

Welcoming and Protecting Immigrants in Healthcare Settings:

A Toolkit Developed from a Multi-State Study



This toolkit was developed as part of a project conducted by Dr. Altaf Saadi when she was a fellow at the University of California Los Angeles (UCLA) National Clinician Scholars Program (NCSP). She is currently a clinician-investigator and neurologist at the Massachusetts General Hospital and Harvard Medical School. All written efforts were undertaken by Dr. Saadi with the help of research assistant Uriel Sanchez Molina.

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This guide is not legal advice. For legal advice, please contact an attorney.

Design: Freddy Pech

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Context

Under the Trump administration, there has been a dramatic increase in immigration enforcement alongside a rise in anti-immigrant rhetoric and sentiment. In this environment, immigrants are repeatedly depicted falsely as drug dealers and criminals as part of an intentional narrative that seeks to reduce overall immigration, which has the ripple effect of accelerating the spread of both fear and misinformation. The Department of Homeland Security (DHS), which oversees the actions of Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP), maintains a policy that immigration enforcement will generally not occur at sensitive locations, and these locations specifically include healthcare facilities. But therein lies the problem.

There have been several media reports that immigration enforcement actions have indeed occurred at or near healthcare facilities. These actions have been spurred by the tone and policies that have emerged in the aftermath of the 2016 presidential election, including the recent proposed change to the public charge rule. This activity has led to a decrease in the use of health services and/or enrollment in public benefit programs among immigrant communities, such as nutrition programs for children and pregnant women.

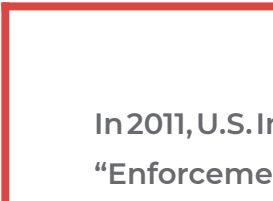
Healthcare providers are the first to note the numerous and compounding consequences to immigrants when they avoid seeking health services when sick or injured. Immigrants who feel dissuaded from obtaining preventive care or receiving care when they are ill could lead to poor control of chronic diseases such as hypertension and diabetes, untreated and worsening injuries, the spread of infectious diseases, and increased emergency department visits – conditions that only further the financial impact of preventable hospitalizations on the healthcare system overall.

These negative consequences are not just harmful to the individual groups that have been targeted however. Anti-immigrant policies have a cascading effect on the mental and social health of the broader American community, spreading distrust and divisions through demeaning rhetoric and targeted immigration enforcement. This also heightens fears in U.S. citizens from minority communities, as increased racial profiling and stereotyping limits the engagement of these groups with the larger state and federal apparatus, such as discouraging the reporting of crimes.

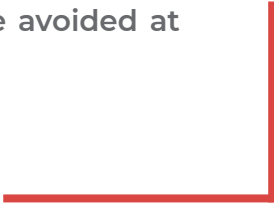
For these reasons, healthcare facilities like hospitals and clinics have reacted by applying new policies and actions to both welcome their immigrant patients and to protect them from immigration enforcement in the healthcare setting. These policies and actions are rooted in a strongly held belief that patients should not fear seeking medical help due to their immigration status.

Healthcare facilities have implemented these policies and actions as both part of, and independent from, local “sanctuary” laws that require cities and states to limit their cooperation with immigration enforcement. In spite of these many local initiatives and actions, the efforts of these healthcare facilities have yet to be fully studied and analyzed leaving many questions unasked and unanswered. In addition, it remains unclear what the different terminologies—“sanctuary,” “safe space” or “welcoming” space—concretely mean in the healthcare context, creating the potential for differing interpretations from one city or state to the next.

These are the reasons and concerns that spurred this study project. The goal was to help create the first concrete analysis of the range of policies and actions that protect and welcome immigrants in a spectrum of healthcare contexts.



In 2011, U.S. Immigration and Customs Enforcement (ICE) issued a memorandum on “Enforcement Actions at or Focused on Sensitive Locations.” The memo describes ICE’s policy on immigration enforcement actions (such as arrests, interviews, searches, and surveillance operations) at “sensitive locations.” U.S. Customs and Border Protection (CBP) similarly released its own memorandum regarding CBP operations at sensitive locations in 2013. According to the ICE memo, sensitive locations include: schools, hospitals, institutions of worship, sites of a funeral, wedding or other public religious ceremony, and public demonstrations such as a march, rally or parade. This memorandum does not preclude enforcement actions but provides that enforcement actions should generally be avoided at these sensitive locations.



Study Approach

In order to provide a fuller picture of this environment, we conducted 38 interviews across five states. Those interviewed were selected based on their state, the involvement of their healthcare facility in institutional efforts protecting and welcoming immigrant patients, and their roles in implementing these very efforts:

1

We chose the five states with the largest undocumented immigrant populations (California, Texas, New York, Florida, and Illinois) because we felt that healthcare facilities in these states were most likely to see a pressing need to address these specific kinds of patients' concerns in the aftermath of the 2016 presidential election.

2

We identified healthcare facilities in each of the five states that were involved in implementing policies and actions aimed at protecting and welcoming immigrant patients. These facilities included county institutions, private institutions, Federally Qualified Health Centers, and free clinics.

3

We contacted relevant people at these healthcare facilities to participate in the study. These people were involved in formulating or implementing their facilities' actions in some way, and included administrators, clinicians, and senior level executive leaders.

