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## Medical Repatriation in Vermont: The Current Landscape and Recommendations

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# Medical repatriation in Vermont: The current landscape and recommendations

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## Background

- Medical repatriation is the practice of returning patients to their country of origin when they have major medical problems
- It disproportionately affects undocumented individuals

## Objective

- Assess the prevalence of medical repatriation in Vermont, identify factors that lead to it, and outline recommendations to prevent it

## Methods

- Interviews were conducted with ten stakeholders including physicians, lawmakers, and advocates for undocumented patients, and interview transcripts were analyzed for major themes

## Results

- This study did not uncover any occurrences of forced repatriation in Vermont
- Qualitative themes included: lack of awareness about medical repatriation, inability to track medical repatriation, social/legal barriers to care among undocumented individuals, and suggestions to prevent medical repatriation.

## Conclusions

- Medical repatriation is not likely prevalent in Vermont at this time
- The increasing number of Vermonters with varying legal statuses and rising hospital costs may precipitate economic stressors that put vulnerable patients at higher risk

## Recommendations

- Identify strategies to protect against forced repatriation
- Expand health care coverage to undocumented individuals
- Increase provider awareness about available assistance programs

### Theme 1: Lack of awareness about medical repatriation

“In terms of what my experience has been, I have worked with individuals who have a medical issue and have wanted to return home for continuation of care. I have not worked with anyone who felt there was pressure to return to their country of origin.”

“My broad understanding [of MR] is when somebody is sent back or repatriated to their home country if they have high medical expenses or medical needs and my colloquial understanding is that it might happen if there are high medical expenses that aren't covered by insurance or other programs here in the US.”

### Theme 2: Inability to track medical repatriation

“[Collecting insurance information] involves in practice asking people their citizenship status because at some ages, citizenship status equals insurance. So asking that question can really frighten some people. No one at the hospital has any intention to report it, but it understandably frightens some people.”

“There's just no information out there. Trying to even get the most basic numbers [we just made] really good guesses. [...] There is just no documentation of the care being provided to undocumented individuals.”

### Theme 3: Social barriers to care among undocumented individuals

“A lot of farm workers don't have their own transportation and we don't have any reliable rural transportation. To be able to just call your doctor and talk to them is not possible if you can't speak to them. I think bilingualism has come a long way, but those are two basic barriers.”

“I'm sure there's still fear and concern regarding engaging with any official entity including healthcare providers. I'm sure those barriers remain.”

### Theme 4: Legal barriers to care among undocumented individuals

“I see more hesitation from people who are seeking asylum or have work visas and are in the process of trying [to become permanent] residents. They are concerned about the public charge and how accessing public health programs and services might impact their immigration application.”

“There was a whole piece about how to keep their immigration status confidential as we didn't want people to inadvertently through applying to this program become known to the federal government and potentially become targets of deportation or immigration action.”

Table 1: Four major themes identified by the study team, as well as a selection of representative quotes from interviewees. Some quotes edited for length and clarity. MR- Medical Repatriation