

Feb 5, 2026

RE: Testimony in Support of SB 1570-1

To the Senate Health Care Committee:

I am an RN at a Portland-area hospital. I am choosing to remain anonymous because I worry about retaliation from my employer. Other nurses and providers have already been formally and/or informally disciplined for voicing their concerns about our hospital's responses and policies regarding ICE's presence in our hospital. Although I remain anonymous, I will add that I speak on behalf of myself and not on behalf of my employer.

To date, ICE has not attempted immigration enforcement actions (i.e. detainments) within our hospital. But ICE has conducted enforcement actions within hospitals in other parts of the country. And earlier this month ICE detained a family, including a 7 year-old child, close to a local Portland hospital as the family drove to the hospital seeking emergency care for their child. Given the current trajectory, it is not a matter of if, but when, ICE will begin conducting enforcement actions within our local hospitals. This alone is reason enough to support SB 1570.

This bill will not and cannot stop *lawful* ICE operations within our hospitals, but it would reinforce *legal safeguards* that we have to protect our patients and staff from unlawful, cruel, and violent enforcement proceedings.

The passage of this bill would help ease the dread and fear that so many of my coworkers who are targets of ICE feel when they come to work. The passage of this bill would support all community members who are targets of ICE to feel less fearful in coming to the hospital — as currently the fear of ICE is already causing people to forego seeking medical care. When I say targets of ICE, I am speaking broadly of anyone who is not white, regardless of citizenship status, as it is well-established that ICE relies primarily on racial profiling in choosing who they pursue. Recently a patient at my hospital decided to self-discharge earlier than medically advised — not because he didn't want to continue receiving the care that he very much needed, but because he was overcome with anxiety about the possibility of ICE showing up at the hospital.

To date, ICE agents have mostly been present in my hospital's Emergency Department, and sometimes in our inpatient hospital units, when ICE agents bring in community members that they have detained for medical evaluation. Many of the patients they bring in have sustained traumatic injuries, most likely resulting from the violent detainment practices so commonly documented. (For an example of this, see <https://www.ctvnews.ca/world/article/ice-claims-that-immigrant-shattered-his-skull-running-into-wall/>.)

I will focus the remainder of my testimony on a few aspects of SB 1570 that are so important in providing a legal framework for our hospitals to do everything in their legal authority to support that patients in ICE custody receive the care that they need, to uphold the legal and constitutional rights of patients while they are in our hospitals, and to protect healthcare workers from being retaliated against by hospital systems when we do what we are ethically obligated to do and advocate for the health and safety of our patients.

1. The Right to HIPPA and Provision of Safe Care:

To date, ICE agents in my hospital have been frequently refusing to leave the room when providers (i.e. doctors, nurses, etc.) request privacy in order to engage in sensitive exams/assessments/conversations. This constitutes a violation of HIPPA. All patients in this country, including patients in ICE custody, retain their HIPPA rights. When ICE agents refuse to leave the room, patients do not feel safe to speak freely and will often omit information. This can lead to providers not having all the information that they need to devise safe and adequate treatment plans. The policy/FAQ at my hospital states providers can request ICE agents to step out of the room (in order to ensure HIPPA and privacy is maintained), but that if the agents refuse there is nothing we can do.

If this bill were passed, it would push hospital admin to utilize other strategies of communicating to ICE the expectation that the laws surrounding HIPPA be respected. Our admin has told us in various meetings and hospital-wide town halls that they have a great relationship with local DHS/ICE/CBP officials. It seems that these relationships could be leveraged to create some behavioral standards of the agents. Of course if ICE agents refuse to leave the room when requested, there is no safe way to force them to leave the room. We understand that and this bill does not imply nor demand that any hospital employee physically escalate a situation with ICE agents. However, this bill would encourage hospitals to make robust diplomatic efforts to set statewide standards of upholding HIPPA. This would greatly improve the healthcare provision for our patients who are in ICE custody. This would also significantly decrease the moral distress our frontline healthcare workers experience when working with patients who are in ICE custody, as it would decrease ICE agents interfering with our patients' care.

