URGENT ACTION

RELEASE ASYLUM SEEKER WITH HEALTH NEEDS

On February 25, Immigration and Customs Enforcement (ICE) agents arrested Anabell, an asylum seeker, following a routine check-in. Soon after, she learned she was pregnant. Anabell was not provided with prenatal care and was forced to carry heavy objects, leading her to be taken to a hospital for significant pain and bleeding. Now, ICE refuses to give Anabell her medical records and has put her into solitary confinement multiple times. Her attorneys last spoke to her on September 9. Her physical and mental state is seriously declining. Anabell should never have been detained and must be immediately released and get all her medical records.

TAKE ACTION:

- Write a letter to the government official(s) listed. Use the sample letter below as a guide or use your own words.
- Click here to report your action(s) on ***UA 96.26***. We share this number with the officials we are trying to persuade.

Sam Olson
ICE Field Office Director, Enforcement and Removal Operations (ERO)
Chicago Field Office
101 W Ida B Wells Drive, Suite 4000
Chicago, IL 60605
United States
Email: Chicago.Outreach@ice.dhs.gov

Dear Field Office Director Sam Olson,

I urge you to immediately release **Anabell**, a Nicaraguan asylum seeker. I am deeply concerned to learn that she suffered a miscarriage in detention, is continuing to suffer medical issues, and is being denied adequate medical care or access to her medical records at the Campbell County Detention Center (CCDC), where she has been detained since February 25, 2026.

Anabell learned that she was pregnant after being detained, yet she was not given any prenatal care or prenatal vitamins despite federal policies requiring them. Since being taken into U.S. Immigration and Customs Enforcement (ICE) custody, Anabell has received little to no prenatal health treatment. She was made to carry heavy items despite experiencing severe pain and vaginal bleeding. In late March, she submitted an urgent medical request describing severe vaginal bleeding and significant pain. After detailing these life-threatening symptoms and pleading for help, Anabell was finally taken to an outside hospital for a suspected miscarriage.

The facility has taken no action to provide prenatal or postnatal care or obstetric treatment. Since returning to detention, Anabell has experienced pain, numbness, vomiting, and hair loss, but has received little follow-up medical attention. Despite two requests for Anabell's medical records by her attorneys in April, another request in June, and requests from Members of Congress in July, the facility has refused to provide her medical records. Anabell has been placed in solitary confinement twice since her return from the hospital. Anabell's attorneys last spoke to her on September 9, 2026.

I implore you to ensure that Anabell is immediately released and is provided with her medical records so that she can access the urgent obstetric care she desperately needs.

Yours sincerely,

AMNESTY INTERNATIONAL

ADDITIONAL INFORMATION

Pregnant individuals often lack adequate prenatal care in ICE detention. Between January 1, 2025 and February 16, 2026, US Immigration and Customs Enforcement (ICE) deported at least 363 pregnant, postpartum, or nursing women, according to data released by the Department of Homeland Security (DHS) following a Senate inquiry. As of mid-February 2026, 2,686 pregnant women remained in ICE custody, including nine women in their final trimester of pregnancy. By late September 2025, at least 16 miscarriages had reportedly occurred in immigration detention. DHS also acknowledged that it did not fully track nursing mothers in its custody. In an additional 498 cases involving pregnant or nursing women, ICE was unable to confirm the outcome, leaving unclear whether the women had been deported, released from custody, or received medical care.

The evidence raises serious concerns regarding the adequacy of medical care provided to pregnant, postpartum, and nursing women in immigration detention. Research and documentation by human rights groups, including Amnesty International, identified deficiencies in access to appropriate prenatal, obstetric, and postpartum care. The detention of pregnant individuals in facilities unable to provide adequate and continuous medical services exposes them to heightened and potentially avoidable risks to their health and, where applicable, the health of their fetuses and newborn children. The continued use of detention is particularly concerning given the existence of alternatives that would allow individuals to remain in their communities while immigration proceedings are pending.

Amnesty International and other human rights groups have found that the detention and deportation of pregnant, postpartum, and nursing people must be assessed not merely as isolated administrative failures, but in the context of broader enforcement policies that increasingly prioritize detention and removal over individualized assessments of health, vulnerability, and family unity. The evidence indicates that foreseeable harms are compounded by inadequate monitoring, insufficient access to medical care, and the failure to consistently apply existing safeguards intended to limit the detention of particularly vulnerable individuals. These practices may implicate, among other rights, the right to health, the right to liberty and freedom from arbitrary detention, the right to family unity, and the obligation to ensure that all individuals deprived of their liberty are treated with humanity and respect for their inherent dignity.

U.S. authorities should ensure that migration-related deprivation of liberty be clearly prescribed by law and strictly justified by a legitimate purpose that is necessary, proportionate, and non-discriminatory. Detention without such a purpose is considered arbitrary. A limited number of specific purposes are recognized as legitimate grounds for migration-related detention under international law and standards. They should also ensure uninterrupted access to appropriate prenatal, obstetric, postpartum, and pediatric care; prohibit practices that result in unnecessary separation of infants and young children from their parents; and establish transparent systems to document and publicly account for the detention, transfer, release, medical treatment, and removal of all pregnant, postpartum, and nursing individuals in immigration custody.

PREFERRED LANGUAGE TO ADDRESS TARGET: English or your own language.

PLEASE TAKE ACTION AS SOON AS POSSIBLE UNTIL: March 15, 2027

NAME AND PRONOUN: "Anabell" (she/her)