocess.org; Austin, Texas

Birthmark

Birthmark is a New Orleans-based birth justice cooperative dedicated to supporting, educating, and advocating for pregnant and parenting people and their families, with a focus on increasing access to respectful services for communities facing barriers to care.

Contact: Victoria Williams, DHA, LMSW, CBS, Doula Member-owner & Advocacy Lead Victoria@birthmarkdoulas.com; New Orleans, Louisiana

Lift Louisiana

Lift Louisiana strives to build a better Louisiana for women, girls and gender expansive people by advocating for reproductive health, rights, and justice. We focus on non-biased educational materials to ensure that medically-accurate, evidence-based research is informing public opinion, community engagement and policy advocacy to shift power in the Louisiana Legislature, and legal advocacy and impact litigation to protect and affirm reproductive rights.

Contact: Alex Moody, Staff Attorney, alex@liftlouisiana.org; New Orleans, Louisiana

The Louisiana Abortion Fund

The Louisiana Abortion Fund (LAAF) helps Gulf South residents overcome financial and geographic barriers to abortion care. We provide direct funding to clinics, travel assistance, childcare support, and resource referrals. As a Black-led organization in the Deep South, we center marginalized communities and follow reproductive justice principles. We currently work with 44 clinics across 16 states and D.C. Our organization provides compassionate support to affirm the dignity of folks seeking abortion care.

Contact: Chasity Matthews, JD, Executive Director; chasity@louisianaabortionfund.org New Orleans, Louisiana

Louisiana Coalition for Reproductive Freedom

The Louisiana Coalition for Reproductive Freedom serves our 160 Member Organizations across the reproductive health, justice and advocacy landscapes by facilitating collective impact, coordinating mutual aid, and investing in movement vitality to ensure a vibrant and resilient movement for bodily autonomy. We do this by convening the movement, investing in its future leadership, providing skills trainings and wellness coaching, hosting a dynamic resource hub, and empowering emerging orgs with a focus on rural LA.

Contact: Victoria Coy, Executive Director, victoria@louisianarepro.org; Morgan Moone, Board Chair, morgan@louisianarepro.org; New Orleans, Louisiana

ReJAC

ReJAC is building a world in which people have free access to accurate health information and

resources and have the power to address community issues that are important to them as they arise. As a result, the health and care of BIPOC, trans, and gender expansive people are prioritized and all people are able to access reproductive healthcare without judgment and with dignity.

Contacts: Pearl Ricks, Executive Director, pearl@rejacnola.org.

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[1] Comm. on the Elimination of Racial Discrimination (CERD), Decision 1 (2026), U.N. Doc. INT/CERD/EWU/USA/11429 (2026), https://tbinternet.ohchr.org.

[2] The authors of this report are organizations committed to reproductive justice, which is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. The reproductive justice framework examines all factors that impact someone's ability to create the family they desire and exist in safe and supported communities, expanding beyond narrow legal or medical frameworks and centering the lived experiences of those most impacted — especially Black, Indigenous people, people of color (BIPOC), LGBTQIA+ people, disabled people, and those that make up the working class. *See* U.N. Population Fund (UNFPA), *Sexual and Reproductive Justice Cannot Wait: All Rights, All People, Acting Now* (High-Level Comm'n on the Nairobi Summit on ICPD25 Follow-up, Sept. 28, 2023), 18, https://www.nairobisummiticpd.org. *See also* U.N. Doc. E/CN.9/2023/NGO/20, (Jan. 11, 2023), 4, https://digitallibrary.un.org. It also allows us to name and challenge the systemic racism, classism, patriarchy, ableism, and other forms of oppression that shape who can access care, who is believed, who survives, and who gets left behind. This report largely focuses on how the recent targeted, state-sanctioned violence by ICE and CBP has exacerbated lack of access to healthcare, in particular abortion care, but due to space limitations these issues cannot sufficiently be addressed within an analysis of larger systems of power that impact bodily autonomy more broadly. Sister Song, *Reproductive Justice* (last visited Apr. 9, 2026), https://www.sistersong.net/reproductive-justice.

[3] Physicians for Human Rights, *Consequences of Fear: How the Trump Administration's Immigration Policies and Rhetoric Block Access to Health Care* (2025), https://phr.org.

[4] ACLU, P*regnant and Postpartum Women Face Neglect and Abuse in ICE Detention* (2025), https://www.aclu.org.

[5] Physicians for Human Rights, *What About My Children: Family Separation Among Parents Deported to Honduras* (2026), https://phr.org.

