



Congress of the United States
House of Representatives
Washington, DC 20515

May 8th, 2026

The Honorable Robert F. Kennedy Jr. Secretary of Health and Human Services U.S. Department of Health and Human Services 200 Independence Avenue S.W. Washington, DC 20201	The Honorable Angie Salazar Acting Director Office of Refugee Resettlement 300 C St SW Washington, DC 20201
---	---

Dear Secretary Kennedy and Acting Director Salazar,

As a mother, a physician, and a member of Congress, I am writing with grave concern about the rights, due process, health, and well-being of pregnant and parenting unaccompanied minors and their infants at the ORR shelter in San Benito Texas.

On Friday April 24th I conducted a scheduled oversight tour of the ORR shelter in San Benito Texas. During the tour I asked a series of questions about the conditions of the facility, status of transferred unaccompanied minors, and healthcare resource access. As I indicated, I am following up with oversight questions that did not receive sufficient answers or ones that I'd like to confirm.

To ensure the health and well-being of vulnerable children and their families is safeguarded, I request timely response by May 15th, 2026, to the following questions:

Background about the Facility and ORR Protocols:

- 1) Please provide a total deidentified census of unaccompanied minors held at the facility since January 2025. This should include:
 - a) Age
 - b) Date of arrival and source of arrival (CBP, ICE, another ORR facility in Texas, another ORR facility in another state)
 - c) Date of release to sponsor, date of and location of transfer (LTFC, other facility) or date of and location of removal (home country or third-party country).
 - d) All infants born at the facility.
 - e) Pregnancy outcomes among unaccompanied minors, including complications, maternal morbidity, and postpartum health (including mental health).
 - f) The total number of ORR-contracted beds do you have and how many infants and pregnant girls can you accommodate?
- 2) What is the current mean and median length of stay for unaccompanied minors who have been released and unaccompanied minors who remain in custody in the facility? What is the mean and median length of stay at the facility over the last 2 months, 6 months, and 12 months?

- a) What is the longest length of stay for a child currently at the shelter? Why has that minor not been released to a sponsor?
- b) The average length of stay (LOS) for these children has been cited as over 100 days, with reports of some facilities having a LOS of 200 day, which is an increase from past LOS of around 30 days. Please disclose reasons for this increase in LOS.
- 3) What factors are preventing unaccompanied minors' release to sponsors? What are the sponsor vetting requirements that sponsors have the most difficulty completing?
- 4) The media has reported that ORR has instructed its staff to place all newly admitted pregnant unaccompanied minors at Urban Strategies San Benito. Can you confirm this? If confirmed, can you provide rationale for this decision?
- 5) We understand that there is a new DHS initiative providing "a one-time resettlement support stipend of \$2,500" to unaccompanied unaccompanied minors in ORR custody who are 14 years of age or older and who elect to voluntarily depart the United States.
 - a) How is this option communicated to unaccompanied minors? Who communicates it? What is the timeline for a minor to decide whether or not to take this option?
 - b) Are unaccompanied minors provided with a free private phone call and a consultation with a legal service provider and a sponsor, parent or legal guardian before making this decision?
- 6) Where in the facility are infants allowed to remain with their mothers including classrooms, legal consultation rooms etc.? Is there any place or any time in the facility where infants cannot remain with their mothers? What is the rationale behind this protocol?
- 7) How are language barriers between unaccompanied minors, staff, and medical personnel addressed? Please provide language accessibility policy for all languages, not just Spanish.
- 8) What do daily meals consist of, particularly for pregnant and postpartum unaccompanied minors?
 - a) What is the process for ensuring individuals with specific medical needs have healthy and appropriate food available to them? Examples of such conditions include gestational diabetes and iron deficiency.
 - b) Do these young people all receive standard prenatal vitamin supplements?
- 9) What are the policies for community members like members of the clergy to be able to visit the facility?
 - a) How many individuals in the community have completed the required training and are approved to visit and provide services to unaccompanied minors at the facility?
 - b) How has the process for approval of such support visitors changed since January 2025?

