JOHN STOBO
EXECUTIVE VICE PRESIDENT, UC HEALTH

Re: Interim Policy on Responding to Immigration Enforcement Involving Patients at UC Health Facilities

Dear Jack:

As requested, I distributed for systemwide Senate review the interim policy on Responding to Immigration Enforcement Involving Patients at UC Health Facilities. Seven Academic Senate divisions (UCB, UCI, UCLA, UCM, UCR, UCSD, and UCSF) and one systemwide committee (UCFW) submitted comments. These comments were discussed at Academic Council’s May 22, 2019 meeting, and are attached to this letter.

In general, reviewers expressed support for the policy, but also expressed some concerns and made recommendations for additional clarifications, which we encourage you to consider and incorporate into the policy as appropriate.

Please do not hesitate to contact me if you have additional questions.

Sincerely,

Robert C. May, Chair
Academic Council

cc: Project Policy Analyst Hill
    Academic Council
    Senate Directors
May 16, 2019

ROBERT MAY
Chair, Academic Council

Subject: Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities - Interim Policy

Dear Robert,

On May 13, 2019, the Divisional Council (DIVCO) of the Berkeley Division discussed the proposal cited in the subject line, informed by commentary of our divisional committees on Diversity, Equity, and Campus Climate (DECC); and Faculty Welfare (FWEL).

Overall, we are supportive of the proposed interim policy. We do, however, have two concerns.

We underscore a concern raised by FWEL:

Members do question the potential burden of bureaucracy that comes from smaller facilities (such as campus clinics, counseling centers, or other affiliated off-campus facilities) needing to designate a staff administrator and engage with legal counsel to implement this policy. The members believe that this policy makes sense in the case of UC hospitals or large, stand-alone clinics. However, in doing a quick read of the Health and Safety Code 1200 and 1250 (referenced on page 2 of the draft policy), it is the understanding of members that campus healthcare facilities would also be subject to the policy. Such locations are likely to not have dedicated legal counsel or staff to administer the policy. For example, members wondered if Berkeley’s own Psychology Clinic, Tang Center or the Berkeley Optometry center would be subject to this policy and if they would be able to reasonably enforce it with current staff and resources.

DIVCO members also raised questions about the wording of two provisions of the proposed policy. Specifically, Section III.B.1 and Section III.D.1.a:
Health facilities should implement policies that are protective of patient information, under which health facility staff members and volunteers disclose patient information only when required or expressly authorized to do so by all applicable laws.

Health facilities should give assurances that they will not release information to third parties for immigration enforcement purposes, except as required or expressly authorized by law or court order.

In each instance, it seems as though disclosure or release of patient information should take place only when required and authorized, rather than required or authorized. We recommend rephrasing these provisions to clarify the intent.

Sincerely,

Barbara Spackman
Chair, Berkeley Division of the Academic Senate
Cecchetti Professor of Italian Studies and Professor of Comparative Literature

Cc:  David Ahn, Chair, Committee on Diversity, Equity, and Campus Climate
     Terrence Hendershott, Kenneth Polse, and Sheldon Zedeck, Co-chairs, Committee on Faculty Welfare
     Linda Corley, Senate Analyst, Committee on Diversity, Equity, and Campus Climate
     Sumali Tuchrello, Senate Analyst, Committee on Faculty Welfare
May 14, 2019

LINDA COHEN, CHAIR
ACADEMIC SENATE, IRVINE DIVISION

RE: Systemwide Review of Proposed Interim Policy on Responding to Immigration Enforcement Involving Patients at UC Health Facilities

At its meeting on May 6, 2019, the Council on Equity and Inclusion discussed the proposed interim policy for limited review on responding to immigration enforcement involving patients at UC Health facilities.

The Council made the following comments and recommendations:

- On page 4 of 8: 4. Health facilities should develop procedures for handling information requests by telephone, such as requiring a call-back process through publicly listed agency phone numbers. Staff members and volunteers receiving immigration inquiries and requests shall first consult with the designated health facility administrator to ensure that correct protocols are followed.
  - Members expressed concern with requesting information by telephone due to the possibility of fraudulent callers asking for this sensitive information. Unless these facilities are legally required to accept phone calls, it would be preferred that phone calls not be taken as means for information requests.

