URGENT ACTION

RELEASE ASYLUM SEEKER'S MEDICAL RECORDS

Immigration and Customs Enforcement (ICE) agents arrested Anabell, an asylum seeker, following a routine check-in on February 25, 2026. A judge later ruled the arrest unlawful, and she was released on October 30. Shortly after her arrest, Anabell learned she was pregnant. Throughout her eight-month detention, she received no prenatal care and was forced to carry heavy objects, causing her significant pain and bleeding that required hospitalization. Although she is now free, ICE refuses to release her medical records, preventing Anabell from fully understanding the treatment she received and what happened to her. ICE must immediately release those 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 ***Second 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 provide **Anabell**, a Nicaraguan asylum seeker, with her complete medical records. I am deeply concerned that, after suffering a miscarriage and other serious health issues while in detention at the Campbell County Detention Center (CCDC), Anabell and her lawyers continue to be denied access to records concerning her medical care. Without these records, Anabell is unable to fully understand what treatment she received or what occurred during her hospitalization.

Anabell learned that she was pregnant after being unlawfully detained, taking two pregnancy tests with positive results, yet she was not given any prenatal care or prenatal vitamins despite federal policies requiring them. She was made to carry heavy items despite experiencing severe pain and vaginal bleeding, and repeatedly informed CCDC staff of her health concerns to no avail. 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 miscarriage.

Despite the seriousness of her condition, Anabell received no information about her care. Following her return from the hospital, she experienced ongoing pain, numbness, vomiting, and hair loss. Her attorneys requested her medical records in April and in June, and Members of Congress requested them in July. ICE continues to refuse to provide Anabell and her lawyers with her medical records.

As Anabell has since been released from ICE detention, after a judge found her arrest to be unlawful, I implore you to ensure that Anabell is immediately provided with her complete medical records.

Yours sincerely,

AMNESTY INTERNATIONAL

ADDITIONAL INFORMATION

Pregnant individuals often lack adequate prenatal care in ICE detention. Between January 1, 2025 and February 16, 2026, U.S. 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.

Research and documentation by various human rights groups, including Amnesty International, has identified deficiencies in access to timely and 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 prioritized 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. The detention of pregnant, postpartum, and nursing individuals in circumstances that may compromise access to adequate health care, the separation of infants from their parents, and the removal of pregnant people during advanced stages of pregnancy raise serious concerns under U.S. constitutional and statutory protections as well as international human rights law.

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. 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: April 1, 2027

NAME AND PRONOUN: Anabell (she/her)

LINK TO PREVIOUS UA: https://www.amnestyusa.org/urgent-actions/usa-release-asylum-seeker-with-health-needs/