



FEBRUARY 2018

The trust between physician and patient is a core tenant of the medical profession. By extension, trusting relationships with nurses, technicians, hospitals and clinics are where this relationship plays out. This trust is now threatened by U.S. Immigration and Customs Enforcement (ICE). In a startling breach of precedent, ICE agents have begun to target clinics and hospitals to enforce immigration policy. It is our opinion that these enforcement actions actively jeopardize patient care.

For example, in October ICE agents arrested a developmentally delayed girl following a lifesaving surgery. The following is an excerpt from an account published in the *Huffington Post*:

Rosa Maria's case drew nationwide attention last week, when Border Patrol agents apprehended her after she underwent emergency gallbladder surgery. Rosa Maria has cerebral palsy and developmental delays, and has lived in the U.S with her family since she was 3 months old — not exactly the type of hardened criminal undocumented immigrant the Trump administration has claimed is its primary focus. Border Patrol agents [encountered Rosa Maria](#) Oct. 24 while she was being transported in an ambulance from a hospital in Laredo, Texas, where she lives with her family, to another hospital in Corpus Christi. Border Patrol operates as much as 100 miles from the border, so checkpoints are often unavoidable for people in border regions. Border Patrol agents delayed the ambulance for 30 minutes, according to the ACLU. They eventually allowed Rosa Maria continue to the Corpus Christi hospital, but followed her and waited as she underwent emergency surgery. Agents apprehended Rosa Maria on Wednesday, when she was discharged from the hospital. (Foley, October 31, 2017)

There are also reports of agents entering Emergency Departments and Primary Care Clinics to detain immigrants. Sadly, those who care for immigrants find themselves in a position where they must develop policies to protect their patients from ICE agents. It is imperative that all care settings, from primary care clinics to tertiary referral centers, clarify the legal and technical aspects of detention seizures by ICE and develop policies in order to protect patient relationships.

For those of us in science and medicine, the situational and technical nuances of the law can appear slippery, capricious, and subjective. Given the fear of malpractice suits as a profession we tend to withdraw reflexively from any appearance of legal violation. It is not our practice to make fine distinctions between civil, criminal, misdemeanor, and felony infractions. Yet it is important here to consider and realize that immigration violation is not a criminal act, it is a civil violation. Talk radio would have us conflate immigration violations with threats to Homeland security and the financial stability of America. These assertions deserve to be critiqued and challenged.

We have had conversations with public hospitals across the country struggling to define staff responses to immigration officers and

their enforcement actions. The approaches employed in different clinical contexts have included re-addressing immigration status documentation in medical records, developing protocols of how to respond to ICE officials, and awareness raising campaigns in communities about the safety of clinical spaces.

We include here resources and suggested tools for health care providers who may find themselves suddenly confronted by an ICE officer at the door. For the purposes of protecting patients, it is critical for staff to know the difference between a public and a private space with respect to the need for a legal warrant. It is critical to know the legal limitations on immigration agents and to recognize the legal difference between criminal warrants and immigration warrants. Staff may want to review how to respond within the law to inquiries from immigration agents. We recommend:

- The National Immigration Law Center's page: [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)
- The Northwest Health Law Advocates' resource: [Responding to Immigrants' and Refugees' Fears About Health Care](#)
- Citation from a medical journal highlighting the challenge to medical sanctuary: [Making a Case for Sanctuary Hospitals](#)
- A thought-provoking video by one of us outlining legal actions underway to legally challenge this resurgence in American culture, not seen for many decades, of governmental hostility toward vulnerable immigrants: [Immigration Reform and Legal Challenges](#)
- The American Civil Liberties Union's: [Know Your Rights information distinguishing judicial warrant from ICE warrant](#)
- More [Immigration Resources](#) information on EthnoMed

Best,

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Of Interest On EthnoMed

Abiy Tsom Fasting Holiday: Consider Medical Implications for Some Patients

February 12 – April 7, 2018 is the Ethiopian Orthodox Lent Fast, lasting 55 days, culminating on Easter day April 8, 2018, observed by followers of the Ethiopian Orthodox Church. [Read more on EthnoMed](#) about medical implications to consider and recommendations for providers advising patients who plan to fast.



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February Tháng hai 2018

Thứ hai	Thứ ba	Thứ tư	Thứ năm	Thứ sáu	Thứ bảy	Chủ nhật

Care for Deferred Action for Childhood Arrivals (DACA) Community
 Information for healthcare and social service providers about providing support and care for DACA population.
[MORE](#)

Stroke Symptom Cards and Posters - 6 languages
 Materials with images and text conveying symptoms of stroke (FAST: Facial, Arm, Speech, Time) and encouragement to call 911. [MORE](#)

2018 Calendar: Vietnamese Foods and Blood Sugar
 13-month PDF calendar includes educational tips in English and Vietnamese with photos of foods, meal comparisons, and portion sizes. Calendars in additional languages too. [MORE](#)

2018 NORTH AMERICAN REFUGEE HEALTH CONFERENCE

The North American Refugee Health Conference is recognized as the preeminent conference destination for healthcare and resettlement professionals working with refugee populations. This three day conference focuses on issues that are relevant to the emerging field of refugee healthcare. For the first time on the west coast: **June 7-9, 2018 in Portland, Oregon.** [More information...](#)

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center's Interpreter Services Department in Seattle, Washington. EthnoMed grew out of another hospital program, [Community House Calls](#), which was successfully bridging cultural and language

barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities. The website was created to reflect and support that experience. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. [Contact Us](#).

We hope that every newsletter edition will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two.

Thank you!

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