- On page 5 of 8: b. A federal judicial warrant (either a search-and-seizure warrant or an arrest warrant): Prompt compliance usually is required, but, where feasible, staff should consult with legal counsel before responding.
  - The use of the word “usually” is not sufficient to provide clarity for the staff interacting with officers. Situations that are “feasible” enough to allow for consultation with legal counsel should be outlined to provide guidance for staff of situations where prompt compliance is not required.

- On page 5 of 8: 10. If the officer orders staff to provide immediate access to facilities, health facility staff should comply with the officer’s order and also immediately contact a designated administrator. Personnel also should not attempt to physically interfere with the officer, even if the officer appears to be acting without consent or appears to be exceeding the purported authority given by a warrant or other document. If an officer enters the premises without authority, health facility personnel shall simply document the officer’s actions while at the facility.
  - We are unclear on what is being mandated in this section. Is this section suggesting that if the officer does not comply with one
or any of the steps in 1-9, and instead just orders that access be given, that the staff then disregard the other points and just give him/her access?

- Or should the staff attempt the above steps to an extent prior to complying with the officers’ demand for immediate access?
- It’s unclear especially since we can imagine that an officer may come in and simply ask for immediate access to see a patient as the first order of business. In that case would the staff attempt the 1-9 steps, or just decide to give them access and proceed as Step 10 suggests?

On page 6 of 8: 1. Health facilities should post and issue general information policies telling patients of their privacy rights and remedies.

- Does that include circulating to patients this policy which outlines the steps that the staff/health facility will take in relation to these immigration enforcement matters?

On page 6 of 8: 2. Health facilities should post information guides regarding immigrant patient rights, including the right to remain silent. While immigration enforcement at health facilities is limited by U.S. Immigration and Customs Enforcement ICE and U.S. Customs and Border Protection “sensitive-locations” policies, immigration agents may enter a public area of a health facility without a warrant or the facility’s consent and may question any person present (with that person’s consent).

- It would be helpful if the health facilities could outline what areas within that health facility qualify as a “Public Area” especially considering that these protections don’t apply in those areas.

On page 6 of 8: 11. Health facility staff should complete an incident report that includes the information gathered as described above and the officer’s statements and actions.

- Members noted that the policy asks staff to compile and document various pieces of information in relation to officer requests. Considering that these all then need to be included in this incident report, there should be some form that lists these items for clear reporting on the incident report.

- In relation to this point, the UC System should keep a record of these incident reports, and the interactions with these immigration officers. The data from these reports should be made available.

On page 6 of 8: D. Information on Patient Rights and Responsibilities

- For every mention of information that is provided to patients, there needs to be an assurance that these health facilities will be providing the information in a language that allows for comprehension by the patient(s) in question.

The policy mentions “legal counsel” and “competent legal counsel” (on page 4, #5). Members questioned why legal counsel was only characterized as “competent” once in the policy, and not in any other mention of legal counsel. Members noted
that the duty of competence is required under the ethical rules of legal professionals, therefore the inclusion of the word “competent” seemed unnecessary. Members commented that perhaps the use of the word “competent” was meant to indicate a legal professional well versed in immigration law. If so, then the policy should be clarified to convey that point.

- Lastly, members noted that it should be mandatory that staff members consult with legal counsel in regards to any documentation provided by the officer listed in under Section C.8. Considering these are legal documents, the legal counsel should attest to the validity of these documents prior to a staff member relinquishing information or access to an immigration officer.

The Council on Equity and Inclusion appreciates the opportunity to comment.

Sincerely,

Louis DeSipio, Chair
Council on Equity and Inclusion

c: James Steintrager, Chair Elect, Academic Senate
Kate Brigman, Executive Director, Academic Senate
Laura Gnesda, Senate Analyst
Christine Aguilar, CEI Analyst
May 15, 2019

LINDA COHEN, CHAIR
ACADEMIC SENATE – IRVINE DIVISION

Re: Systemwide Review of Proposed Interim Policy on Responding to Immigration Enforcement Involving Patients at UC Health Facilities

UC Senate Chair May has circulated a proposed interim policy for limited review on responding to immigration enforcement involving patients at UC Health facilities.

At its meeting on May 14, 2019, the Council on Faculty Welfare, Diversity, and Academic Freedom (CFW), discussed the proposed interim policy.

