



Physicians for
Human Rights



**NATIONAL
IMMIGRATION
LAW CENTER**

Health Care and U.S. Immigration Enforcement:

What Providers Need to Know

March 2025





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About Physicians for Human Rights

Physicians for Human Rights (PHR) deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. Through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside law enforcement and legal sectors, gather and present evidence that documents cases of human rights violations and war crimes, crimes against humanity, and genocide.

About The National Immigration Law Center (NILC)

The National Immigration Law Center is one of the leading advocacy organizations in the U.S. dedicated to defending and advancing the rights and opportunities of low-income immigrants and their loved ones. Established in 1979, we drive lasting, transformational change at the intersection of immigrant, economic, and racial justice through impact litigation, policy advocacy, movement-building, and narrative and culture change.

*Cover: A doctor counsels
a patient in Los Angeles,
California.*

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The Washington Post via
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Background

Recent changes in regarding U.S. immigration enforcement have created new challenges for health care providers who are committed to ensuring care for all patients. This guide does not constitute legal advice but offers essential information to navigate the evolving enforcement landscape while upholding your duties as a health care professional. As a health care provider, your primary responsibilities are to:

- Maintain trust with all patients, regardless of immigration status
- Understand your legal rights and obligations
- Know how to respond if immigration enforcement occurs in your facility
- Advocate for institutional policies that protect patient access to care

This document reflects information and policies current as of March 13, 2025. Laws, regulations, and policies may change over time. We strive to provide updates as new information becomes available.

Introduction and Policy Context

On January 20, 2025, President Donald Trump issued an executive order titled “Protecting the American People Against Invasion,”¹ which broadly directed the Department of Homeland Security (DHS) to rescind the concept of enforcement “priorities” to expand the number of people who could be subject to enforcement actions.

In response to this order, on January 21, 2025, DHS posted a statement regarding the “protected areas” policy (PAP).^{2,3} The PAP was issued through guidance by the Biden administration but originated in a 2011 memo,^{4,5} had provided safeguards that limited U.S. immigration enforcement in hospitals, clinics, and other sensitive locations like schools and places of worship.⁶ The new DHS statement means that Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP), or other law enforcement agencies acting on their behalf, are no longer guided to avoid conducting enforcement actions – including arrests, detentions, and interrogations – in or near spaces where people seek medical care. The original 2011 memo provided guidance that discouraged such actions, but was never an enforceable prohibition.

Impact on Health Care Access

By removing this “protected areas” policy, the federal government has reignited fear within communities, which has been known to result in many immigrants or their families avoiding seeking necessary medical attention out of concern that they or their loved ones may be detained or deported while trying to access care.^{7,8}

Health care facilities provide services essential for the health, wellness, and safety of not only patients but also for the whole community, which depends on the wellness of all residents. When community members avoid care due to fear of immigration enforcement, public and personal health suffers, including worsening outcomes from delayed treatment leading to more serious conditions.

This fear also extends beyond patients to the people providing care. Nearly 20 percent of the health care workforce in the United States is composed of immigrants, many of whom work on the front lines in hospitals and clinics.⁹ Immigration policies that create fear and uncertainty not only harm patients but also have potential to threaten the stability of the health care workforce. Institutions that fail to adopt supportive policies risk losing valued employees, further exacerbating workforce shortages and undermining the ability of health care systems to provide consistent, quality care.

Recognizing and addressing these challenges is critical to ensuring both the well-being of patients and the professionals who serve them.

Misinformation

In the immediate wake of the policy change, rumors about immigration enforcement or officials acting on their behalf showing up at hospitals, clinics, and urgent care centers spread rapidly, without any confirmed reports of enforcement action as of March 13, 2025. Patients and their families, afraid of encountering law enforcement, may choose to delay or avoid medical care entirely based on these rumors.

False or exaggerated reports presence at hospitals can go viral online or on messaging platforms, making it difficult to discern real threats from fear-driven speculation. Panic spreads quickly, especially among those who have experienced past trauma with law enforcement agents. By creating an atmosphere of fear, authorities don't need to physically show up at hospitals to deter access – the threat alone is enough to discourage patients from seeking care.

