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GUEST ESSAY

Doctors and Nurses Should Get Ready for Mass Deportations

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By Danielle Ofri
Dr. Ofri is a primary care doctor in New York.

It was hardly two weeks after the election when a doctor in our clinic received a letter from one of her patients, an undocumented immigrant who feared that Immigration and Customs Enforcement might detain her under a second Trump term.

The patient had diabetes and suffered from rotator cuff tendinitis, which makes reaching backward quite painful. “Is there any possibility you can write a letter,” she asked, “stating that if they handcuff me, can they please handcuff me with my hands in front of me?” She was also panicked about her diabetes. “I am scared that they will not allow me to take any medications in the immigration camps.”

The patient asked that if the doctor needed an in-person visit with her, “may it be scheduled before January?” She would do only virtual visits after Trump took office. “I’m scared I.C.E. will be in train stations and bus stops,” she said.

As a physician, it was hard to read this without feeling sickened. It brought back the tumultuous months of 2017, defined by the first Trump administration's travel bans and vitriol against immigrants. So many of our patients were terrified by the rhetoric; anxiety levels and blood pressure skyrocketed. But what seemed like an electoral aberration now feels like an American retrenchment. Tom Homan, tapped to become the so-called border czar, has promised "shock and awe" on Day 1.

To be sure, every presidential administration for the past 30 years has deported undocumented immigrants, though mostly at or near the border. What feels different about this upcoming term — and why medical professionals will need to play a more active role in protecting their patients — is the scope. The specter of mass and potentially indiscriminate roundups feels more akin to the shameful internment of Japanese immigrants and Japanese American citizens during World War II.

Historically, health care workers have not always risen to the occasion when our patients have been targeted. Our recent history is tarnished by failures to report abuses or intervene at Abu Ghraib and Guantánamo Bay, as well as by forced sterilizations of prisoners, women of color and people with disabilities.

But patient advocacy is integral to health care. Medical professionals constantly battle insurance companies and pharmacy benefit managers to get our patients' medical treatments covered. We tussle with our own institutions to expedite CT scans and medical appointments. We write advocacy letters for things like walkers and dental clearance and problems with bathroom mold and jury duty. But in this upcoming era we may have to face off against our own federal government.

From a medical perspective — as our patient's letter poignantly illustrates — no law even needs to go into effect for harm to be done; fear alone can keep patients from seeking care. The only safe option this patient can imagine is to hole up at home.

Even if policies are directed, for example, only toward immigrants with a criminal record, the effects could be far-reaching. A study in the journal Health Affairs found that after episodes of increased deportations by I.C.E. there was a noticeable drop in primary care checkups for Hispanic patients as a whole, regardless of immigration status. (Non-Hispanic patients did not register any decrease.) Other data suggest that increased I.C.E. activity is associated with a drop in Medicaid enrollment for children who were eligible.

Frightening people away from medical care is a sure way to increase expenses when controllable conditions such as diabetes explode into medical emergencies. It also has the potential to kindle outbreaks of infectious diseases. As Covid surely taught us, our health is intimately intertwined with our community's. Managing emerging infections such as bird flu as well as stalwarts like tuberculosis, syphilis and measles will be hampered if people are too afraid to seek medical care.

Health care workers have an obligation to help protect our patients, reassuring them that our primary duty is to them and their health. Simple actions, such as posting signage indicating all patients are welcome, can help. We can reiterate that exam-room conversations are confidential and that privacy laws protect information in the medical record, including identifying details. As a practical matter, we should avoid commenting on our patients' immigration status in our notes, in case such laws are changed.

If patients feel uncomfortable coming to our facilities, we can offer telehealth options. When in-person care is necessary, appointments and tests should be consolidated into a single day to minimize travel. If our patients are admitted to the hospital, we should inform them of their right to decline being listed in the hospital registry.

Medical personnel can also decline to participate in immigration enforcement, such as the recent Texas executive order requiring hospitals to ask patients about immigration status. Even before the question is asked, explicitly informing patients that they are not required to answer it can be an effective way of defanging such tactics. We must insist that medical facilities and their immediate surroundings continue to be treated as "sensitive areas" like schools and houses of worship, and remain off limits to I.C.E. No one should be arrested or deported while obtaining medical treatment.

As a profession, we should not be afraid to publicly oppose government policy. Doctors who feel hesitant about stepping in the fray should remember that the American Medical Association's code of ethics charges us with a "responsibility to seek changes in those requirements which are contrary to the best interests of the patient." The nursing code of ethics stresses the duty "to protect human rights."

For every patient who has the courage to reach out to a doctor with their deepest fears, there are many who are too afraid. Medical professionals should reassure all of our patients of our commitment to care for them, no matter the political environment, and be ready to do more than assuage our patients' fears about which way they might be handcuffed.

Danielle Ofri, a primary care doctor at Bellevue Hospital, is the author of "When We Do Harm: A Doctor Confronts Medical Error."

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