Members voted unanimously to endorse the following recommendations:

1. Item 3-4: Define “administrative warrant” or “ICE warrant” and clarify how these are different from a judicial warrant. (E.g., “Administrative warrants” allow agency officials to gather information to enforce statutes and administrative regulations. Administrative warrants are distinct from criminal warrants. They are generally non-urgent requests to inspect records and premises or to detain individual. ICE warrants are issued for civil violations of immigration law, not criminal charges. They are a type of administrative warrant. An “ICE warrant” is not a real warrant in the sense that it is not reviewed by a judge or any neutral party to determine if it is based on probable cause ”)

2. Item 3-4: Examples of a health facility administrator would be useful. (E.g., “A Health Facility Administrator is generally not a mid-level staff supervisor but rather an individual with policy oversight of the health facility.”)

3. Item 3-5: Item 4 should be revised to “Health facilities will not respond to information requests by telephone because of the security and confidentiality risks involved.”

4. Item 3-6: This should be revised to “Advise the officer that before proceeding with his or her request, health facility personnel must first notify and receive direction from University Counsel or, if University Counsel is unavailable, from the designated health facility administrator.”

5. Under Item 8: There should be a subsection that states “Health personnel should ask what type of warrant is being presented.”

6. Item 3-7: Under Item 13(e), revise to “An Immigration and Customs Enforcement (ICE) administrative warrant. Administrative warrants are non-urgent and immediate compliance is not required. Inform the officer that the health facility cannot respond to the warrant until after it has been reviewed by a designated administrator and University Counsel.”

7. Item 3-7: The order of items 13(f) and 13(g) should be switched, so that the discussion of subpoenas precedes the discussion of federal judicial warrants.

8. Item 3-8: A recommended edit: “While immigration enforcement at health facilities is limited by U.S. Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection “sensitive-locations” policies, immigration agents may enter a public area of a health facility without a warrant or the facility’s consent and may question
any adult person present with that person’s consent. (Note: access to private areas of the facility is restricted unless agents have a judicial warrant.)

9. Item 3-8: Add after the first sentence: “There may be an exception in exigent circumstances. Exigent circumstances are rare and would typically involve situations such as immediate destruction of evidence or flight of an individual suspected of serious criminal activity.”

The Council would also like to pose the following questions:

1. B.17: Regarding posting “information:” which languages and which accessible formats will the information guides be posted?
2. B. 17 and B.17.E.1: What distinguishes a “public area” of a health facility from “sensitive locations”? Which locations require consent?
3. B.19.F.1: How can the policy define consent? In what form does consent need to be given to the defined “health facility administrator”?

The Council would also like to recommend that before instituting a final policy, UC Counsel solicit input from the numerous UC experts on immigration issues. Some names are suggested below:

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<tr>
<th>Institution</th>
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<tr>
<td>UCLA</td>
<td>Professor Jennifer Chacon</td>
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<td>Professor Ingrid Eagly</td>
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<td>Professor Hiroshi Motomura</td>
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<td>Professor Sameer Ashar</td>
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<td>UC Davis</td>
<td>Dean Kevin Johnson</td>
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<td>Professor Leticia Saucedo</td>
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<td>Professor Raquel Aldana</td>
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<td>Professor Gabriel &quot;Jack&quot; Chin</td>
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<td>UC Irvine</td>
<td>Professor Annie Lai</td>
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<td>Professor Ana Muniz</td>
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<td>UC Santa Cruz</td>
<td>Professor Jan Manuel Pedroza</td>
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<td>UC Merced</td>
<td>Professor Tanya Maria Golash-Boza</td>
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<td>UC San Diego</td>
<td>Professor Tom Wong</td>
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<td>UC Santa Barbara</td>
<td>Professor John S.W. Park</td>
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<td>Professor Lisa Sun-Hee Park</td>
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Sincerely,

James Danziger, Interim Chair
Council on Faculty Welfare, Diversity, and Academic Freedom
C: Kate Brigman, Executive Director
Academic Senate
May 15, 2019

Robert May
Chair, Academic Council

RE: Systemwide “Limited Review”: DRAFT UC Health Policy Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities

Dear Robert,

The Executive Board of the UCLA Academic Senate discussed the DRAFT UC Health Policy Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities at its meeting on May 9, 2019. Due to the limited review and the short turnaround time, the Executive Board was unable to solicit comments from standing committees of the Senate.