4

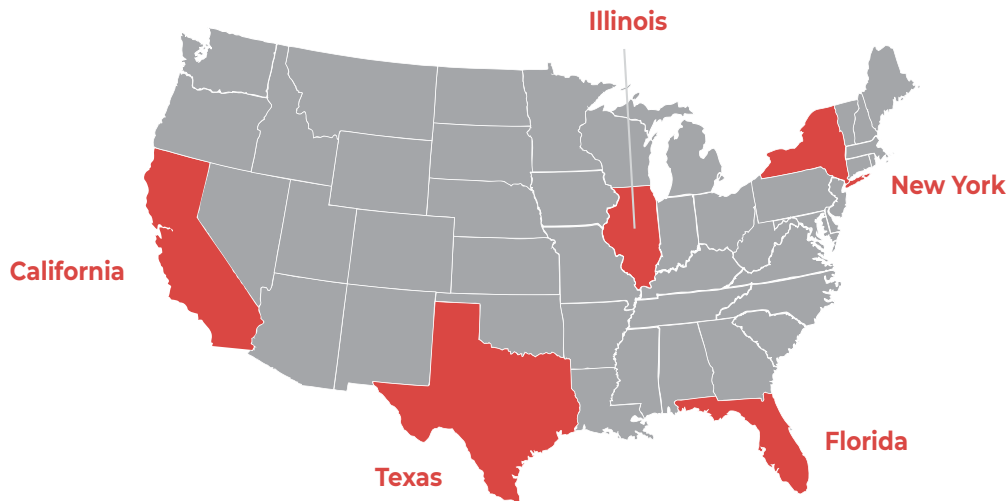
We developed a semi-structured interview guide based on input from the Consolidated Framework for Implementation Research and community partners. The Consolidated Framework for Implementation Research broadly asks questions about intervention characteristics, the implementation process like institutional history, leaders, challenges, and local policy context and background. We conducted interviews from May to August 2018.

5

We analyzed the interview data to identify a range of policies, actions, and themes. The UCLA Institutional Review Board approved this study.

Study Findings

We conducted 38 in-depth interviews at 25 healthcare facilities across the five states, with 13 of those Federally Qualified Health Centers, 7 academic or private hospitals, and 5 county institutions.



These healthcare facilities were motivated to implement new policies or actions because of changes in healthcare-seeking behaviors among their immigrant patients. These behaviors included patients not showing up to their preventive care appointments, seeking behavioral health support due to increased stress and fear, and declining enrollment in public benefit programs such as Medicaid or the Women, Infants and Children (WIC) nutrition program.

Some of these facilities noted the difficulty of accurately capturing the perception of fear among immigrant patients and their families by clinical measures alone, instead needing to rely on partnerships with community-based organizations for additional information on the “pulse” of the communities they aim to serve. All of these actions seek to address the same mission, however: achieving better care by partnering closely with community organizations or other immigrant-serving institutions, sharing resources, and collaborating to best help members of the community in need of care.

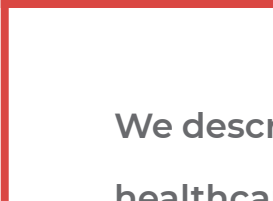
It is important to also add that the impact on clinicians at these institutions was another impetus for implementing these new policies and actions, as many workforce members were immigrants themselves or had immigrant family members, and these facilities wanted to devise a system that took this additional stress, concern, fear and impact into account.



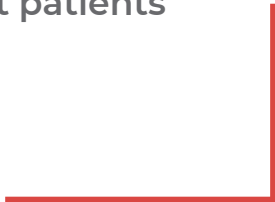
“I remember the day after the [2016 US] election coming in here, staff were weeping. It was just a physical reaction, an emotional reaction by the teams. There is no question from our care teams, immigration was the sole reason [people were upset]. So we certainly were hearing a high level of concern and anxiety from patients but also from our staff.”

- Administrator in Illinois

For example at one facility, there was a marked increase in patients aiming abusive behavior towards staff, directing language towards the medical team that included "Now that Trump's elected, you can't speak Spanish here. They're going to kick you back." At other facilities, there were members of the staff who were Temporary Protected Status (TPS) or Deferred Action for Childhood Arrivals (DACA) recipients, facing termination of their immigration status. Two facilities in Florida, with one of the most well established Haitian communities in the United States, witnessed the loss of Haitian employees. In the words of one executive: "This was personal for our staff and not just because they serve so many patients that were impacted by this."



We describe 13 policies and actions taken at three levels in these healthcare facilities: (1) the institution-level, (2) the provider-level, and (3) the patient-level. They serve as examples of policies and actions that other healthcare facilities can take across the nation, in response to increased fear among immigrant patients and consequent changes in health-seeking behaviors.



What is important to note is the variation and diversity of environments that has been captured here, as these actions took place in healthcare facilities of different sizes and with different institutional structures, and across states with different political leanings. Therefore, they are applicable to a wide array of healthcare facilities nationwide. Depending on the local and institutional context, advocates for these policies—whether they are clinicians or community-based organizations connected with healthcare facilities—can choose actions that are most likely to succeed in their communities and strategize around implementing other actions in a staged manner.

Importantly, these policies and actions were often taken alongside efforts already addressing common barriers to healthcare access, such as language barriers, transportation barriers, or lack of insurance. These barriers may be exacerbated during times of political uncertainty for those with a tenuous immigration status. Therefore, it is more impactful when health agencies pursue these immigration-related policies and actions alongside larger efforts to eliminate health disparities.

