

Kara Hayden

2/3/2026

RE: Testimony in Support of SB 1570-1

Dear Members of the Senate Health Care Committee:

As an Oregonian who may need to seek healthcare, I am concerned about the lawless nature and behavior of ICE agents. They act with violence and intimidation in all settings and with impunity and little oversight. I would not want to seek healthcare even as a US citizen when it is unclear where they are allowed to be or not be. When they are in sensitive areas of the hospital it is not only intimidating to staff and legal immigrants, but it is also intimidating to everyone. People of all different ethnic and racial backgrounds who have green cards, valid visas, and birthright citizenship have all seen the violence of ICE and their lawless ways. Their presence disturbs the healing of everyone in the hospital regardless of one's citizenship status, race or ethnicity. There is research recently highlighted in the Science Vs January 29th podcast episode that shows the negative impact of the stress caused by ICE interactions and presence on the long term health of people. That is why I strongly support the provisions in SB 1570 that call on hospitals to clearly delineate private patient care areas over public ones. Clear labelling of spaces communicates set expectations to everyone regardless of whether you are a care provider, ICE, or a member of the public. Clear communication about patient care spaces can reduce stress and anxiety for everyone and is a step towards restoring hospitals to the healing places they are supposed to be. Patients deserve to have as stress free of an environment for healing as possible and healthcare workers deserve a work environment in which they can focus on patient care and not immigration enforcement.

As a colleague of many hospital nurses, advanced practice providers, and therapists across the state, and as a healthcare worker myself, I strongly endorse the SB1570 language around designating a hospital admin liaison to interface with ICE. In the acute care setting we do

not want our care providers spending energy and time trying to determine what they can and can't tell a federal immigration officer due to privacy laws and licensure. We want our care providers to be focused on providing timely, efficient and high quality, undistracted medical care. Hospitals don't hire healthcare workers to discuss immigration status. They hire them to provide healthcare and hospitals want their staff to do the jobs they hired them to do. Staff need to be able to have a point person they can easily refer ICE to for their needs, while healthcare workers focus on patient care needs. Both needs can be met at the same time with a properly designated point person. Have you ever been to the community pool? Have you ever noticed they have signs near the lifeguards that say something along the lines of "My job is to watch the water. I cannot engage in conversation. If you have a question, please visit the aquatic director's office." This is a similar scenario. Healthcare workers are hired to provide healthcare to humans regardless of immigration status, citizenship, race, ethnicity, etc. Their job is to provide healthcare and that is what they do and they don't have the time or attention to be distracted from what they are doing; just like the lifeguards. If you have a question about something, you should talk to a designated liaison who is not a direct care provider, which is exactly SB 1570 would require.

From both the perspective of a healthcare provider and as a possible patient, I do not want immigration officers participating in anyone's care decisions. They have no business making any kind of care decisions or being present in a space that intimidates patients, families or medical providers into making certain decisions. Our medical teams should be able to communicate with patients privately to come to collaborative healthcare decisions that honor a patient's personal healthcare needs without intimidation or distraction from federal immigration officers. Immigration officers are not healthcare providers and we can be sure that in their less than 47 days of training, they are not taught to be doctors or nurses or any other type of healthcare worker. Furthermore, ICE officers are not licensed to practice any type of healthcare in the state of Oregon and therefore should have no authority over decisions that are healthcare related. Healthcare workers who are licensed are accountable to the state via

their licenses for their healthcare decisions and are being placed in impossible situations regarding licensure and ethics when ICE interferes with patient plans of care. Our state and local law enforcement regularly interface with our hospitals and follow protocols and communication standards without causing excessive bodily injury or involving themselves unnecessarily in patient plans of care and conversations. I have treated prisoners in our rural hospitals and never had an officer invade the prisoner's privacy or involve themselves in the plan of care decisions. They have always stepped out of the room during evaluations, exams, and conversations. What I'm hearing from my colleagues is that ICE does not follow these generally accepted standards and policies. Our hospitals need this legislation to help them safeguard ALL patients privacy. Thank you for the opportunity to provide comment and I look forward to your support of SB1570.

Kara Hayden MS SLP