The Senate recognizes the importance of trying to balance compliance with the demands of immigration officers while still providing health and wellness to patients. The request that California public institutions only cooperate with immigration enforce within limits set by the California Values Act puts necessarily places units, such as the hospitals, in a difficult situation. Although we do not feel in a position to opine on the specific ways that the policy attempts to mediate these conflicting requirements, we appreciate the University’s efforts to provide guidance to employees and protect patients’ rights within the context of competing legal demands.

In Section III.F.2. states “Health facility personnel shall immediately notify the minor patient’s parent or guardian if a law enforcement officer requests or gains access to the patient for immigration enforcement purposes, unless such access was in compliance with a judicial warrant or subpoena that restricts the disclosure of the information to the parent or guardian.” Several members recommended that the policy be extended and that health facility personnel notify anyone whose records are accessed, not just minors.

The Executive Board appreciates the opportunity to opine. Please feel free to contact me should have any questions.

Sincerely,

Joseph Bristow
Chair, UCLA Academic Senate

cc: Hilary Baxter, Executive Director, Systemwide Academic Senate
Sandra Graham, Immediate Past Chair, UCLA Academic Senate
Michael Meranze, Vice Chair/Chair-Elect, UCLA Academic Senate
Michael LaBriola, Principal Policy Analyst, Systemwide Academic Senate
Linda Mohr, Chief Administrative Officer, UCLA Academic Senate
MAY 15, 2019

ROBERT MAY, CHAIR, ACADEMIC COUNCIL

RE: PROPOSED INTERIM POLICY RESPONDING TO IMMIGRATION ENFORCEMENT INVOLVING PATIENTS ON UC HEALTH FACILITIES

Dear Robert:

The proposed interim policy *Responding to Immigration Enforcement Involving Patients on UC Health Facilities* was distributed for comment to the standing committees and school executive committees of the Merced Division of the Academic Senate. Four committees offered comment or otherwise endorsed the proposed policy: the Committee for Diversity and Equity (D&E), the Committee on Faculty Welfare and Academic Freedom (FWAF), the Committee on Research (CoR), and the Committee on Rules and Elections (CRE). The remaining committees appreciated the opportunity to opine but declined to comment.

At its May 13, 2019 meeting, Divisional Council endorsed both the proposed interim policy and that the enclosed comments by FWAF, CoR, and CRE be transmitted for consideration by Academic Council. For ease of access, committee comments are also summarized here.

FWAF raised concerns about the training and staffing needed to execute the policy successfully and suggested that cash-strapped health centers be resourced to comply. CoR requested clarification as to whether human subjects in research studies in UC health facilities would be affected by this policy, and whether faculty researchers conducting these studies would be required legally to report personal information about the patients if requested by authorities.

Finally, CRE suggests substituting “and” for “or” in the following sentence of Section III.B.1 of the policy.

“Health facilities should implement policies that are protective of patient information, under which health facility staff members and volunteers disclose patient information only when required and expressly authorized to do so by all applicable laws.”

CRE’s intent is to prevent unintentional disclosure of patient information as a result of language that suggests disclosure is allowed, even if it is not required.
The Merced Division thanks you for the opportunity to opine.

Sincerely,

Kurt Schnier, Chair
Divisional Council

CC: Divisional Council
   Hilary Baxter, Executive Director, Systemwide Academic Senate
   Laura Martin, Executive Director, Merced Senate Office

Encl (5)
May 9, 2019

To: Kurt Schnier, Chair, Divisional Council

From: Committee for Diversity and Equity

Re: Interim Policy for Responding to Immigration Enforcement Involving Patients on UC Health Facilities.

The Committee for Diversity and Equity reviewed the Interim Policy for Responding to Immigration Enforcement Involving Patients on UC Health Facilities.

The policy seems reasonable. D&E hopes that it will provide some reassurance for vulnerable communities, and that it will hopefully help ensure patients can be seen by health professionals without fear of deportation.

D&E supports the implementation of this policy.

Copy: D&E Members
Associate Director Paul
Senate Office
May 6, 2019

To: Kurt Schnier, