

Healthcare Institutions, Immigration Staffing, Patient Safety, and Institutional Oversight

Union of Saints

Healthcare institutions are a significant component of national infrastructure. Public labor and immigration records show hospitals using H-1B and PERM immigration pathways to fill specialized medical positions, including cardiology, endocrinology, neurology, anesthesiology, pulmonary and critical care, rheumatology, dermatology, and family medicine. PERM labor certification can support an employment-based permanent-residency application. The concentration of these positions within hospitals provides a basis for examining healthcare staffing, immigration sponsorship, permanent-residency pathways, and the potential role of healthcare institutions within larger migration systems.

Many of these staffing and institutional changes occurred during the COVID-19 pandemic. The timing of hiring, immigration filings, departmental changes, leadership changes, and personnel appointments should therefore be examined in relation to the extraordinary circumstances of the pandemic and the increased national dependence on hospitals and other healthcare institutions.

Scope of Investigation

The investigation should examine patient safety, medical negligence, employee conduct, privacy violations, unauthorized recording, regulatory compliance, credentialing, supervision, financial activity, and institutional oversight.

During a pandemic, national emergency, or armed conflict, hospital staffing and the personnel occupying critical medical positions become directly relevant to continuity of healthcare services. Examining the timing of immigration filings, the positions being filled, the departments involved, professional credentials, supervision structures, disciplinary records, documented incidents, and institutional responses provides a factual basis for determining whether individual events were isolated incidents or whether multiple events reveal broader institutional patterns.

The investigation should distinguish between documented facts, allegations, unresolved complaints, regulatory findings, civil claims, criminal cases, and conclusions that have been established by competent authorities.

Areas to Be Investigated

1. Hospitals as Potential Migration Hubs

Investigate whether particular hospitals or healthcare systems have become significant points of entry or employment for foreign-born medical professionals through H-1B, PERM, J-1 waiver, employment-based permanent-residency, or other immigration pathways.

The investigation should examine:

- The number and percentage of foreign-born or foreign-trained employees.
- The number of employees sponsored through H-1B or PERM pathways.
- The occupations and departments receiving sponsorship.
- Changes in sponsorship levels over time.
- Whether staffing concentrations are unusually high within particular departments.
- The relationship between immigration sponsorship and hospital workforce shortages.
- Whether recruitment practices changed substantially before, during, or after the pandemic.
- Whether immigration-sponsored positions affected the availability of positions for U.S. workers.

The term “migration hub” should be treated as an investigative question requiring measurable evidence rather than as a predetermined conclusion.

2. 2019 Hiring and Pre-Pandemic Baseline

The year 2019 should be established as an important baseline for comparison.

Investigate:

- Major hospital hires beginning in 2019.
- New physicians, administrators, executives, contractors, and other personnel.
- H-1B and PERM filings associated with hospitals and healthcare systems.
- Departmental expansions or reorganizations.
- Changes in recruitment policies.
- New partnerships with universities, staffing agencies, immigration attorneys, or outside organizations.
- Personnel who subsequently received permanent-residency sponsorship.
- Changes occurring immediately before and during the COVID-19 pandemic.

A year-by-year timeline should be constructed to distinguish pre-pandemic developments from changes that occurred during the national emergency.

3. Fraud, Medical Negligence, Patient Recording, and Corruption

Investigate documented allegations and findings involving:

- Healthcare fraud.
- Insurance fraud.
- Medicare or Medicaid fraud.
- Medical negligence and malpractice.
- Falsification of medical records.
- Improper billing.
- Patient exploitation.
- Unauthorized photography, video recording, or other forms of patient “camming.”
- Unauthorized disclosure of patient information.
- Conflicts of interest.
- Bribery or improper payments.
- Corruption.
- Retaliation against employees or patients who report misconduct.

Each allegation should be traced to the underlying complaint, court record, regulatory action, disciplinary proceeding, settlement, or other primary documentation.

4. Leadership, Institutional Changes, and Personnel

Identify changes in hospital leadership and governance, including:

- Chief executive officers.
- Chief medical officers.
- Department chairs.
- Hospital administrators.
- Board members.
- Human-resources leadership.
- Compliance officers.
- Security personnel.
- New physicians or medical groups.

- Major contractors.
- Outside consultants.

The investigation should establish when individuals entered or left their positions and identify significant institutional changes occurring during the same period.

5. Political and Religious Affiliations

Where relevant to a documented institutional activity, investigate publicly available political, governmental, organizational, or religious affiliations of individuals and organizations involved in hospital governance, contracting, advocacy, recruitment, or policy development.

This inquiry should rely on documented public information and should distinguish an individual's personal beliefs or affiliations from the actions of the healthcare institution. Political or religious affiliation alone should not be treated as evidence of misconduct.

6. Unaccounted-for Payments and Financial Activity

Investigate significant or unexplained financial transactions involving hospitals, healthcare systems, executives, contractors, affiliated organizations, and outside entities.

Areas of review should include:

- Large payments.
- Government funds.
- Pandemic-related funding.
- Grants.
- Contracts.
- Consulting payments.
- Vendor relationships.
- Executive compensation.
- Related-party transactions.
- Payments involving affiliated nonprofit organizations.
- Financial discrepancies identified by auditors or regulators.

Where amounts in the millions of dollars are identified, the investigation should establish the source, recipient, stated purpose, contractual basis, and ultimate disposition of the funds.

7. Abnormal Heart Conditions and Death Rates

Investigate documented changes in rates of cardiac conditions, cardiac events, hospitalizations, and deaths.