2. The Right to Legal Resources and the Implications of Denials of these Rights/and The Right of Healthcare Workers to Fulfill their Ethical Obligations Without Fear of Retaliation

One of the most important things healthcare workers can do when caring for a patient who is in ICE custody is to ensure that they are given the option to connect with legal services. Connecting these patients to the local network of immigration legal resources is critical for the mid and longterm health and safety outcomes of these patients.

It is the legal constitutional right of everyone in ICE's custody to speak with a lawyer, but it has been well documented that this right is being denied en masse to people who have been detained by ICE.

One may wonder why is it so important that these patients have the option to access legal services? One scenario to consider is that if a patient has been wrongfully detained —for example, say they are a US citizen, or a lawfully residing Green Card holder, or have some other protected status giving them the lawful right to reside here — it is a lawyer and only a lawyer who will have the ability to sort that out and get the patient freed from unlawful custody. But if the patient is not allowed to connect with legal services, then there is nothing stopping ICE from illegally forcing these patients further into the detention system nightmare that we hear about every day on the news.

But regardless of if a patient's detainment is unlawful or if they meet criteria for lawful detainment, when ICE broadly denies people their right to speak with a lawyer — a key component of due process — the risk for human rights violations exponentially increases. We know that when patients in ICE custody are discharged from our hospital they will very quickly be transported to the Northwest Detention Center in Tacoma for “processing”. From there, common next actions are:

- 1) They will be sent to another detention facility far away in another state. It should be noted that these sites are being described as a “ghost networks of detention camps” comparable to the concentration camp infrastructure of Nazi Germany, and their conditions have been described as inhumane, dangerous, and characterized by systemic abuses.
- 2) They will be deported to their country of origin, which for many asylum seekers amounts to a death sentence, as they fled their home countries due to severe political persecution.
- 3) They will be deported to a country that is not their country of origin — otherwise known as 3rd-Country Deportation. This country is often a place that they have zero relationship or ties to, and that they most likely do not even speak the language of. It has been widely criticized as cruel and inhumane and a violation of international law.

When we care for patients in ICE custody at our hospitals, we are in a unique position to be a safeguard against these violations of constitutional rights being perpetuated by the federal government. If we do not help our patients get connected to legal services, all the scenarios described above are likely to happen without any semblance of due process and without any means of accountability or mechanism to track where these patients are located at any given time. These patients’ families and loved ones may never know where their loved one is, if s/he is dead or alive, if s/he is captive in some detention camp who knows where, if s/he is now in some country across the world, etc. What this amounts to is our healthcare systems being complicit in the “disappearing” of our neighbors and community members.

But we can choose to not be complicit. Hospitals can have policies that clearly outline that patients who are in ICE detainment will be offered to be connected to legal resources, and that healthcare workers will be supported, not punished, for fulfilling their ethical responsibilities and advocating for the health, safety, and wellbeing of our patients both in and out of the hospital. Connecting these patients with legal resources does not guarantee anything about outcomes, but it vastly increases the chances that the worst-case scenarios wrought with human rights violations will be less likely to occur, and that some level of legal accountability and due process will remain intact.

We, as a state, have the opportunity to do what is ethically right and necessary; to enact limits to federal overreach as it pertains to immigration enforcement activity and detainment process in healthcare settings across Oregon. I urge lawmakers to pass SB 1570 and support hospitals in enacting policy and protocol changes that will protect our communities and our healthcare workers to the fullest extent legally possible during this mass public health crisis, and crisis of democracy, that is unfolding all around us. Our nation is at crossroads and we have the choice to be brave and strong and fight for the most vulnerable amongst us. We have the choice to fight for a humane and democratic society. The passage SB-1570 would move us in that direction.