Legal Framework

Patients' Rights and Protections

All patients in the United States have legal rights regardless of immigration status:

Right to Emergency Care: The Emergency Medical Treatment and Labor Act (EMTALA) ensures that everyone, regardless of immigration status or ability to pay, is entitled to receive emergency medical care.¹⁰

Right to Privacy: Patient information is protected under HIPAA (Health Insurance Portability and Accountability Act), which limits disclosure without patient consent.

Right to Equal Protection: The Constitution's equal protection provisions apply to all persons in the United States, regardless of immigration status.

HIPAA and Patient Privacy

Health care professionals have no affirmative legal obligation to inquire into or report to federal immigration authorities a patient's immigration status. The Health Insurance Portability and Accountability Act (HIPAA) privacy rule generally prohibits the use or disclosure of personally identifiable health information (PHI) without the patient's consent, except under limited circumstances required by law.

Under HIPAA:

- PHI is protected from disclosure except in specific circumstances.
- While some states may have adopted legal requirements to inquire about immigration status, these requirements have limitations and patients are not required to answer.
- PHI should not be disclosed to law enforcement unless required by a judicial warrant, subpoena, or other legally mandated order. Casual requests from law enforcement – such as inquiries in an emergency department or other clinical setting – do not justify disclosure and may violate patient privacy and civil rights. Clinicians should always consult legal counsel or institutional policies before responding to law enforcement requests for PHI.
- HIPAA protections extend to everyone in the United States, including those in CBP or ICE custody.

Constitutional Protections Applicable to Staff in Health Care Facilities

Despite any changes, health care facilities maintain important legal protections they can assert if confronted with warrantless enforcement actions:

Fourth Amendment Protections: Health care facilities have the right to refuse warrantless searches of private areas. Different legal standards apply to public areas (like lobbies) versus private areas (like examination rooms) within health care facilities.

Right to Remain Silent: All individuals, including staff and patients, have the constitutional right to remain silent when questioned by law enforcement.

International Rights

The United States has legal and ethical obligations regarding health care access through both domestic law and multiple international commitments, including:

- The Universal Declaration of Human Rights (UDHR) provides for the essential right to health.¹¹
- The Convention on the Elimination of Racial Discrimination (CERD), which the U.S. has signed and ratified, includes addressing systemic inequities that contribute to poorer health outcomes among racial and ethnic minorities.¹²
- The United States has signed the International Covenant on Economic, Social and Cultural Rights (ICESCR), which requires comprehensive health care access.¹³
- The United States has signed (but not ratified) the Convention on the Rights of the Child (CRC)¹⁴ and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which include health protections.¹⁵

As a Health Care Worker, What Can You Do?

Despite these challenges, health care facilities still maintain legal protections that they can assert if confronted with warrantless enforcement actions.¹⁶ As a health care provider, you have both legal rights and ethical responsibilities to maintain spaces for your patients that are free from immigration enforcement within medical settings.¹⁷

Medical ethics underscore that health care workers' responsibility is to maintain strong therapeutic relationships with your patients. This means clinicians have ethical obligations to prioritize preserving patient trust and confidentiality in all clinical interactions. Health care facilities provide services essential for the health, wellness, and safety of not only patients, but also for the whole community.

Proactively Reassure Patients: Clearly communicate that immigration status does not affect a patient's right to receive medical care.¹⁸ For example: *"We provide care regardless of immigration status"* and *"You have the right to remain silent if approached by immigration authorities."* Reinforce HIPAA and other privacy requirements.

Do Not Ask About Immigration Status Unless Required: As an ethical best practice, avoid asking for patients' immigration status.¹⁹ If you must collect such information for a patient, ensure that information is secure and separate from medical records. If state laws require asking about status, inform patients they are not required to answer, using language like:

“I am required to ask you the following question about your presence in the United States. You do not have to answer this question.”