Policies and Actions

Steps to implement change at the Institutional Level

1 Implement a policy that limits cooperation with immigration enforcement

Considering media reports of immigration enforcement at or near healthcare facilities, instituting an internal policy on how staff should interact with immigration officials was one common policy implemented at healthcare facilities. Although these media reports have been rare, preparing for the possibility of such enforcement was reassuring for staff and executive leadership, who hoped to prevent a media fallout and/or a ripple effect among patients and their broader community. In some cases, facilities advertised this protocol directly to patients to alleviate their concerns, while in others this information was for internal dissemination only.

STRATEGY/TIP

Many facilities created these policies in conjunction with broader guidelines on how to deal with law enforcement, making this step critical for protecting both staff and the broader community. By intentionally making the policy helpful for the broader patient population, this approach helped to maximize stakeholder buy-in when it came time for implementation.



“We had a patient who was an immigrant who refused to stand up when his name got called because he was afraid that if there were any agents within the facility that they would recognize his name and pick him up and take him. He didn’t want to leave the United States because he has a son who is disabled and is receiving care here in the United States, and he’s a single dad. So if he gets deported, what happens to his son?”

-Administrator in Texas

Trainings were most effective when they were held regularly, included role play scenarios or a sample script to help staff become comfortable and confident in asserting their rights with law enforcement officers.

First, can I get your name and see your identification please?

This area is not open to the public. It is a sensitive area with vulnerable patients and we do not allow law enforcement activities here without a valid, judicial warrant.

[For immigration authorities only:] This is a sensitive location under ICE and CBP policy. Do you have prior supervisory approval to be here? Can I please see a copy of that approval?

[If they claim to have a warrant:] I'm going to call my [supervisor/manager/our general counsel] to review this warrant and accompany you on your search. Please give me just a minute to call them. [Direct agents to designated place to wait, apart from others]

[If no warrant:] Okay then, I'm going to have to ask you to leave. This facility does not consent to your being here/questioning our patients/conducting a search.

► **Figure.** Sample script to use with all law enforcement officers or agents from the American Civil Liberties Northern California “Protecting Immigrant Community Members Accessing Health Care”

The protocol for interacting with law enforcement officials, which includes ICE and CBP agents, generally consisted of the following components:

- **Ensuring up-to-date visitor policies** that require all visitors to present identification and purpose of visit upon entry to the hospital or clinic. This is a necessary first step as immigration enforcement officers may be in civilian clothing without displaying a badge or other insignia. Consequently, security and other staff should escort individuals who do not appear to be staff, patients or their families off the premises if they have not checked in with security or reception and do not have permission to enter.
- **Activating a code or phone number** to alert staff of the presence of immigration enforcement officers on the premises and eliciting a response system. This could be similar to a code drill (e.g. “code blue”) or involve calling a phone number staffed by a designated task force that would subsequently activate downstream next steps. This includes clearly delineating the role of each staff member in case of an immigration enforcement event.
- **Documenting** the officers’ names, badge numbers, and affiliation, particularly for immigration enforcement officers not dressed in uniform. If the officer refuses to provide documentation, staff should note that as well. If immigration enforcement occurs despite protocol, staff members may take photos or videos as long as they are not interfering with the officers’ actions.



“We trained our site directors around things like reading a warrant, but our directive was that you should call senior management. Initially, there was this whole [sentiment that] we need to train everyone on how to read a warrant. But we decided no. They [staff] were terrified. They were terrified this was going to be all on them. And we said, ‘No, no, no. You don’t have to be in that role.’”

-Senior Level Executive Leader in Illinois

- **Training an internal task force team to respond to law enforcement**, which would include understanding the differences between a warrant and a subpoena, knowing how to identify and review valid warrants (e.g. differentiating between an administrative and court-ordered warrant, checking for a date and signature, etc.), and cooperating with law enforcement only if mandated by law. Importantly, given the potential for immigration enforcement scenarios to arise at any point day or night, this task force should be available 24/7.
 - Institutions that began with training all staff often found that this placed a large burden on front-line staff already inundated with other responsibilities and trainings. Training all staff, particularly at larger facilities, was also too time-consuming and ineffective. As such, having a handful of designated staff members trained as enforcement liaisons was more effective, with front-line staff instead trained on how to contact this task force and not answering questions without consulting this team.
- **Determining if and when to notify patients**, such as parental notification if a law enforcement officer requests access to a minor patient for immigration enforcement purposes. At some institutions, patients were requested to move into private clinic areas in accordance with protocol until the situation was resolved and the purposes of the officer's actions were determined. The protocol may also include advising anyone nearby that they have the right to remain silent and not to answer questions. However, no one should be directed not to answer questions. In all scenarios, legal counsel also recommends not physically interfering with the immigration officer.
- **Integrating** these policies with a broader rapid response team involving individuals outside the immediate healthcare facility, such as immigration attorneys, community-based leaders and organizations, and city officials.



STRATEGY/TIP

Policy statements should be accessible to staff in print form, or on an internal server to print out, so they can be presented to law enforcement if necessary.

To be valid, any search warrant must be (a) signed by a judge or magistrate; (b) describe the healthcare facility building as the place to be searched; and (c) have the correct date and have been issued within the past 14 days. Searches may not exceed the scope of the items authorized to be searched for in the warrant. During a search subject to a valid warrant, the designated person should accompany the immigration agents during the search and verbally object if the search goes beyond what is described in the warrant and tell the agents that it goes beyond the warrant's scope.

