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Immigration enforcement policies are creating confusion, putting health at risk

Week of February 16 - February 22, 2025

| FEB 20, 2025

<https://www.chartis.com/insights/immigration-enforcement-policies-are-creating-confusion-putting-health-risk>

The Buzz This Week

In his first days in office, President Donald Trump issued a series of executive orders that included directives around immigration enforcement, supporting mass deportation of illegal immigrants. This included a removal of protections against immigration enforcement activities in previously safeguarded places such as hospitals, health clinics, and schools.

These orders are playing out in a chaotic scene in healthcare organizations across the country as providers have tried to understand how the new directives will impact their patients. Many providers have reeled at the idea that some of their patients might lose access to critical healthcare services and could be removed from a healthcare facility while in the process of receiving care and possibly deported because of their immigration status.

National Nurses United (NNU), the largest union of registered nurses in the US, released this statement: "Hospitals should be places for healing, where all patients feel safe receiving care, without fear. Our patients, who we make a sacred oath to help and heal, without discrimination, should never be forced to forego lifesaving treatment because our government has made our workplaces sites of harm and terror."

Part of the uproar has had to do with a lack of clarity around the new rules and requirements of hospital staff.

In an effort to clarify the new directives, state hospital associations and health system executives have circulated communications instructing hospital staff not to "hide" patients from US Immigration and Customs Enforcement (ICE) or other federal agents. One such memo from a leading hospital system in New York City read, "Please note, it is illegal to intentionally protect a person who is in the United States unlawfully from detention. You should not try to actively help a person avoid being found by ICE." Similar memos were distributed in other markets.

While intended to make clear the process for dealing with ICE agents, the memos incited fear and anxiety among hospital workers, with statements such as “[ICE agents] may use persuasion and even intimidation at times...When dealing with any law enforcement agent, it is important to be professional and calm.”

To help stem the worry and confusion, additional information was circulated, outlining the criteria required for an ICE agent to enter a healthcare facility or demand information on a certain patient. Some organizations are developing and circulating instructions for reading a warrant and understanding what qualifies an ICE agent to proceed.

Many health systems also have established an immigration “liaison” who is the single point person who directly interacts with ICE agents. Since one person may not be able to handle all potential ICE interactions, some hospital administrators are being advised to take photos and videos of any enforcement actions if the liaison cannot be reached in time. Several industry experts have advised that health systems go one step further: One law firm recommends forming a cross-functional response team to support the liaison, including representatives from legal, compliance, senior leadership, and security.

Why It Matters

The recent immigration policy directives are unsettling many healthcare organizations. Physicians and other caregivers are trained and committed to taking care of the health of their patients—not to handle inquiries from federal agents. Even with new immigration liaison roles and/or an ICE response team, the potential threat of federal agents removing a patient in the process of receiving care is causing anxiety and even anger among healthcare providers.

For patients, the negative impact is already evident. The new directives are deterring some from seeking medical care, particularly in southern border states. Even in Chicago, as reported by National Public Radio, patient visits to certain healthcare clinics have dropped: “Despite surges of flu-like illnesses, many patients are staying away. One of [a doctor’s] patients skipped an appointment to get lab work done but finally showed up a week later. The patient was in tears and fearful she could be caught up in ICE raids and separated from her family.”

Many health clinics also connect patients to public support programs such as WIC and SNAP. If people are fearful of going to these facilities, they will lose access to these critical support programs.

On a broader scale, these directives will negatively impact population health in the US. A recent opinion piece in STAT stated, “If people without documentation fear that stepping into a hospital will expose them to ICE, many will avoid medical care altogether. This fear will lead to preventable suffering and death, not only among undocumented immigrants but also within the broader community. Infectious diseases will spread unnecessarily, chronic illnesses will worsen, and emergency situations that could have been easily treated will become fatal for those too afraid to seek help.”

In addition to impacting physical health, studies have shown that restrictive / punitive immigration policies are associated with adverse mental health outcomes for undocumented immigrants. This includes rates of depression and anxiety, as well as post-traumatic stress disorder (PTSD).

To uphold and improve health for the immigrant population in the US, regardless of documentation status, healthcare organizations in the near term may need to find different avenues to connect with communities. In the long term, a legal policy solution will be needed to ensure that all US residents have access to basic and emergency healthcare and that healthcare providers can care for their patients without the responsibility of addressing immigration regulations.

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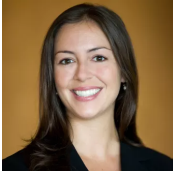
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