Monitor and Address Rumors in the Community: If false reports of immigration enforcement presence spread, issue accurate information to patients and local networks in a timely manner to reduce cancellations and fear. NYC Health + Hospitals had to do this on January 30, 2025 in response to misinformation circulating that they were handing information to ICE. Their statement, shared on social media, read: *“We care about your health, not your immigration status. Despite misinformation on Instagram, NYC Health + Hospitals/Elmhurst is NOT reporting any person or patient seeking care to the police. All New Yorkers should seek care without fear.”*²⁰

Share Know-Your-Rights Information: Display or distribute Know-Your-Rights Information to help ensure that patients understand their rights. Share how you are ensuring that ICE cannot enter private medical spaces without a judicial warrant.²¹ Make materials available in multiple languages relevant to your patient population.

Ensure Institutional Preparedness and Protections Against Immigration Enforcement: All health care facilities, including hospitals, clinics, mobile clinics, and community-facing health events, should have clear protocols for responding to immigration enforcement. Health care workers should advocate to their institutions to have clear policies in place. Hospitals should train staff to ensure that enforcement agents do not enter private spaces without verification from a designated staff member and a judicial warrant. Institutions should establish designated private areas where enforcement actions are restricted and develop clear response protocols for law enforcement requests. Institutions should also ensure all public-facing staff are trained on how to interact with immigration authorities and have access to the contact information for the designated administrator or legal team in case of enforcement encounters.

Institutional Preparedness

Health care institutions must take a proactive role in ensuring that immigration enforcement does not interfere with patient care. While you play a crucial role in protecting patient rights, the responsibility should not fall solely on you. Hospital administrators have an ethical and operational duty to establish clear policies that uphold patient confidentiality, prevent fear-driven avoidance of care, and ensure compliance with legal protections for immigrant patients.

What Rights Do Immigration Enforcement Officials Have to Access Our Patients or Our Private Areas?

Hospital staff can refuse to provide information about patients to law enforcement officials unless the request is pursuant to a judicial warrant or court order for a specifically identified individual or set of records.²² An administrative warrant issued by DHS, ICE, or CBP is not a judicial warrant or a court order.²³

A factsheet by the National Immigration Law Center, published in January 2025, provides community members and advocates clarification on:

- Immigration enforcement power and immigration subpoena power;
- How to distinguish between judicial warrants, subpoenas, and their administrative immigration counterparts; and
- What to do in response to receiving an immigration warrant or immigration subpoena.

[Access here.](#)

If immigration authorities or other law enforcement officials present a document claiming that it is a judicial warrant or other court order, they must be stopped before entering private spaces and directed to wait for an authorized person – such as a predesignated staff member of the health facility²⁴ – who should review the purported warrant to ensure that:

- it is signed by a judge or magistrate judge
- it states the address of the specific premises to be searched
- it is being executed during the time period specified on the warrant, if any

Scope of the Search Warrant: The authorized person or designated staff member should search for the above details to ascertain it is a legally sufficient judicial search warrant and object if it is not. The scope of a search warrant must be sufficiently specific and explicitly stated. If the warrant is valid, the designated staff member should object if officials go beyond the scope of the warrant and search outside the stated location or seize objects not specified in the warrant. For example, if the warrant states that officials may search the emergency room, they may not use this warrant to then search private patient examination rooms, within the emergency department or elsewhere in the hospital, provided that such rooms are designated private areas. Authorized persons should emphasize that they do not consent to a search of any other premises outside of those specified in the warrant. The designated staff member should document all facts pertaining to a search that exceeded the scope of the warrant.

Right to Remain Silent: Immigration agents may enter a public area of a health care facility without a judicial warrant or the facility's consent and may attempt to question anyone present.²⁵ Any individual questioned by immigration agents or other law enforcement officers has a right to remain silent and to refuse to answer questions.²⁶ For example, an individual questioned by immigration agents could respond with *"I know my right to remain silent and I choose to not respond to your questions,"* and refuse to respond to any further questioning.