-from the American Civil Liberties Northern California "Protecting Immigrant Community Members Accessing Health Care"

Immigration Sample Policy

2. **Sample Procedure Language – Protocol if Immigration or Law Enforcement Attempt to Enter (ORGANIZATION) Premises**

a. (ORGANIZATION) staff that encounter immigration agents or law enforcement, especially those located at the main entrances of the clinic, will immediately notify the enforcement liaison on duty and (IDENTIFY) staff of the presence of immigration officials or law enforcement. Staff who encounter immigration agents or law enforcement are asked to:

- Remain calm, and remember that you are **NOT REQUIRED** to answer any questions from law enforcement or immigration. You have the right to **REMAIN SILENT**.
- Politely inform the agent(s) that you will contact the enforcement liaison and/or appropriate staff members that can help answer their questions or requests.
 - Under **NO CIRCUMSTANCES** will unauthorized staff provide permission to law enforcement or immigration agents to enter (ORGANIZATION'S) private areas, (or premises if full clinic is considered private). **ONLY** the enforcement liaison or (IDENTIFY) staff can permit immigration or law enforcement entry, verify the validity of a warrant, or approve release of patient information.

b. The enforcement liaison meeting with immigration officials or law enforcement will:

- Direct the agent to a location away from patients and confidential patient or employee information (e.g. conference room or another part of the clinic that is away from patients)
- Ask the agent(s) why they are there and request to see the agent's badge and write down his or her name and badge number. If possible the enforcement liaison will instruct another member on staff to make a photo copy.
- If the agent tries to enter into examination rooms or other private areas in the clinic, advise the agent that certain areas of the clinic are designated solely for patients, individuals accompanying patients and staff providing services.

Figure. From the California Primary Care Association, *Immigration Sample Policies and Procedures*, PG 3.

URL: https://www.cPCA.org/CPCA/CPCA/HEALTH_CENTER_RESOURCES/Know_Your_Rights.aspx

Example of Search Warrant

AO 93 (Rev. 11/13) Search and Seizure Warrant

UNITED STATES DISTRICT COURT
for the

In the Matter of the Search of)
(Briefly describe the property to be searched)
or identify the person by name and address)) Case No.)

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(Identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal (Identify the person or describe the property to be seized):

YOU ARE COMMANDED to execute this warrant on or before _____ (not to exceed 14 days)
 in the daytime 6:00 a.m. to 10:00 p.m. at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

Annotations:

- Make sure the warrant has your correct name and address
- To search the premises, officials must have a search warrant. If officials only have an arrest warrant, they do not have authority to search or enter your property
- Officers are typically only allowed to search the person or property described here, nothing more
- The search can only be executed at the time indicated here

Example of Immigration Subpoena

1. To (Name, Address, City, State, Zip Code)	DEPARTMENT OF HOMELAND SECURITY IMMIGRATION ENFORCEMENT SUBPOENA to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
Subpoena Number	
2. In Reference To	(Title of Proceeding) (File Number, if Applicable)

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

(A) **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.

(B) **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear	(B) Date
Name	
Title Immigration Officer	
Address USCIS 630 Sansome Street, Rm. 1220 San Francisco, California 94111	(C) Time 0900 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Telephone Number	

4. Records required to be produced for investigation

Annotations:

- Make sure this lists your correct name and address before proceeding
- This section must specify a case or action
- Misleading text. DHS needs a court order to enforce this subpoena
- This must request specific records and may not be a

Figure. From the American Civil Liberties Northern California, *Protecting Immigrant Community Members Accessing Health Care*, PG 6.

URL: https://www.aclunc.org/docs/kyr-accessing_health_care.pdf

2 Designate Public and Private Spaces

Since immigration enforcement officers may enter healthcare institutions despite existing “sensitive location” memoranda set forth by ICE and CBP, policies implemented not only imposed limitations on direct interactions between staff and immigration officers but also delineated differences between public and private spaces. This is because law enforcement can enter public spaces without a judicial warrant or permission, which is not the case for private spaces. As part of this action:

- **Review** existing signage around public and private spaces. Public spaces can include parking lots, dining areas, or waiting room areas, whereas private spaces include clinic rooms, offices, or hospital floors.
- **Designate** public and private areas with clear signage in areas where they do not already exist. Include a review process with medical personnel and facility security staff.
 - At some facilities, this included changing or expanding what constitutes a private area, such as creating a public waiting area for walk-ins in emergency departments and urgent care areas, and an interior private waiting area for patients who have already registered or signed in.

STRATEGY/TIP

In some facilities with already clearly designated public and private spaces, additional training for security and front-line staff was important to ensure a clear understanding of how this applied to immigrant patients and to empower them to act in cases of violations.