[6] Daniella Silva, *Pregnant women describe miscarrying and bleeding out while in ICE custody, advocates say*, NBC News (Oct. 22, 2025), https://www.nbcnews.com.

[7] Center for Reproductive Rights, *What's Happening to Pregnant, Postpartum, and Nursing Women in ICE Custody?* (2026), https://reproductiverights.org.

[8] International Covenant on Civil and Political Rights art. 9, Dec. 16, 1966, 999 U.N.T.S. 171. (1. Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law). *See also* Human Rights Comm., General Comment No. 35, *Article 9 (Liberty and Security of Person)*, ¶ 9, U.N. Doc. CCPR/C/GC/35 (Dec. 16, 2014). (The right to security of person protects individuals against intentional infliction of bodily or mental injury, regardless of whether the victim is detained or non-detained. [...] [It] also obliges States parties to take appropriate measures in response to death threats against persons in the public sphere, and more generally to protect individuals from foreseeable threats to life or bodily integrity proceeding from any governmental or private actors. States parties must take both measures to prevent future injury and retrospective measures, such as enforcement of criminal laws, in response to past injury. [...] [State parties] should also prevent and redress unjustifiable use of force in law enforcement, and protect their populations against abuses by private security forces.). *See also* Universal Declaration of Human Rights art. 3, G.A. Res. 217 (III) A, U.N. Doc. A/RES/217(III) (Dec. 10, 1948); International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families art. 16, Dec. 18, 1990, 2220 U.N.T.S. 3; *and* American Convention on Human Rights art. 5, Nov. 22, 1969, 1144 U.N.T.S. 123.

[9] UN Comm. Against Torture, *Conclusions and Recommendations, United States of America*, ¶ 33, U.N. Doc. CAT/C/USA/CO/2 (July 25, 2006).

[10] *Id*.

[11] Human Rights Comm., General Comment No. 35, *Article 9 (Liberty and Security of Person)*, ¶59, U.N. Doc. CCPR/C/GC/35 (Dec. 16, 2014). (Article 10 of the Covenant, which addresses conditions of detention for persons deprived of liberty, complements article 9, which primarily addresses the fact of detention. At

the same time, the right to personal security in article 9, paragraph 1, is relevant to the treatment of both detained and non-detained persons. The appropriateness of the conditions prevailing in detention to the purpose of detention is sometimes a factor in determining whether detention is arbitrary within the meaning of article 9.[...]). Detentions are deemed arbitrary when, among other circumstances: immigrants are subjected to prolonged administrative custody without the possibility of administrative or judicial review or remedy; or it constitutes a violation of international law on the grounds of discrimination based on birth, national, ethnic or social origin, language, religion, economic condition, political or other opinion, gender, sexual orientation, disability, or any other status, that aims towards or can result in ignoring the equality of human beings. *See* U.N. Office on Drugs & Crime (UNODC), Counter-Terrorism Module 10: International Human Rights Instruments, https://www.unodc.org. "[UN Working Group on Arbitrary Detention ("WGAD")] is of the view that 'the prohibition of arbitrary deprivation of liberty is part of treaty law, customary international law and constitutes a *jus cogens* norm. Its specific content, as laid out in this deliberation, remains fully applicable in all situations' ([A/HRC/22/44, para. 51]). [WGAD has developed further criteria] that it has used when considering cases submitted to it alleging violations of article 9 of ICCPR, drawing also on the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment. These criteria are closely linked to article 14 of ICCPR right to a fair trial [...]: (4) When asylum seekers, immigrants or refugees are subjected to prolonged administrative custody without the possibility of administrative or judicial review or remedy (category IV); (5) When the deprivation of liberty constitutes a violation of international law on the grounds of discrimination based on birth, national, ethnic or social origin, language, religion, economic condition, political or other opinion, gender, sexual orientation, disability, or any other status, that aims towards or can result in ignoring the equality of human beings (category V). (A/HRC/36/38, para. 8). [...] [According to the HRC], '[t]he notion of 'arbitrariness' is not to be equated with 'against the law', but must be interpreted more broadly to include elements of inappropriateness, injustice, lack of predictability and due process of law, as well as elements of reasonableness, necessity and proportionality.' (CCPR/C/GC/35, para. 12). [...] Even where the legal basis for detention is clear, the law must not confer overbroad discretion on police officers or other public officials as to the way in which it can be exercised. ([HRC] concluding observations CCPR/CO/70/TTO). [...]."