The analysis should compare:

- Pre-pandemic rates.
- Pandemic-period rates.
- Post-pandemic rates.
- Age-adjusted rates.
- Relevant patient populations.
- Hospital-specific data where available.
- Changes in diagnostic practices.
- Changes in treatment protocols.
- Changes in reporting practices.

Any apparent increase should be evaluated using appropriate population and clinical data before determining whether the change represents a genuine increase, a change in diagnosis or reporting, or another factor.

8. Foreign Workers and Healthcare Staffing

Determine the percentage of healthcare workers who are foreign-born, foreign-trained, or employed through immigration-sponsored pathways.

The investigation should distinguish among:

- Foreign-born U.S. citizens.
- Lawful permanent residents.
- Temporary visa holders.
- H-1B workers.
- J-1 physicians and waiver recipients.
- PERM-sponsored employees.
- Foreign-trained physicians.
- Physicians trained in the United States who were born abroad.

The reasons for foreign-worker recruitment should also be documented, including physician shortages, specialty shortages, geographic shortages, recruitment difficulties, compensation structures, hospital expansion, and other workforce considerations.

9. DEI and Employment Practices

Investigate the implementation of diversity, equity, and inclusion policies within healthcare institutions and determine how employment, hiring, promotion, scholarship, residency, fellowship, or contracting programs were structured.

The investigation should examine whether any employment practices resulted in differential treatment of applicants based on protected characteristics and whether complaints, lawsuits, regulatory findings, or other documented evidence exist concerning the exclusion or disadvantage of U.S. workers, White workers, or other groups.

The analysis should rely on actual policies, job announcements, institutional documents, litigation records, and regulatory findings rather than assuming discriminatory intent from the existence of a DEI program.

10. Medical Records and Patient Information

Investigate the handling, access, transfer, storage, and potential unauthorized disclosure of medical records.

Areas of investigation should include:

- Unauthorized access to electronic medical records.
- Improper disclosure of protected health information.
- Sale or trafficking of patient information.
- Medical-record falsification.
- Unauthorized copying or transfer of records.
- Improper employee access.
- Cybersecurity incidents.
- Third-party access.
- Data brokers or outside vendors.
- Patient-record access following employee termination.
- HIPAA investigations and enforcement actions.

Any allegation involving “medical records trafficking” should be connected to specific evidence demonstrating unauthorized acquisition, transfer, sale, or other unlawful use of medical information.

11. Security Violations

Healthcare institutions should also be examined as critical infrastructure from a security perspective.

Investigate:

- Unauthorized access to restricted areas.
- Improper access to patient records.
- Credentialing failures.
- Background-check issues.
- Lost or improperly issued identification badges.
- Unauthorized recording equipment.
- Cybersecurity breaches.
- Unauthorized access to medical devices or hospital systems.
- Improper handling of controlled substances.
- Security failures involving vulnerable patients.
- Security incidents involving employees, contractors, visitors, or outside organizations.

Institutional Oversight

The investigation should identify which organizations were responsible for overseeing the conduct and operation of the healthcare institutions examined.

Potential oversight bodies may include:

- State medical boards.
- State health departments.
- State licensing agencies.
- Centers for Medicare & Medicaid Services.
- U.S. Department of Health and Human Services.
- Office for Civil Rights.
- Office of Inspector General.
- Department of Labor.
- U.S. Citizenship and Immigration Services.
- Department of Justice.
- Accreditation organizations.
- Hospital compliance departments.
- Hospital boards of directors.

The purpose of examining these organizations is to determine whether complaints and documented violations were investigated, whether corrective action occurred, and whether institutional oversight functioned as intended.

Establishing a Factual Timeline

A central component of the investigation should be a chronological timeline beginning before the pandemic and continuing through the present period.

The timeline should include:

2019: Hiring, recruitment, immigration filings, leadership changes, and institutional restructuring.

2020: Pandemic declaration, emergency staffing changes, new recruitment, emergency funding, changes in hospital policies, and major personnel movements.

2021–2022: Continued pandemic operations, vaccination policies, staffing changes, immigration sponsorship, leadership changes, regulatory actions, and documented incidents.

2023–2026: Post-pandemic staffing, permanent-residency outcomes, continuing institutional changes, litigation, regulatory findings, financial activity, and changes in healthcare workforce composition.

This timeline can then be compared against documented patient-safety incidents, complaints, lawsuits, regulatory actions, financial transactions, personnel changes, and immigration filings.

Objective of the Investigation

The objective is to establish a documented picture of how healthcare staffing, immigration pathways, institutional governance, patient safety, financial activity, privacy, security, and regulatory oversight interacted during a period of extraordinary national dependence on healthcare infrastructure.

The investigation should avoid assuming that foreign employment, immigration sponsorship, religious affiliation, political affiliation, DEI participation, or any other individual characteristic constitutes evidence of wrongdoing. Instead, each issue should be evaluated through verifiable records, timelines, institutional policies, professional credentials, regulatory findings, court documents, financial records, and documented incidents.

The resulting evidence can then be used to determine whether individual events were isolated occurrences, whether institutional controls failed in specific areas, or whether multiple documented events warrant further examination of institutional patterns.

Simplified:

- Hospitals as potential “migration hubs”
- 2019 hiring
- Fraud cases, medical negligence, “camming” of patients, and corruption
- New leadership, changes, and names
- Political and religious affiliations
- Unaccounted-for payments in the millions
- Abnormal heart-condition rates and deaths
- Percentage of foreign workers employed and the reasons for their employment
- DEI as a basis for excluding American workers and White workers
- Medical-record trafficking
- Security violations