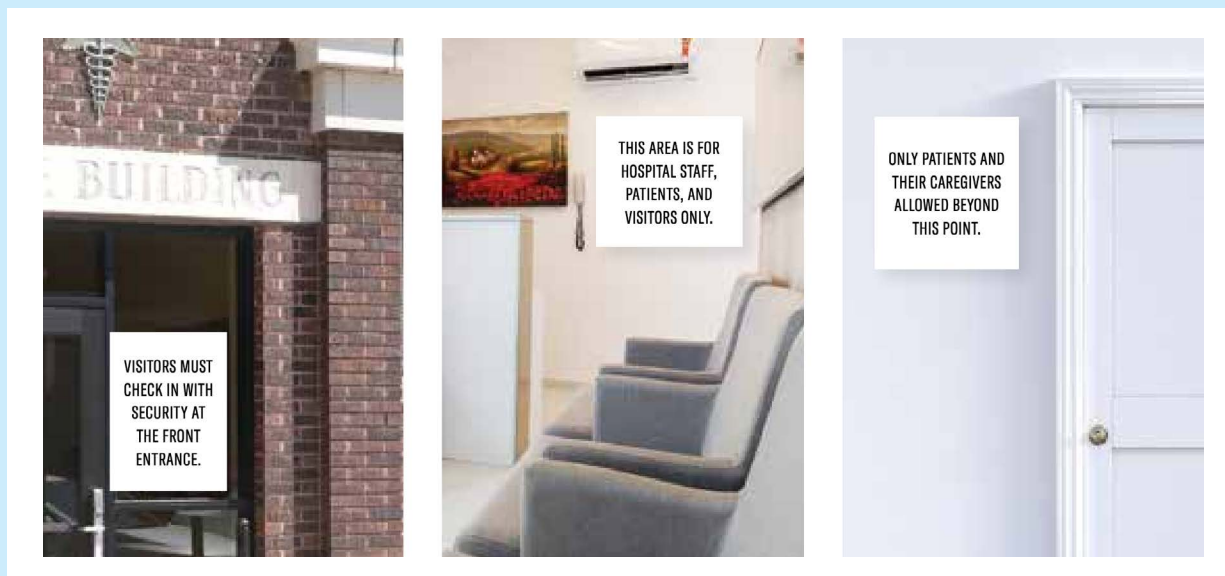


Image from American Civil Liberties Northern California “Protecting Immigrant Community Members Accessing Health Care” [page 1: https://www.aclunc.org/docs/kyr-accessing_health_care.pdf]

IMPLEMENTING CHANGE AT THE INSTITUTIONAL LEVEL

3

Ensure Protection and Confidentiality of Patient Information

Under the Health Information Portability and Accountability Act (HIPAA), private health information can only be shared under specific circumstances such as public safety concerns, as “required by law” like a court order, or when the patient explicitly consents. Facilities can therefore:

- **Educate** clinicians and staff, including volunteers, about these privacy laws so that all facility staff are well-versed in ensuring HIPAA compliance. Specifically, all staff should know that immigration status is HIPAA protected. Usual best practices apply, such as not leaving patient information in plain view or in locations where immigration enforcement agents can see the information contained in the records.
- **Communicate** to patients their privacy rights and the healthcare facility’s commitment to keeping information provided by patients confidential. This can be done using clear, visible signage posted for patients and their families in multiple languages.

IMPLEMENTING CHANGE AT THE INSTITUTIONAL LEVEL

4

Limit Acquiring and Documenting Immigration Status in Medical Records

Given the potential risks in documenting the immigration status of patients and their family members in a medical record—including, but not limited to, discrimination from non-immigrant-friendly clinicians or potential access of medical records by immigration enforcement officers—documentation of immigration status should be avoided. This is particularly true given the risks outweighing the benefits, and risks rapidly changing within our federal and local political and cultural contexts. Therefore:

- **Review** ways in which immigration or citizenship status may be recorded in medical records, such as in registration forms or clinical intakes. Facilities seeking to protect immigrant patients’ privacy may simply avoid acquiring this information.
- **Establish and disseminate** an explicit policy to clinicians and other staff on not recording immigration status in medical records. If clinicians feel that including reference to immigration status is absolutely needed for medical care, indirect language can be used to describe social context (e.g., “immigration stressors” or “ineligible for insurance”).



STRATEGY/TIP

The absence of documentation does not mean that this may not come up in a clinical encounter. Asking about someone’s immigration status may be important in terms of identifying a mental health stressor and/or connecting the individual to local resources if they are available. Therefore, this policy needs to be coupled with training for clinicians on when and how to ask about immigration status, minimizing emotional distress and/or stigma while still eliciting information needed to offer support.

5

Designate an Immigration Point-Person or Task Force

Given rapidly changing immigration policies, having a point-person or team designated to stay abreast of policy changes and best practices and to inform clinicians and/or facility executive leadership was a common action taken at healthcare facilities. Without a clear point-person or task force, the process of identifying and connecting with key community stakeholders could be delayed during critical moments or perhaps even take months. As part of this process, it was important to:

- **Develop** a mechanism for updating and communicating recommendations to facility administrators or executives.



STRATEGIES/TIPS

The point-person or task force can come from existing departments with overlapping interests such as: Risk Management, Diversity and Inclusion, Government Affairs, Community Outreach, Volunteer Services, Security Services, Enrollment or Financial Services, Social Services and/or Behavioral / Mental Health teams.

Including community-based organizations in an advisory role is both important and highly effective as these organizations are highly attuned to policy changes. They also have a clear on-the-ground understanding of what messaging may or may not work for a specific immigrant community, and have local or national connections with regards to resources and best practice guidelines.

Steps to implement change at the Clinician Level

1 Educate and offer immigrant health-focused training to clinicians

Clinicians have different levels of experience, training, and comfort in interfacing with immigrant patients and navigating their concerns. In many healthcare facilities, therefore, the key step was to:

- **Educate and train** clinicians on:
 - Local and federal government policy changes that might affect clinician or patient legal rights (e.g. public charge);
 - How to communicate with patients about immigration-related questions, including whether and how to ask about immigration status and reassuring them about their right to health and privacy;
 - How immigration status can be a social determinant of health like low English proficiency and low educational attainment.

There should be no assumptions made about clinicians' knowledge on the topic. Training clinicians, like educating patients, is an ongoing, reciprocal process.

STRATEGIES/TIPS

Role-playing around patient interactions, practice scripts and/or talking points might be helpful for clinicians and healthcare facility staff.

Establish a regular mechanism for clinicians and staff to receive the most up-to-date information, which is more effective than one-time education efforts given how rapidly immigration policy issues are evolving. At some facilities, one-page policy briefs were distributed via email on a bimonthly or monthly basis, viewing continuing education as a tool for empowering clinicians. At other facilities, an online hub was created so clinicians could regularly access the most up-to-date information and print materials as needed.

Hearing immigrant patients' stories can be taxing for clinicians, particularly if clinicians do not have resources to address their patients' needs. Having an outlet to engage in these discussions with other clinicians can help in reducing burnout and introducing new ideas for new interventions. Having forums for discussions also helps clinicians to identify each other, across departments, and build partnerships to coordinate advocacy and outreach efforts.

“SANCTUARY” DOCTORING RECOMMENDATIONS

SAMPLE STRATEGY	SAMPLE LANGUAGE
<p>Open a dialogue by placing patients’ fears in context and generalizing any challenges.</p>	<p>“Many of my patients are currently experiencing anxiety about immigration problems”</p>
<p>Provide reassurance by contextualizing, explaining your motive for helping, and emphasize confidentiality.</p>	<p>“Many people are going through similar struggles right now. You are not alone.”</p> <p>“This kind of anxiety can impact your health. You are safe to express your concerns here.”</p> <p>“I will not write your immigration status in the medical record.”</p>

The Sanctuary Doctoring Toolkit emphasizes that when deportation or immigration related issues are addressed with patients, clinicians should assure confidentiality. For example, stating “I will not write your immigration status in the medical record. Only health-related issues will be recorded.”

*Mejias-Beck J, Kuczewski M. Sanctuary doctoring: supporting undocumented patients and others affected by immigration concerns. Loyola University Chicago Stritch School of Medicine. <https://hsd.luc.edu/media/healthsciencesdivision/bioethics/documents/Sanctuary-Doctoring-presentation-June2018.pdf>

IMPLEMENTING CHANGE AT THE CLINICIAN LEVEL

2 Provide Supportive Services for Immigrant Employees

The consequences of current immigration policy shifts impact the lives of the workforce and families of the workforce at healthcare facilities in the same damaging ways that it impact the broader community. Policy changes –such as the termination of Temporary Protected Status (TPS) and Deferred Action for Childhood Arrivals (DACA) programs— are of such impact that supporting staff members becomes just as important as supporting patients in those moments. Other immigrant groups who may be impacted include those from countries included in the Muslim Ban or on H1-B visas. As such there is a need to:

- **Bolster** existing human resources services to educate employees on legal options available to them and dispel misinformation;
- **Offer** increased counseling services as needed.



“As community members, they [our staff] are facing some of the same problems that all the community is facing.”

-Administrator in Illinois

STRATEGY/TIP

Supportive messages from those in leadership roles can set the tone for a culture that affirms immigrant employees or employees with immigrant family members, supplementing tangible and concrete resources offered to employees.

Steps to implement change at the Patient Level

1 Educate patients about their legal rights

Providing educational materials or information to patients regarding their legal rights in case of interactions with law enforcement is a strong tool that fosters patient empowerment. Healthcare facilities therefore can:

- **Disseminate** “Know Your Rights” information through a variety of ways, including using community health workers, community-based immigrant advocacy or legal organizations to educate patients through in-person trainings, or having informational cards readily available throughout the facility such as waiting areas or clinic exam rooms. “Know Your Rights” material guides patients on what to do if interfacing with immigration agents.



STRATEGIES/TIPS

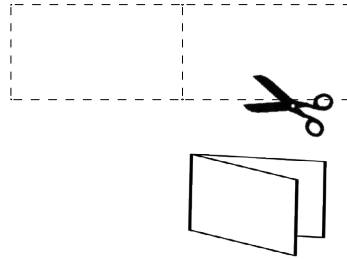
“Know Your Rights” trainings can be open to patients and employees alike, as many employees may benefit from having a working understanding of the rights all individuals have when interacting with law enforcement, or immigration enforcement more specifically.

Established community partnerships help to facilitate dissemination of trusted, up-to-date and easy-to-understand information for immigrant patients. For healthcare facilities without these community partnerships, investing in establishing them is an important first step. The goal is to build strategic, long-term and lasting relationships with these organizations.

Linking “Know Your Rights trainings” with dissemination of community resources, legal or informational, is often helpful.

To print at home, use heavy weight paper, or card stock. Cut out the cards along the dotted lines. If you're unable to print on both sides, you can simply fold on the center line to make a 2-sided card.

If you use a professional printer, we suggest you print 2-sided cards with white text on red card stock with rounded corners.



Usted tiene derechos constitucionales:

- **NO ABRA LA PUERTA** si un agente de inmigración está tocando la puerta.
- **NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si el trata de hablar con usted. Usted tiene el derecho de mantenerse callado.
- **NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está afuera de su casa, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.
- **ENTREGUE ESTA TARJETA AL AGENTE.** Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

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► **Figure.** Sample “Know Your Rights” card from the Immigrant Legal Resource Center https://www.ilrc.org/sites/default/files/resources/ilrc-red_card_template-spanish-v2.pdf

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Pursue Medical Legal Collaborations

A patients' immigration status greatly influences their mental health, health care seeking behaviors and health care access. As such, referring patients to legal resources to address any pressing legal concerns and/or to explore pathways toward authorized immigration status can dramatically alter the course of a patient's or their family's life. Healthcare facilities therefore can:

- **Expand the role of, or create**, medical-legal partnerships (MLPs) at healthcare facilities to address patients' immigration concerns.
- **Strengthen** relationships with legal organizations to include their participation in health fairs, healthcare facility events, and/or resource guides. Sharing trusted legal resources with patients and their families can help prevent them from being exploited by predatory or fraudulent legal schemes, such as notario fraud, which has a negative impact on families' financial health.
- **Coordinate** efforts with legal organizations to have clinicians contribute to patients' legal cases, including evaluations for asylum cases or letters of support to prevent deportation/ removal of family members. Sample letters made available to clinicians can be helpful.

What is a medical-legal partnership?

Medical-legal partnerships embed lawyers with a healthcare team who specialize in addressing unmet social needs through legal mechanisms, such as housing, employment, health insurance, family stability, or immigration issues.

There can be multiple pathways to authorized immigration status, which allow for work authorization, federal social service benefits, and/or ability to apply for permanent status or citizenship. This includes a T-visa for victims of trafficking, asylum for victims of persecution, or a U-Visa for victims of domestic violence, sexual assault, and other serious crimes. Close collaboration with legal partners can ensure that this information, if solicited in clinical encounters, can lead to a positive outcome for the patient and their families.

3 Promote Affirming Care Messages

Healthcare facilities can consider modifying the environment to support an affirming care message, such as “You are welcome here” or disseminating this information via other means. The form of dissemination and the language used to communicate this message depends on the local clinic context, although disseminating affirming messages in multiple languages to address linguistic sensitivity is valuable. Therefore it is important to:

- **Include affirming care messages**, both within the healthcare facility itself and on the outward facing walls of the healthcare facility to reach those who may be comforted to enter from such a message. For example, messages can be disseminated via social media platforms, and radio or television advertisements. Additionally, affirming messaging can be included on the facility’s website or in an informational video to play in the waiting area.

STRATEGIES/TIPS

Using “sanctuary” language can be falsely reassuring, ambiguous without a definitive meaning, or have different meanings in other languages.

If posters or other affirming messages are translated to other languages to reach broader patient populations, a team including community partners and/or individuals fluent in the languages should review this signage to ensure accuracy.

Context matters. In some states, certain terms and language choices may be too political and draw unnecessary, negative attention to the hospital/ clinic. Facilities should consider their local context before borrowing any material from other hospitals/ clinics or community-based organizations. At the same time, facilities should consider how, and to whom, to advertise their immigrant-affirming care as any message has to first consider the audience.

“We were all fine with the term “sanctuary” at the beginning. [But] there is a connotation around sanctuary where people believe they can stay there. That they can lock themselves into the clinic. You’re going to be bathed, clothed, and given food and shelter within that space. So, we were like, oh wait, no. This is a community health center, yes. But, we cannot do that... so, we decided to change it into a safe space.”

-Administrator in California

“At first people run around printing these little pieces of paper... in different languages and they papered the walls all around the clinic with “safe space” and I said, “You know, that doesn’t really mean anything in Spanish.” And that doesn’t make you feel good when you don’t know what that means.”

-Clinician Administrator in Illinois

“Even though we are providing the support, we are cautious about advertising how much support we’re giving. We’re trying to not put a target on anyone’s back.”

- Senior Level Executive Leader in Texas



▶ **Figure.**

Sample sign from the San Francisco Department of Public Health

IMPLEMENTING CHANGE AT THE PATIENT LEVEL

4 Incorporate Deportation Preparedness into Patient Emergency Preparedness

Preparing for deportation can be incorporated as part of a broader emergency preparedness plan. Like “Know Your Rights” information, this is a step toward patient empowerment as tangible, actionable steps can be taken to address any concerns or fears. Therefore healthcare facilities can:

- **Incorporate** preparing for possible deportation by helping immigrant parents identify alternative adult guardians to avoid foster care, alternative contact information to stay in touch with their children after detention or deportation, or compile relevant medical information of the patient and family to be available should a parent be taken into detention or deportation proceedings.

AMERICAN ACADEMY OF PEDIATRICS TOOLKIT RECOMMENDATIONS

<p>Potential discussion points with families</p>	<ul style="list-style-type: none"> • Appoint a power of attorney, a trusted adult, who in the event a parent or guardian is taken into detention or deportation proceedings, could take care of the child. • Maintain a copy of medical and immunization records, give these to a trusted adult. • Maintain a copy of the child's birth certificate and immigration related documents like passports, with a trusted adult. • Maintain documentation of public benefits a child is receiving; a parent's deportation might affect these benefits. • Maintain a record of child's school records, give these to a trusted adult.
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The American Academy of Pediatrics emphasizes that when deportation or immigration related issues are addressed with a family, clinicians should emphasize confidentiality and that no information will be shared with immigration enforcement.

Adapted from American Academy of Pediatrics. Immigrant child health toolkit: immigration status FAQs. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/Immigration-Status-FAQs.aspx>.

Plan family drills and practice a plan for your entire family in case, at any moment, you or someone in your family faces deportation.

- 1 Know what documents you should carry with you.** Carry a card with the contact information of your immigration attorney and/or union representative. Carry a card that indicates in English that you wish to remain silent.
- 2 Make a plan to care for your family.** If you have children or elderly relatives you care for, make arrangements in advance for a family member or friend or neighbor to care for them in case you are ever detained. Make sure everyone in your family knows of these plans. Make sure that you choose people you trust to make decisions for you if you are detained. They will need to do things like help you withdraw money for deportation expenses or pay a mortgage or rent. You can sign a Power of Attorney agreement to give this power to someone if you are arrested.
- 3 If you have an immigration number, make sure your family and designated friends have it** as well as your full name and date of birth. You will find this number on your work permission or your residency card. The number begins with an "A."
- 4 Make sure your family knows how to contact you if you are detained.** Family members should contact the local office of Immigration and Customs Enforcement (ICE) Detention and Removal Branch if they do not know where you are detained. Ask to speak with a supervisory deportation officer, and give the full name and A# of the detainee. If you don't have the contact information for your local field office, contact the Immigration Detention Centers in San Diego (619) 661.9119 or in Calexico at (760) 619.7200.



5 deportation defense who may be able to represent you if you are detained. Memorize the name and phone number of your attorney. Have the names and phone numbers of several good immigration attorneys posted near the phone at home so family members can call if you are detained.

Local resources you may wish to call on for referrals:

- **Low-Cost Legal Assistance**
Legal Aid Society of San Diego
Toll-free: 1.877.534.2524
- **Referrals to San Diego County Attorneys**
San Diego County Bar Association Lawyer Referral Service
Toll-free: 1.800.464.1529 or 619.231.8585

The immigration laws and system are very complex. It is very important to screen several immigration attorneys before you decide who should represent you in case you need one. A good way to do this is to set up free consultations with local immigration attorneys. Ask what kind of experience they have with deportations and about their success rate. Ask about what specific types of relief you are eligible for in case you are ever placed in removal proceedings.

Always ask for a written contract from your attorney before paying him/her.

6 Copy all your immigration documents. Keep at least one copy of all immigration documents that have been filed with immigration with a friend or family member you trust. Collect important documents in a secure, easy-to-find location so that your family can access them easily. Make a list of the names and contact information of any lawyer who has ever represented you.



DEVELOP A Deportation Preparedness Plan

▶ **Figure.** Deportation Preparedness Kit. American Civil Liberties Union.

<https://www.informedimmigrant.com/wp-content/uploads/2018/02/acludeportation-prep-kit-online-1.pdf>

IMPLEMENTING CHANGE AT THE PATIENT LEVEL

5 Find Ways to Nurture Immigrant Community Empowerment and Engagement

A patient's voice and perspective can sometimes be overlooked in healthcare facility planning, but that feedback can be incorporated through efforts such as creating community advisory boards. At the same time, there should be thoughtfulness in using these boards effectively in not only focusing on patients' problems but also their ability to effect overall positive change. Therefore:

- **Create** community advisory boards or other community engagement events to increase inclusion of patients' voice and perspective into healthcare facility policy and program planning.



"We developed a story bank... and if we believe that this person is a good fit, whether it'd be in front of the camera or in front of a politician, we will call them and we start developing [their story] with them."

-Administrator in California

- **Create** programming that empowers patients with tangible advocacy skills, in the form of summer youth programs, story-telling or media advocacy skill-building programs, outward engagement and policy engagement opportunities, and voter registration efforts to encourage civic participation.



“We’re looking to see if we could put a mobile voting station here in the clinic to allow our patients to vote.”

-Administrator in Texas

IMPLEMENTING CHANGE AT THE PATIENT LEVEL

6 Pursue Alternative Models for Providing Healthcare Services

Addressing immigrant patients’ fears and concerns may need to involve thinking creatively and outside traditional methods of providing healthcare:

- **Expand or explore** telemedicine services to provide access to clinicians for patients who may fear visiting a healthcare facility due to concerns around immigration enforcement actions.
- **Create** alternative models for payment, such as out-of-pocket payment plans for immigrant patients who might have concerns about enrolling in public benefit programs such as Medicaid and WIC.

STRATEGY/TIP

Telemedicine requires a high-speed internet connection that might be inaccessible for some patients. Connecting with community organizations may be one way to overcome this barrier, alongside joining advocacy efforts to promote broadband access and offering a public health lens to this outreach.

Conclusion

Turbulent political times and periods of social unrest and heightened uncertainty can create fear in at-risk groups that they avoid basic needs such as medical care, trading short-term security for long-term health. It is in these moments that it is important to counteract dissuading misinformation with facts and practical support that can alleviate patients' concerns and incentivize them to take the necessary steps to receive care in a safe environment.

Moments like these present a critical opportunity to address the key social factors in patients' lives that drive them away from making sound health decisions and develop policies and programs that are positive, inviting, well researched and effectively staffed. Once that mission is achieved and patients have made the decision to walk through the door, it is then incumbent on the medical team and personnel to have training or a system in place that deals with the array of potential immigration-based concerns that may negatively impact the provision of care to immigrant patients.

With effective planning, strong leadership and a concerted effort to inform and support the communities that have been targeted in this environment, we can advance a healthcare system that effectively serves patients that are most in-need, increasing positive health outcomes and driving down widening health disparities.

