

## When ICE Comes to Work: Defending Access to Healthcare

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The first time we heard a colleague's patient had been detained by Immigration and Customs Enforcement (ICE), our hearts sank. This patient, a longtime New England resident, was detained while pregnant, and transferred to a facility in the South, where she was placed in a cell with 60 other women. In the mix of confusion, panic, anger, and sadness, a deep feeling of impotence also set in. Was there anything we could do to advocate for the patient's rights or preserve her access to healthcare? As physicians, we are concerned with rising ICE activity in Rhode Island and nationally. We urge healthcare workers to prepare to encounter ICE at your workplace and to care for people in or at risk of ICE detention.

Throughout 2025 we have witnessed the erosion of due process for immigrants and reports of conditions within ICE detention facilities that are inhumane, hazardous to health, and in some cases deadly.<sup>1-4</sup> There is a dearth of guidance on the practical aspects of providing care for patients who are in or at risk of ICE detention. Additionally, no consensus authority has emerged weighing various ethical, legal, and logistical considerations and how best to respond to these challenges. We ground the ideas herein based on our experiences as healthcare workers who care for immigrant patients, our review of ICE's written policies, guidance from sources such as the Rhode Island Attorney General, reputable national legal organizations, and a survey we conducted of high-quality journalism covering immigration enforcement. We frame this commentary with an exploration of legal and practice principles that apply to three scenarios you may encounter.

While the contents of this commentary have been reviewed by a legal expert, they should not be treated as a substitute for legal advice specific to your own clinical context. We encourage providers to reference their organization's policy

handbooks or consult with their supervisors or legal counsel to learn about any institutional policies that provide guidance about responding to immigration enforcement onsite.

**SCENARIO A: You are at work seeing patients, and your receptionist informs you that ICE is reported to be outside the facility. There are multiple unmarked vehicles and masked individuals wearing tactical gear with "DHS" insignia. Your staff believes they are targeting people leaving through the parking lot. Shortly afterwards, you learn that ICE officers are in the building.**

Healthcare organizations should develop written policies and staff training about what to do in this scenario so that the organization complies with its legal and ethical obligations to protect patients' privacy, health, and well-being. While healthcare providers may not obstruct ICE officers in the performance of their duties, they are also generally not required to assist them.

The first action that should be taken in this scenario is to contact the organization's legal counsel or other designated staff member for guidance on how to proceed. The written policy should also include actions that the organization can affirmatively do to protect their patients in this scenario, such as the following:

- Develop protocols to inform staff and patients of ICE's presence at the facility in a timely fashion.
- Provide guidance on language staff should use if they receive requests for information or assistance from ICE, such as: *"I am not authorized to speak with you. Let me contact my supervisor."* Organizations should clearly delineate whom staff should contact in this scenario. As noted in the Rhode Island Attorney General's detailed guidance from August 2025,

"Providers are not permitted to disclose protected health information to federal law enforcement absent a judicial warrant, court order, or another valid exception to patient privacy rules."<sup>5</sup>

*Of note, ICE often carries an administrative warrant but not a judicial one. One distinction is that an administrative warrant does not authorize a law enforcement agency to enter private areas of a facility without consent, while a judicial warrant does. For more information on distinctions between these warrants, we encourage you to review the Attorney General's guidance on the topic.<sup>5</sup>*

- Add signage to designate private spaces within the facility. ICE is allowed to question and ultimately may detain anyone they encounter in a public space, including waiting rooms, lobbies, elevators, cafeterias, and parking lots. By contrast, as noted in the Attorney General's guidance, "federal law enforcement can only access private, restricted areas of health care facilities with a judicial warrant or with a provider's consent—and providers are entitled to refuse consent." Clinic exam rooms and offices can be designated as private spaces.

The scene described in this scenario is just one example of how ICE activity could unfold. ICE officers may present in different ways, such as in plainclothes, in clothing labeled "POLICE," or in different vehicles.<sup>6</sup>

**SCENARIO B: Your next patient arrives in handcuffs surrounded by ICE agents. They were injured during their arrest. You are informed that the patient is already in ICE custody.**

If someone arrives at a facility immediately after being arrested by ICE, a healthcare provider may be one of the last individuals to interact with this patient before they are sent to a detention

center. Once detained, an individual may be transferred far from home and face hazardous conditions for a prolonged period. In hundreds of current cases, families remain unable to locate detained loved ones.<sup>7</sup> There are opportunities for providers to advocate for patients' health and rights.

### Treatment

- Remember that you are first and foremost a healthcare provider and they are your patient. ICE should not obstruct your clinical care. Address the patient's primary medical issue as well as secondary issues as warranted. Be thorough and adhere to the typical standards of care for your field. Keep in mind that patients in ICE custody may lack appropriate access to follow-up care or medications.<sup>8</sup>

### Communication

- Consider obtaining and documenting consent from the patient to communicate relevant health information and updates with the patient's family. The 2025 National ICE Detention Standards states "The facility and ICE will defer to the hospital's standard rules and procedures concerning the seriously ill, injured, and dying, including the hospital's procedures for determining and contacting next-of-kin".<sup>9</sup>
- Maintain patient privacy when discussing sensitive matters or performing sensitive exams.
- Provide health education and connect patients with resources as needed.

### Discharge

- Strongly consider requesting a direct provider-to-provider report when discharging patients. ICE's Online Detainee Locator System may help locate your patient once they leave your facility.<sup>10</sup> You will need your patient's name, date of birth, address, country of origin, and A-number (alien registration number).
- Complete medication reconciliations for all patients discharged to ICE detention facilities and ensure these are included with their discharge paperwork.

• The 2011 National Detention Standards (NDS), revised in 2016, contain a list of medical conditions requiring special attention and medical clearance before detainees can be transferred between facilities.<sup>11</sup> While the 2025 NDS no longer include a detailed list, it is reasonable to believe these still apply. If any of the following apply to your patient, complete a direct provider-to-provider sign-out and explore options for continuity of care or medical exemption from detainment.

- Pregnant, postpartum, or nursing
- Communicable diseases such as active tuberculosis
- Infectious diseases requiring IV or PO antibiotics
- HIV/AIDS
- Severe COPD with a baseline oxygen requirement
- Severe CHF
- ESRD requiring dialysis
- Insulin-dependent diabetes
- Seizure disorders
- Substance use disorders at risk for withdrawal
- Individuals with mental health disorders at high risk of suicide
- Injuries requiring ongoing physical therapy
- Complex wounds requiring frequent wound care
- Acute DVT or PE precluding air travel
- Locally, people in ICE detention are often temporarily housed at the Wyatt Correctional Facility in Central Falls, RI, or the Plymouth Correctional Facility in Plymouth, MA, before transfer. Both facilities have onsite healthcare providers who should be available via phone or fax to communicate with you regarding a patient's health needs or status.

### SCENARIO C: Your patient discloses to you that they are fearful of ICE.

Candid discussions with our patients about these concerns have helped patients learn their rights, take preparatory steps, and connect to resources. In one local case, during an emergency department visit for palpitations, an elderly

female with coronary artery disease disclosed symptoms that began the day after her sons were detained by ICE. She was fearful for her safety and asked what she could do to prepare in case ICE came looking for her too. Some practices to consider:

- Place flyers in visible places with information on local resources. One example is the Rhode Island Deportation Defense Network which runs a hotline that community members can call if they are concerned about the presence of ICE nearby (401-675-1414). Another example is the Family Preparedness Plan from the Rhode Island Center for Justice which aims to help affected families prepare for ICE.<sup>12</sup>
- Provide "Know Your Rights" information to all patients in their preferred language, such as the materials available at Immigrant Legal Resources Center.<sup>13</sup> You can say, *"I don't know if you or someone you love needs this information, but I want all my patients to know their rights."*
- Counsel patients to carry a list of their health conditions, daily medications with dosages, and allergies on their person always so they are in a better position to advocate for the medical treatment they need if they are detained by ICE.
- Offer telehealth visits as a substitute for in-person appointments when a patient feels unsafe presenting to your facility.
- Consider having a patient sign a Release of Information waiver giving you permission to discuss their health information with an emergency contact or with an ICE detention facility, in case they face detention and could potentially benefit from a provider's advocacy.
- Develop a medical-legal partnership or other relationship with an immigration legal services provider in the community, so that patients can be referred to free or low-cost attorneys who can provide individualized, expert advice. Some undocumented immigrants and immigrants with

precarious immigration statuses may be eligible to apply for more secure statuses, eliminating a source of stress and potentially improving access to employment and public benefits.

## CONCLUSION

Healthcare workers have unique responsibilities and opportunities to help patients in times of crisis. The escalation of ICE activity in our region has already impacted the health of Rhode Islanders, and we must proactively prepare for scenarios like these in order to look after the health and well-being of our patients and communities. In addition to the Rhode Island Attorney General and the Rhode Island Department of Health, national organizations such as Physicians for Human Rights, the National Immigration Law Center, and the American Civil Liberties Union have published guidance to inform healthcare providers of their rights and responsibilities regarding immigration enforcement at healthcare sites.<sup>14</sup>

In another local case, a physician was successfully able to advocate for their patient to be released from ICE detention due to a medical condition; this would not have happened if the physician and their patient had not discussed the patient's concerns about ICE beforehand. Pushing back against the feeling of impotence in the face of these very real challenges starts with preparing our facilities and empowering ourselves and our colleagues with the necessary information to protect the health of our immigrant patients. ♦

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