"Plain View:" Officers may also look at anything that is in "plain view" in a public area. An object is in "plain view" if it is obvious to the senses. For example, an immigration official may visually inspect anything – including papers and files – that is clearly visible from the visitors' side of the reception desk. Unless they have a judicial warrant, however, they may not move an object in plain view to expose other portions of it or what is under it.²⁷ To protect all clients' privacy, health care facilities must ensure that customer records are kept secure at all times. The "plain view" rule includes sounds within "plain hearing" as well.²⁸ Therefore, any conversations or comments that are overheard by nearby officers with their unassisted ears while standing in a public area – even if what they overhear comes from a private area – are also considered to be in plain view.

Arrest Warrant: If authorities present an arrest warrant, the predesignated staff member should review the document for the same elements of a search warrant listed above. The warrant only permits arrest of the individual listed by name. If the individual is present, staff should not interfere with their arrest. No search of the facility or questioning of others should be permitted. Staff and bystanders may lawfully document or record the interaction to ensure there is a record in case of excessive use of force or any violation of civil rights. It is important to do so in a way that does not obstruct law enforcement actions but ensures institutional accountability and patient safety.

"Probable Cause": You may and should refuse to consent to a warrantless search of the facility's private areas. Nevertheless, officers may search private areas and seize items found there if they have "probable cause" to believe that the search may reveal that unlawful activity is occurring, has occurred, or will occur. An officer has "probable cause" if the facts and circumstances justify a reasonable person's conclusion that people or things connected with unlawful activity will likely be found in a particular place.²⁹ However, even with probable cause, a search may be unjustified if it endangers the life or health of an individual. Staff should document all information describing what was searched, whether any documents were seized, whether any individuals were questioned or arrested, and the names of all individuals involved.

What Can Hospitals and Institutions Do?

Establish Institutional Policies Regarding Discussion and Retention of Immigration Status: Create and enforce a written policy prohibiting staff from inquiring about immigration status unless required by law (e.g. establishing eligibility for programs like Medicaid). Although some states law may require hospital staff to enquire about immigration status, those staff members should be trained to inform patients that they are not required to answer the question. Do not record a patient's immigration status in their written or electronic records, or otherwise maintain records that include immigration status information. As protected private information, include protocols that shield all patient data from access to immigration or law enforcement without a valid judicial warrant.

Ensure Facilities Protect and Invoke Constitutional Protections for the Facility and Patients: Facilities should have protocols in place before any enforcement actions happen, grounded in the legal protections outlined above in this guidance such as the Fourth Amendment, which limits immigration enforcement officers' ability to enter private areas of a health care facility without a judicial warrant or conduct searches without probable cause. Facilities can enforce this by having clear protocols requiring officers to present a judicial warrant before accessing non-public areas.

Evaluate your spaces and clearly designate and limit public **access to areas of the facility, establishing them as private** and off-limits to individuals who are not patients or family/care partners. This would include prohibiting immigration enforcement in those private spaces without a judicial warrant.

Designate an on-call administrator, lawyer, or other individual who is trained to identify if there is a valid judicial warrant signed by a judge, and deny entry if presented with other documents, such as an administrative warrant issued by ICE/CBP. Front desk and security staff especially should always have on-call access to this individual, and should be provided with a written script to read that informs any immigration enforcement that they cannot have access any private spaces until that person arrives. If immigration enforcement does not have a warrant, they must be denied admission. If they do have a warrant, the designated person should monitor the officers and document officers' actions, ensuring that they are not expanding their search beyond what is allowed under the warrant.

Adapt Service Delivery to Reduce Risk: Expand telemedicine services to help patients avoid the risk of immigration enforcement. Offer alternative payment models to reduce concerns about financial data being linked to immigration enforcement. Partner with community organizations to provide safe access points for medical care. Connect patients to trusted legal resources, including medical-legal partnerships, to help them understand their rights and navigate legal challenges. Additionally, provide information on deportation preparedness plans to help patients and their families proactively plan for emergencies and ensure continuity of care.