Health Resources for Pregnant and Parenting Unaccompanied Minors

- 10) What processes are in place for pregnant and postpartum unaccompanied minors to request medical care for themselves and their children, and how are those requests handled?
 - a) What is the average time that passes from request for medical care to receiving medical evaluation? How many unaccompanied minors experienced delays in receiving requested medical care, and what were the average wait times?
 - b) Is there a formal escalation protocol with defined time benchmarks?
 - c) What is the typical response time for transport to outside facilities?
 - d) What is the process if a minor would like to change providers or would no longer like to see a particular provider?

- 11) What birth and postnatal support services do you provide, such as birth planning, prenatal classes, and lactation support?
 - a) How many unaccompanied minors have accessed birth planning and prenatal classes since January of 2025?
 - b) Do unaccompanied minors have the opportunity and support to change components of their birth plan during the delivery?
 - c) How many unaccompanied minors have accessed accredited lactation support since January of 2025?
 - d) How many girls have chosen to predominantly breastfeed their babies? If they breastfeed, what is the range of time they continue to do so?
- 12) Are unaccompanied minors able to determine who is allowed to be physically present with them in medical exam rooms and birthing rooms?
 - a) What is the protocol for ORR staff to be present in medical visits and births?
 - b) Are unaccompanied minors allowed to have their own support persons (such as family members or friends) attend the birth, either in person or virtually?
 - c) Are there chaperones present during any medical examinations?
- 13) What steps is ORR taking to ensure access to adequate prenatal, delivery, and postpartum care?
 - a) What is the process for assigning a patient to an OBGYN provider and how soon is a pregnant minor seen by an OBGYN after arrival?
 - b) Please provide specific schedules for routine and high-risk appointments that are to be fulfilled for each expecting mother.
 - c) How does ORR manage health risks associated with adolescent pregnancy, such as severe hypertension or preterm birth?
 - d) Where is this care delivered and by whom? What are their credentials?
 - e) If a pregnant minor requires antenatal testing (e.g., ultrasounds, fetal monitoring) at regular intervals (i.e., Twice a week, once a week), how is this handled? Does the office provide staff to go to the facility and perform these tests or is transport to the doctor's office scheduled?
- 14) What medical care is provided to infants born to unaccompanied minors, and how frequently do they receive care?
- 15) Please provide all details of any and all contract(s) for any medical provider, including pediatricians, obstetricians, family practitioners, lab services and phlebotomists, who provide care at or for the facility for the past 5 years up to and including current contracts.
 - a) If no contracts are provided, please document how services are reimbursed to the clinicians in the community who provide care for the entire ORR population at San Benito.
 - b) Is there a call schedule for contracted providers? Do providers get reimbursed for taking calls for the facility?
- 16) How are after-hours (including weekends and holidays) medical issues triaged, and who is responsible? Are there on-site medical personnel at all times or only on-call support?
 - a) Are there back-up pediatricians and providers credentialed in case the current provider is unable to respond?
 - b) What is the overnight escalation pathway when no physician is present?

- 17) Please provide a complete list of trainings that Urban Strategies Staff, ORR staff, and any contracted staff and or providers complete to work with pregnant and parenting unaccompanied minors.
 - a) Specifically include if these training includes language access and cultural humility—specifically regarding a non-Spanish speaking child or cultural/religious requests (i.e., only female providers) and if they are approved by state licensing or nationally recognized accreditation or certification programs?
 - b) Does this training include recognizing urgent maternal warning signs? Please provide any and all internal policies on how to identify and what to do about observing these warnings.
- 18) What is the full process for specialty referral (e.g., authorization, scheduling, completion tracking)?
 - a) If one of the pregnant unaccompanied minors (or even a child) are referred to a specialist (e.g., maternal fetal medicine, gastroenterology, hematology) what are the steps to ensure this referral is completed? Does it require any prior authorization from ORR? Does health care funding allotted for these children cover these specialist appointments?
 - b) How many unaccompanied minors and infants required a transfer to a higher level of care (e.g., hospitalizations, NICU admissions), and for what reasons?
 - c) If a newborn requires NICU-level care, where are they transferred and how quickly? How often has this occurred in the last 5 years?
 - d) Are there any limitations to neonatal or high-risk obstetric care access due to San Benito's location?
- 19) How does ORR address the unique needs of pregnant unaccompanied minors in its custody, including trauma-informed care for those who are pregnant as a result of rape or incest?
 - a) Are the police notified and given access to the ORR unaccompanied minors for all suspected cases of rape or incest?
 - b) How many times have the police been alerted to possible cases in the last 5 years?
- 20) How are contraceptive services (including continuation and LARC) managed and funded?
 - a) How are requests for contraception handled? Including long-acting contraception (LARC) like IUD or Nexplanon? Are these covered by ORR funding?
 - b) If a child is on contraception prior to getting into custody, how is their contraception continued? (i.e., if on birth control pills or patches, are these continued?)
 - c) How are requests for reproductive health services—including abortion care—considered and accommodated?
 - d) In compliance with Garza requirements, where are the written materials made available to notify unaccompanied minors of their rights in the ORR facility in San Benito? Are they available in Spanish?
- 21) Why does the ORR shelter not have or reliably use the necessary medical equipment to monitor high risk pregnancies (including glucometers and fetal dopplers) and infant health (including infant scales and newborn respiratory suction devices)?
- 22) Since January 2025, how many calls has the facility made to emergency medical services and how many visits have been made for unaccompanied minors to urgent or emergent medical care?
- 23) How are medical decisions handled for unaccompanied minors and their newborns?
 - a) What support exists for unaccompanied minors to understand their care?

- b) How does ORR ensure that unaccompanied minors have access to guardians, advocates, or legal counsel when making medical decisions?
- 24) Are restraints used at any point during detention, including during transport or labor and delivery?

Intake and Screening

- 25) What health screenings are conducted upon intake, and do they include pregnancy testing?
- a) If a new pregnancy is identified by standardized intake testing and the girl is 16 or under, are the police notified? This would be expected as Texas law is clear that the legal age of consent for sexual intercourse is 17 years old. If a girl is 16 or under and pregnant, a crime, by definition, has taken place. If no, why not? Please include copies of any internal documents and policies that give guidance on this matter.
 - b) When a girl under 17 is admitted and is found to be pregnant, are trauma counselors called by protocol? If no, why not?
- 26) How do you screen children for disabilities or developmental delays?
- a) If a child is found to have a disability (learning or physical) or developmental delays and therapy is recommended (e.g., specialized tutor, physician, occupational, speech therapist) how do they get those services? Do they come to the facility or transported to a therapy center for those services? Is there funding for those services by the ORR?

Mental Health

- 27) What mental health support is available to unaccompanied minors in the facility?
- a) What screening tool does the facility use for suicide risk? How many unaccompanied minors have been positively screened for suicide risk since January 2025?
 - b) What screening tool does the facility use for postpartum depression? How many minors have been positively screened for postpartum depression since January 2025?
 - c) What are the protocols followed when a minor is identified to be at high risk for suicide? Please provide copies of these documents.
- 28) If one of the staff or providers are concerned for the mental health of patients and think medications or other specific therapies are needed, who takes care of that? Are there psychiatrists on call or accessible for these patients?
- 29) If a child reports abuse (physical or sexual abuse) while in custody, what is the process for investigation? Is there a forensic examination that occurs? Who performs these type of examinations? How are these reports documented and placed in record? Are they kept confidential from staff and other personnel within the facility?

Confidentiality

- 30) Are visits with the Licensed Clinical Social Worker or other mental health professionals private and confidential?
- 31) How is consent handled for sensitive services (e.g., mental health, reproductive care, forensic exams)?
- a) Are parents or sponsors given medical information by staff about the minor or their baby without the approval of the minor?
- 32) What are the policies for staff discussing the children's medical information at the facility with anyone other than the patient? What is the protocol for if staff violate this policy?

Monitoring and Quality Assurance

33) Are adverse medical events tracked and reviewed?

a) Is there a formal quality improvement or morbidity review process?

b) How are delays in care identified and addressed?

34) How is the competency of facility staff and clinical providers assessed?

35) How do you ensure you are meeting standard licensing requirements now that state oversight is no longer required? Are any third parties involved with oversight of these federal facilities?

Sincerely,

A handwritten signature in black ink, appearing to read "Maxine Dexter", written over a vertical line.

Maxine Dexter, M.D.
Member of Congress