

ICE presence increasing at Michigan healthcare facilities

Anthony Callahan
5 April 2026

One of the first actions taken by the incoming Trump administration was to direct agents of Immigration and Customs Enforcement (ICE) to carry out stepped-up enforcement actions at healthcare facilities. The US Department of Homeland Security (DHS), parent department of ICE, issued a directive on January 21, 2025, entitled *Enforcement Actions in or Near Protected Areas*.

This directive superseded and rescinded an October 27, 2021 memorandum of the same title, which placed certain sensitive locations, such as health care facilities, schools, courthouses and religious centers, under special protection from general enforcement of immigration laws. DHS declared that “the Trump Administration will not tie the hands of our brave law enforcement,” trusting ICE agents to use “common sense” in such sensitive scenarios.

Michigan health care providers are now reporting that encounters with ICE are becoming routine parts of their practice, both near and within healthcare facilities. Routine checkups now include monitoring immigrant patients for a “basic fear of safety,” particularly young patients whose family members have been arrested by ICE. In addition to enforcement actions at health care facilities, there are increased reports of individuals injured by ICE during arrests being taken to hospitals and emergency departments, as well as a greater number of people requiring emergency care while in ICE detention.

On March 23, 2026, the Michigan Immigrant Rights Center and ACLU of Michigan sent guidance to more than 400 hospitals and providers in the state concerning the legal rights of immigrant patients. In this guidance, healthcare providers are reminded that both federal and Michigan state law, including The Emergency Medical Treatment and Labor Act, requires emergency rooms to

provide necessary treatment to anyone presenting with an emergency medical condition, regardless of immigration status or ability to pay.

Thus, it is illegal to turn away or delay care to a patient based on their immigration status. Healthcare providers are further reminded that no law requires the affirmative disclosure of patients’ immigration status to law enforcement authorities. Such unauthorized disclosures run afoul of the Health Insurance Portability and Accountability Act (HIPAA) and the Michigan Medical Records Access Act if done absent a valid judicial warrant, court order or subpoena. Administrative immigration warrants or subpoenas not signed by a judge are insufficient for this purpose.

The memorandum also advises that immigration officers are still constrained by Fourth Amendment bars against unreasonable searches and seizures, especially in the context of healthcare, where patients have reasonable expectations of privacy while being treated. This notice of patients’ legal rights is unfortunately required, as ICE officers have been explicitly instructed to disregard the Fourth Amendment and break into homes without a judicial warrant.

A high percentage of workers in healthcare facilities in Michigan are also immigrants, compounding the issue of ICE enforcement at healthcare facilities. An estimated 29 percent of custodial and maintenance workers, and 9 percent of hospital workers overall are immigrants.

Alee Vang, a Hmong refugee and relative of a Lansing-area nurse, was arrested by ICE in early November 2025 and deported to Laos. The fear of ICE is by no means limited to immigrant workers in healthcare. Yousef Rabhi, the legislative director for the Michigan Nurses Association, states that healthcare workers’ fear of law enforcement “transcends the

citizenship status question,” especially in the wake of the January 24, 2026 ICE murder of Veterans Affairs nurse, Alex Pretti in Minneapolis.

Rabhi continued that risks to nurses were possible even in “conducting their day-to-day job and caring for their patients.” Dr. Elliott Brannon, a family medicine resident in southeast Michigan, stated that “[s]taff in a clinic where I work have expressed personal fears related to ICE raids despite their status as American citizens.”

Dr. Brannon also expressed concerns that the threat of ICE keeps many immigrant patients from seeking medical attention. Indeed, 84 percent of healthcare workers surveyed by Physicians for Human Rights reported moderate to significant decreases in patient visits since Trump returned to the White House, likely driven in large part by immigrant patients forgoing care due to fear of ICE.

The Trump Administration has devastated Medicaid through the One Big Beautiful Bill Act, which is expected to end for 355,000 Michigan residents by 2028, including tens of thousands of immigrants. There are already widespread fears that Medicaid data is being turned over to ICE to identify undocumented immigrants.

The March 19, 2026 episode of “The Pitt” crystalizes how ICE’s expansion and its pressure on medical centers and healthcare workers transforms hospitals into instruments of state terror, with immediate consequences for both patients and staff. The episode in question depicts masked ICE agents with a zip-tied detainee turning an emergency room into a detention area. This dramatization captures what Michigan healthcare providers are now reporting as reality: routine appointments and emergency visits are being policed and medical personnel are pressured to choose between patient care and collusion with ICE.

Tragically, this fictional scene is not hyperbole, but a reflection of current policy. DHS rescinded sensitive-location priorities, ICE has been ordered to operate aggressively in civilian spaces and hospitals are reporting increased encounters, detainees injured by or under the watch of ICE, and healthcare workers themselves being terrorized.

The effect is to intimidate entire communities into forgoing care, subcontract medical labor and records to an immigration-surveillance apparatus, and to deepen

the fragmentation of the working class. Workplace defense is thus a necessity to resist deportations, medical neglect and the commodification of healthcare in general, and an organized socialist response must be made to these ends.



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)