April 21, 2023

TO: Sang-Hee Lee, Chair  
Riverside Division of the Academic Senate

FROM: John Kim, Chair  
CHASS Executive Committee

RE: Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities

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Having reviewed the memo and related documents regarding the Proposed Presidential Policy Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities, we had the following questions and concerns:

**What responsibility does UC Health have to its patients who are being sought out by immigration enforcement agents?** There is no mention in the responsive actions to an immigration enforcement inquiry that UC Health will notify the patient that is central to the inquiry. Rather, the only notifications required are (1) the health administrator (or their designee) handling immigration issues, and (2) legal counsel. Particularly given the research linking immigration enforcement to poor health outcomes (see citations below), it is important that UC Health facilities protect the health and rights of its patients by providing them this essential information. Doing so would also promote greater trust of health officials and practitioners among patients from marginalized communities, which the citations below also link as having declined in this era of increased immigration enforcement.

**What responsibility does UC Health, as a public medical facility, have to protect the right of vulnerable patients to access safe and secure healthcare free from the threat of police and immigration enforcement?** While the 2018 California Values Act requires state public health facilities to limit compliance with immigration enforcement to the fullest extent possible in accordance with state and federal law, we remain gravely concerned that the current UC policy as written does **not** require adherence to the Attorney General’s model policies in UC health facilities. Rather, UC Health facilities may in fact “evaluate whether or not to adopt the Attorney General’s policy recommendations in their *locally-established* implementation policies and procedures” (see Policy Summary, emphasis added). We demand, in the strongest terms possible
and in the spirit of maintaining the safest environment possible for all persons in need of medical care, that the policy not only require adoption of the recommendations but go beyond compliance to also declare all UC health facilities as “sanctuary clinics.” This designation would allow healthcare workers to maintain patient confidentiality while providing high quality medical care to patients in need regardless of immigration status to prevent the threat of deportation and separation of families.

Last, regarding the redline revision on page 5 under C5: we feel that "no document accompanying the request" is vague because (as the rest of the policy rightly notes) immigration officers often present documents that are not actually legal requests to try to convince people to comply. We encourage clarification about what documents would properly authorize a request.

**Relevant citations:**