Establish Broad Law Enforcement Policies to Protect Patient Rights: Health care institutions, including hospitals, clinics, mobile clinics, and community-facing health events, should implement clear policies addressing all forms of law enforcement engagement, not just immigration enforcement. Ensuring consistent protocols for interactions with law enforcement, including police officers and federal agents, helps protect patient rights, maintain trust, and prevent harmful disruptions to care. The [Police in the ED: Medical Provider Toolkit](#) provides valuable guidance on establishing these policies and ensuring that enforcement actions do not compromise patient care or safety.³⁰ These policies should be institutionalized across all health care settings, not just emergency departments, to provide comprehensive protections for all patients, particularly those from marginalized or vulnerable communities.

This document reflects information and policies current as of March 13, 2025. Laws, regulations, and policies may change over time. We strive to provide updates as new information becomes available.

Resources and Support Organizations

Know-Your-Rights Materials for Health Care Providers

- **Doctors For Immigrants** – Welcoming and Protecting Immigrants in Health Care Settings Toolkit: [Download here](#)
- **Immigrant Legal Resource Center (ILRC)** – Know Your Rights Cards: [Access here](#)
- **National Immigration Law Center (NILC)** – Health Care Provider & Patients’ Rights on Immigration Enforcement: [Explore resources](#)
- **Loyola University Chicago Stitch School of Medicine** – Sanctuary Doctoring Toolkit: [Access here](#)
- **American Civil Liberties Union (ACLU)** – Know Your Rights for Health Care Providers: [Read more](#)

Know-Your-Rights Materials and Resources for Patients

- **Community Justice Exchange** – Know Your Rights When ICE is Watching: [Download here](#)
- **Legal Aid at Work** – Know Your Rights: Workplace Raids & Workers’ Rights (Spanish): [View here](#)
- **National Korean American Service & Education Consortium (NAKASEC)** – Know Your Rights for Immigrant Students & Schools (English & Spanish): [Access here](#)
- **We Have Rights Campaign** – Videos & Guides for Immigrant Rights: [Visit here](#)
- **Lawyers for Civil Rights** – Immigrant Defense Hotline: Call **617 988-0606**
- **Emergency Immigration Hotline**: Call **1-844-500-322** – Website: [Conoce Tus Derechos](#)
- **Protecting Our Students & Families Toolkit (English & Spanish)**: [Access here](#)
- **Women’s Refugee Commission** – What to Do If You Are Detained: Essential Steps for Migrant Parents for Preventing Family Separation: [Download here](#)
- **MIRA Coalition** – Know Your Rights Resources for Immigrants: [Access here](#)
- **Corazón Norte** – Resources for Immigrant Rights: [Visit here](#)

Know-Your-Rights Mobile Application

Know Your Rights 4 Immigrants App: This app empowers users with information about their rights and legal resources. It supports multiple languages and can read your rights aloud to law enforcement agents. coloradoimmigrant.org+2instagram.com+2hlai.org+2

- **Apple Devices**: [Download on the App Store](#)
- **Android Devices**: [Download on Google Play](#)

Endnotes

- 1 White House, "Protecting the American People Against Invasion," *Presidential Actions*, January 20 2025, accessed March 5, 2025, <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-american-people-against-invasion/>.
- 2 Department of Homeland Security, "Statement from a DHS Spokesperson on Directives Expanding Law Enforcement and Ending the Abuse of Humanitarian Parole," *DHS News, Press Releases*, January 21, 2025, accessed March 5, 2025, <https://www.dhs.gov/news/2025/01/21/statement-dhs-spokesperson-directives-expanding-law-enforcement-and-ending-abuse>.
- 3 National Immigration Law Center (NILC), *Fact Sheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All*, February 26, 2025, accessed March 5, 2025, <https://www.nilc.org/resources/factsheet-trumps-rescission-of-protected-areas-policies-undermines-safety-for-all/>.
- 4 U.S. Immigration and Customs Enforcement, *Policy Directive 10029.2*, October 24, 2011, accessed March 5, 2025, <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>.
- 5 Department of Homeland Security, *Guidelines for Enforcement Actions in or Near Protected Areas*, October 27, 2021, accessed March 5, 2025, https://www.dhs.gov/sites/default/files/publications/21_1027_opa_guidelines-enforcement-actions-in-near-protected-areas.pdf.
- 6 National Immigration Law Center (NILC), *Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights* (2025), January 24, 2025, accessed March 5, 2025, <https://www.nilc.org/resources/healthcare-provider-and-patients-rights-imm-enf/>.
- 7 Emma S. McGinty et al., "Communicating about Firearm Storage: Results from a National Survey," *PLOS ONE* 14, no. 9 (2019): e0222837, accessed March 5, 2025, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0222837>.
- 8 Maria-Elena De Trinidad Young, Sharon Tafolla, Altaf Saadi, May Sudhinaraset, Lei Chen, and Nadereh Pourat, "Beyond 'Chilling Effects': Latinx and Asian Immigrants' Experiences with Enforcement and Barriers to Health Care," *Medical Care* 61, no. 5 (2023): 355–363, accessed March 5, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10079615/>.
- 9 Migration Policy Institute, *Immigrant Health-Care Workers in the United States in 2021* (Washington, DC: Migration Policy Institute, 2021), <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2021>. Accessed March 5, 2025
- 10 U.S. Department of Health and Human Services, "The Emergency Medical Treatment and Labor Act (EMTALA)," September 11, 2024, accessed March 5, 2025, [https://oig.hhs.gov/reports/featured/emtala/#:~:text=The%20Emergency%20Medical%20Treatment%20and%20Labor%20Act%20\(EMTALA\)%2C%20also,violated%20its%20obligations%20under%20EMTALA](https://oig.hhs.gov/reports/featured/emtala/#:~:text=The%20Emergency%20Medical%20Treatment%20and%20Labor%20Act%20(EMTALA)%2C%20also,violated%20its%20obligations%20under%20EMTALA).
- 11 United Nations Human Rights Office, "Universal Declaration of Human Rights 70: Article 25," December 4, 2018, accessed March 5, 2025, <https://www.ohchr.org/en/press-releases/2018/12/universal-declaration-human-rights-70-30-articles-30-articles-article-25#:~:text=Article%2025%20of%20the%20Universal,widowhood%2C%20unemployment%20and%20old%20age>.
See UDHS Art. 25, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."
- 12 United Nations Human Rights Office, *International Convention on the Elimination of All Forms of Racial Discrimination*, December 21, 1965, accessed March 5, 2025, <https://www.ohchr.org/sites/default/files/cerd.pdf>.
See CERD Article 5(e)(iv): "States Parties undertake to prohibit and eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of... (e)(iv) The right to public health, medical care, social security and social services."

- 13 United Nations Human Rights Office, *General Comment No. 14: The Right to the Highest Attainable Standard of Health*, August 11, 2000, accessed March 5, 2025, <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf>.
CESCR Art. 12. "The steps to be taken . . . include those necessary for . . . [t]he creation of conditions which would assure to all medical service and medical attention in the event of sickness."
- 14 United Nations Human Rights Office, *Convention on the Rights of the Child*, November 20, 1989, accessed March 5, 2025, <https://www.ohchr.org/sites/default/files/crc.pdf>.
See CRC (Convention on the Rights of the Child) Article 24(1): "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health." And from CRC Article 24(2): "States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care."
- 15 Australian Human Rights Commission, "Convention on the Elimination of All Forms of Discrimination Against Women," December 18, 1979, accessed March 5, 2025, <https://humanrights.gov.au/our-work/commission-general/convention-elimination-all-forms-discrimination-against-women-human#:~:text=Article%2012,nutrition%20during%20pregnancy%20and%20lactation>.
See CEDAW Art 12 (1) "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. Art 12 (2) "States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." and Art 14(2)(b) "States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas... and, in particular, shall ensure to such women the right: (b) To have access to adequate health care facilities, including information, counseling and services in family planning."
- 16 National Immigration Law Center (NILC), *Health Care Providers and Immigration Enforcement*, p. 5, "Health care providers may refuse to consent to a warrantless search of the facility's private areas."
- 17 American Civil Liberties Union (ACLU), *Know Your Rights: Health Care Providers and Immigration Enforcement* (2024), see "Do I have to answer questions from law enforcement?" accessed March 5, 2025, <https://www.aclu.org/know-your-rights/immigrants-rights>.
- 18 National Immigration Law Center (NILC), *Health Care Providers and Immigration Enforcement*, p. 7, "...they need to protect everyone's right to obtain health care."
- 19 Mark A. Hall and Laura K. Benjamins, "Should Immigration Status Information Be Included in Patients' Health Record?" *AMA Journal of Ethics* 21, no. 1 (2019): E18-25, accessed March 5, 2025, <https://journalofethics.ama-assn.org/article/should-immigration-status-information-be-included-patients-health-record/2019-01>.
- 20 Elmhurst Hospital, "Post on Instagram," posted January 20, 2025, accessed March 5, 2025, <https://www.instagram.com/elmhursthosp/p/DFde2agye5B/>.
- 21 National Immigration Law Center (NILC), *Health Care Providers and Immigration Enforcement*, p. 3, "Health care providers may refuse to provide information about patients to law enforcement officials unless the request for information is pursuant to a warrant issued by a judge or magistrate for a specifically identified individual or another order issued by a court."
- 22 See 45 C.F.R. §§ 164.512(e), 164.512(f)(1)(ii)(A), accessed March 5, 2025, <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.512>.
- 23 National Immigration Law Center (NILC), *Subpoenas and Warrants* (2025), January 2025, accessed March 5, 2025, <https://www.nilc.org/wp-content/uploads/2025/01/2025-Subpoenas-Warrants.pdf>.
- 24 Supreme Court of the United States. *Katz v. United States*, 389 U.S. 347 (1967), accessed March 5, 2025, <https://supreme.justia.com/cases/federal/us/389/347/>.
- 25 Supreme Court of the United States. *Katz v. United States*, 389 U.S. 347 (1967), accessed March 5, 2025, <https://supreme.justia.com/cases/federal/us/389/347/>.

- 26 U.S. Congress, *Constitution of the United States: Amendment V*, accessed March 5, 2025, <https://constitution.congress.gov/constitution/amendment-5/>.
- 27 Supreme Court of the United States. *Arizona v. Hicks*, 480 U.S. 321 (1987), accessed March 5, 2025. <https://supreme.justia.com/cases/federal/us/480/321/>.
- 28 See, e.g., *United States v. Baranek*, 903 F.2d 1068 (6th Cir. 1990).
- 29 Supreme Court of the United States. *Brinegar v. United States*, 338 U.S. 160 (1949). Justia. Accessed March 5, 2025. <https://supreme.justia.com/cases/federal/us/338/160/>.
- Supreme Court of the United States. *Carroll v. United States*, 267 U.S. 132 (1925). Justia. Accessed March 5, 2025. <https://supreme.justia.com/cases/federal/us/267/132/>.
- See, e.g., *Brinegar v. United States*, 338 U.S. 160 (1949); *Carroll v. United States*, 267 U.S. 132 (1925).
- 30 Georgetown University Health Justice Alliance, *Police in the ED: Medical Provider Toolkit*, May 2021, accessed March 5, 2025, <https://www.law.georgetown.edu/health-justice-alliance/wp-content/uploads/sites/16/2021/05/Police-in-the-ED-Medical-Provider-Toolkit.pdf>.



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Physicians for Human Rights (PHR) deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. Through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside law enforcement and legal sectors, gather and present evidence that documents cases of human rights violations and war crimes, crimes against humanity, and genocide.

Through evidence,
change is possible.



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