[12] Immigration and Human Rights Law Review, Masked and Unidentifiable: How ICE Tactics Create a Public Safety Crisis for Immigrant Communities (2025), https://lawblogs.uc.edu. "ICE's concealment techniques, coupled with their arrests targeting people based solely on their race, spoken language, or accents directly implicates the principles of injustice, unpredictability, and discrimination that Article 9 protects against."

[13] Isaac Maddow-Zimet & Kimya Forouzan, *Full-Year 2025 Estimates Show Overall Stability in Abortion Incidence, Decreased Travel and Increased Telehealth Provision*, Guttmacher Institute (March 2026), https://www.guttmacher.org.

[14] *Id*.

[15] *Id*.

[16] Since the US Supreme Court's *Dobbs vs. Jackson Women's Health Organization* decision in 2022, some states have instituted protections, known as "shield laws," that seek to minimize legal risk to patients, health care providers and those who assist people seeking certain types of legally protected sexual and reproductive health care—mainly focused on abortion and gender-affirming care. 22 states and the District of Columbia have some level of shield law protection related to reproductive health or gender-affirming care. 8 of those states extend protections to telehealth provision. Guttmacher Institute, *Shield Laws Related to Sexual and Reproductive Health Care* (2026), https://www.guttmacher.org.

[17] Kimya Forouzan, *State Policy Trends 2025 Full-Year Analysis*, Guttmacher Institute (2025), https://www.guttmacher.org.

[18] H.B. 7, 89th Leg., 2d Spec. Sess. (Tex. 2025), https://legiscan.com/TX.

[19] H.B. 621, 2024 Reg. Sess. (La. 2024), https://legis.la.gov.

[20] *Id*.

[21] Kimya Forouzan, *State Policy Trends 2025 Full-Year Analysis*, Guttmacher Institute (2025), https://www.guttmacher.org.

[22] At present, the Tennessee and Idaho laws which restrict individuals' ability to travel to access abortion care have been partially blocked.

[23] Tenn. Code Ann. § 39-15-201, Idaho Code § 18-623.

[24] L.C. 3410, 69th Leg., Reg. Sess. (Mont. 2025), https://bills.legmt.gov.

[25] Kimya Forouzan, *State Policy Trends 2025 Full-Year Analysis*, Guttmacher Institute (2025), https://www.guttmacher.org.

[26] **Tennessee**: A February 2026 amendment by Rep. Jody Barrett and Sen. Mark Pody would classify

abortion as homicide, enabling prosecutors to seek the death penalty or life imprisonment for women who obtain abortions; **South Carolina:** Lawmakers have repeatedly introduced the "Prenatal Equal Protection Act" (notably in 2023 and 2024), which seeks to treat abortion as murder, carrying a potential death penalty; **Oklahoma:** Bills introduced in 2025, supported by "abortion abolitionists," seek to remove legal protections for pregnant people and treat abortion as homicide; **Indiana:** Legislation proposed in 2025 aimed to redefine homicide to include the destruction of a fetus, potentially subjecting those who obtain abortions to the death penalty; **Kentucky:** A 2026 bill (House Bill 690) proposes treating abortion as "homicide." *See* Janice Hopkins Tanne, *Four US states consider new laws for people who have abortions to be punished as murderers,* BMJ 388 (2025), https://www.bmj.com/content/388/bmj.r174; *id.*

[27] Misleadingly called the "One Big Beautiful Bill". American Immigration Council, *What's in the Big Beautiful Bill? Immigration and Border Security Unpacked* (2025), https://www.americanimmigrationcouncil.org. *See also* Center for American Progress Action Fund, *The Implementation Timeline of the One Big Beautiful Bill Act* (2025), https://www.americanprogress.org.

[28] National Immigration Law Center, *Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All* (2025), https://www.nilc.org.

[29] Physicians for Human Rights, *Consequences of Fear: How the Trump Administration's Immigration Policies and Rhetoric Block Access to Health Care* (2025), https://phr.org.

[30] Testimonies were collected by Ipas US during March of 2026. Full testimonies are on file with the authors.

[31] US policy "Directive: Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals" (the 2021 Pregnancy Directive) creates a presumption against detaining pregnant, postpartum, and lactating women except in exceptional circumstances. WRC has been tracking significant violations of this directive through its Detention Pregnancy Tracker. US Senator Patty Murray, *Murray Blasts Inadequate DHS Response to Oversight Letter on Pregnant Women in ICE Detention* (2026), https://www.murray.senate.gov. *See also* Women's Refugee Comm'n, *Detention Pregnancy Tracker*, https://detentionpregnancytracker.com.

[32] PHR, *What About My Children,* 12, https://phr.org.

[33] *Id*.

[34] Women's Refugee Comm'n, *Detention Pregnancy Tracker*, https://detentionpregnancytracker.com/.

[35] Other examples of such violations have been documented by the Center for Reproductive Rights and the American Civil Liberties Union. For instance, "Colombian immigrant Angie Rodriguez was detained by ICE following a routine check-in with immigration officials. While in custody, she discovered she was pregnant. Despite confirmation by medical staff, she was not offered prenatal educational materials—or even allowed to keep her ultrasound. Nor were there improvements in nutrition: she was forced to choose between eating small, foul-smelling meals served by the detention center or buying highly processed foods like instant noodles. A little over a month after she entered detention, Rodriguez miscarried." *See* Ctr. for Reprod. Rts., *What's Happening to Pregnant, Postpartum, and Nursing Women in ICE Custody?* (2026), https://reproductiverights.org.. In another example, "In April 2025, Alicia* arrived for her routine ICE check-in in Louisiana and was detained without warning, sent to Basile. She soon discovered she was pregnant. She was taken to a local hospital for a blood test, but no one explained her medical treatment or provided interpretation. In detention, she received small portions of poor-quality food that left her feeling weak and hungry. By May, Alicia began experiencing severe abdominal pain, cramping, and bleeding. She reported her symptoms to facility staff, who transported her to an emergency room, where medical personnel performed an invasive uterine test without her consent, injected her with an unknown medication, and later informed her that she had miscarried." *See* ACLU, P*regnant and Postpartum Women Face Neglect and Abuse in ICE Detention* (2025), https://www.aclu.org.

[36] Mark Betancourt, *The Trump Administration is Sending Underage Migrant Girls Who Are Pregnant to This Texas Shelter*, NPR (2026), https://www.npr.org. *See also* Danielle Han, *ICE is Shutting Pregnant Girls in a Facility With Inadequate Care, in an Abortion-Banned State* (2026), https://www.jezebel.com.

[37] *Id*.

[38] *Id*.

[39] *Id.*

[40] Executive Office of the President, *Unaccompanied Alien Children Program Program Foundational Rule; Updates to Accord with the Hyde Amendment* (2026), https://www.reginfo.gov.

[41] The Gulf Coast of the US is a coastline area that consists of the southernmost states: Texas, Louisiana, Mississippi, Alabama, and Florida. Each of these states are located along the southern coast, and are known as the Gulf States as they border the Gulf of Mexico.

[42] "Mixed-status" refers to households with members holding varying immigration and citizenship statuses. In relation to social services, some like Medicaid, are available only to citizens and lawfully present

individuals. National Immigration Law Center, *The Affordable Care Act & Mixed-Status Families* (2022), https://media.nilc.org.

[43] The "sensitive locations" policy, also known as the "protected areas" policy, has governed immigration enforcement practices since 2011, directing ICE and CBP officers to avoid conducting enforcement actions in or near locations where vulnerable individuals access essential services. The Biden administration significantly expanded the policy in 2021 to include hospitals and other medical facilities, schools, places of worship, social service providers, homeless shelters, and sites of public demonstrations, among others. On January 20, 2025, Acting DHS Secretary Benjamin Huffman rescinded the Biden-era policy, replacing it with a directive instructing officers to use their discretion and a "healthy dose of common sense" on a case-by-case basis, with no rules restricting enforcement at any location. *See* U.S. Department of Homeland Security, *Enforcement Action Near In or Near Protected Areas,* January 20, 2025 https://www.dhs.gov.

[44] Quote from a Physician based in New York, Mar. 23, 2025. Physicians for Human Rights and Migrant Clinicians Network survey of 691 health care workers across 30 states. Individual survey responses are unpublished raw data. Summary findings available at https://phr.org.

[45] *Id.* Quote from a physician based in North Carolina, Mar. 27, 2025.

[46] This includes restoring enrollment in full-benefit Medicaid and Children's Health Insurance Program (CHIP) to all lawfully present immigrants who are otherwise eligible, removing discriminatory Medicare eligibility requirements based on length of U.S. residency for many lawful permanent residents (LPRs), and ending the exclusion of undocumented immigrants from the Affordable Care Act (ACA) Health Insurance Exchanges.

[47] Such information should be shared to the extent possible with the consulates of the countries where the individuals are deported to.