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Hospitals Should Heal, Not Frighten

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Abstract

Fear of immigration enforcement has increasingly affected health outcomes and healthcare access for immigrant communities in the United States, particularly undocumented immigrants and individuals living in mixed-status families. Even some immigrants with lawful or protected status face uncertainty about interacting with healthcare institutions because of confusion surrounding immigration policies and concerns about family members. After the 2025 rollback of protections limiting immigration enforcement in “sensitive locations” such as hospitals and churches, many patients began to view hospitals and clinics as unsafe, despite certain legal protections remaining in place. This commentary explores how fear, uncertainty, and misinformation contribute to worsening health outcomes and delayed care among undocumented immigrants and other immigrant families affected by immigration enforcement concerns. It highlights cases in which individuals have avoided seeking treatment for both acute and chronic conditions because of concerns about deportation or the safety of their families. As a result, patients may increasingly rely on emergency services for conditions that might otherwise be managed through preventive and consistent care. Healthcare institutions must move beyond relying on just passive legal protections, including HIPAA and Fourth Amendment rights, and instead actively communicate patient rights, strengthen community outreach, and prepare clinicians to navigate encounters with immigrant patients and potential ICE presence. Immigrant patients should not only be aware of existing legal protections, but also feel confident that healthcare settings are places where their dignity, safety, and well-being are prioritized and respected.

After asking a patient why she hadn't seen a doctor sooner, she quietly replied, "I've been too afraid to leave my house, let alone go to the hospital."

As a medical student volunteering as a Spanish interpreter at my school's free student-run clinic, I have met patients whose barriers to healthcare extend far beyond the conditions bringing them through the door. On a Thursday night, during my first volunteer shift, I introduced myself to a 42-year-old woman who I found curled forward in pain. She described weeks of worsening abdominal pain and acid reflux. She had run out of medication and hadn't seen a doctor in months, not because she didn't need care, but because she was scared. She was afraid to take the bus, afraid to go to the hospital, and afraid that getting the help she needed would put her and her family at risk of deportation. By the time she went to the emergency department, the pain had become unbearable. For her, the emergency room was a last resort.

A few weeks later, I met another Spanish-speaking patient whose story revealed how fear can quietly compound over time. For months, she had been living with worsening back pain, longstanding gastritis, and a persistent cough following recent illness. When the cough became severe, she finally sought care in the emergency department. A chest X-ray unexpectedly revealed findings concerning for a malignant lesion involving her spine. She was told to follow up with a physician but left without fully understanding what had been found or what the next steps should be.

When she came to our clinic, she broke down in tears. She had previously paid out of pocket for breast cancer treatment and could not imagine affording another cancer diagnosis. She also shared that she was afraid to seek additional medical care because she worried about the potential consequences for herself and her family. Financial hardship, uncertainty, and fear had become intertwined, making the healthcare system feel inaccessible.

These experiences are not isolated. Across the United States, many immigrant families delay or avoid medical care because of concerns surrounding immigration enforcement and uncertainty about whether seeking care could place themselves or their families at risk. The resulting delays in care can allow otherwise manageable conditions to progress, leading to preventable complications and medical emergencies.

For more than a decade, hospitals, clinics, schools, and places of worship were designated as “protected” or “sensitive” locations, where immigration enforcement actions were generally restricted except under limited circumstances. The policy sought to ensure individuals could access essential services without fear of immigration enforcement. However, in January 2025, the Trump administration rescinded this guidance, giving immigration officers greater discretion to conduct enforcement activities in these locations.¹ While this change does not mean immigration officers are routinely present in healthcare facilities, it removed a longstanding assurance that many immigrant families had relied upon when seeking care. As a result, many patients have expressed uncertainty about whether hospitals remain safe places to seek care.²

This uncertainty extends beyond those at greatest risk of immigration enforcement. A 2025 KFF/New York Times Survey of Immigrants found that immigration-related concerns influenced healthcare-seeking behaviors across immigration statuses. Nearly half of likely undocumented immigrants reported that they or a family member had avoided seeking medical care because of immigration-related concerns.² Similar concerns were also reported among lawfully present immigrants and naturalized citizens, demonstrating that the effects of immigration-related fear extend beyond undocumented communities.²

As immigration policies continue to evolve, concerns about healthcare safety have been reinforced by conversations within communities, advocacy organizations, media coverage, and

highly publicized government actions. These sources of information may shape patients' perceptions of whether seeking medical care could expose them or their loved ones to immigration-related consequences. For example, recent reports that the federal government shared Medicaid enrollee data with Immigration and Customs Enforcement have raised additional concerns about how personal information may be used.³

Emerging evidence suggests these concerns may already be affecting healthcare utilization. In a cohort study examining emergency department visits before and after the January 2025 rescission of the Protected Areas Policy, investigators found an 11.2% decrease in emergency department visits among adults and a 13.4% decrease among children enrolled in MassHealth Limited or with missing insurance, groups that may include individuals without documented immigration status. These decreases occurred in the 24 weeks following the policy change. Although the study could not establish causation, the authors concluded that these findings may reflect healthcare avoidance associated with changes in immigration enforcement policy.⁴

These changes in healthcare-seeking behavior may reflect a gap between existing legal protections and patients' perceptions of safety. Immigration officers may enter public areas of hospitals, but private clinical spaces generally require consent or a judicial warrant under the Fourth Amendment.⁵ HIPAA also restricts when healthcare providers may disclose protected health information. Except in limited circumstances authorized by law, providers may not disclose patients' medical information to immigration authorities, nor are they required to collect or disclose immigration status.⁵ These protections are not always visible, understood, or trusted.

The experiences of the two women I encountered in clinic reflect broader challenges facing immigrant families. Fear of immigration enforcement combined with financial barriers and limited access to care continues to create obstacles for many immigrant communities. These harms

extend beyond individuals who may be directly at risk of deportation; immigration-related fears can also affect family members, including U.S. citizen children, by discouraging families from seeking care and maintaining consistent access to healthcare services.⁶ When patients delay or avoid medical care, manageable conditions may progress and require more intensive intervention. As a result, healthcare systems may see greater reliance on emergency services for conditions that could have otherwise been addressed through earlier evaluation, follow-up, and preventive care.⁴

As healthcare professionals in training, we are taught that preventive care and trusting patient-physician relationships are foundational to good medicine. Yet when patients fear that seeking care may place themselves or their families at risk, these foundations are undermined. Policies protecting patients on paper mean little if fear keeps them from walking through hospital doors.

Hospitals and health systems must respond with more than just passive legal protections. Healthcare institutions must take a more active role in communicating how patients can safely seek care through multilingual public messaging, visible “Know Your Rights” resources, transparent policies regarding immigration enforcement, and partnerships with community organizations, faith leaders, and immigrant advocacy groups. Community health workers (*promotores de salud*) should also play a central role in these efforts. As trusted members of the communities they serve, they can educate patients about their rights, connect them with primary care services, help navigate healthcare systems, and reduce barriers to preventive care.⁷

Evidence shows that community health worker interventions improve healthcare access, chronic disease management, preventive care utilization, and patient engagement among underserved populations.⁸

Healthcare institutions should also invest in standardized training for clinicians, interpreters, front-desk staff, and security personnel so they understand patients' legal protections and how to respond appropriately to immigration enforcement requests. The National Immigration Law Center and Physicians for Human Rights recently released the *Health Care and U.S. Immigration Enforcement: What Providers Need to Know* handbook, which provides guidance that can be incorporated into institutional training and hospital policies.⁵ Community health centers and free clinics, which disproportionately serve immigrant and uninsured populations, must also receive adequate resources to expand preventive services and longitudinal primary care.

Medical students are uniquely positioned to contribute to this work as future physicians and advocates for their communities. Through student-run clinics, interpreter programs, community health fairs, and advocacy efforts, students can help reduce barriers to care while building trust with communities that may feel excluded from traditional healthcare settings. Students can also help educate patients about available healthcare resources, their rights within the healthcare system, and where to seek support when navigating barriers to care. Future physicians must recognize that access to care depends not only on whether treatment is physically available, but whether patients feel informed, supported, and safe enough to seek it.

Hospitals should be places of safety, trust, and healing, not fear shaped by uncertainty or misinformation. Legal protections are essential, but they are effective only when patients know they exist and trust that they will be honored. Healthcare systems and clinicians must actively earn that trust through clear communication, community partnerships, and an unwavering commitment to patient dignity. No one should have to choose between protecting their health and protecting their family.

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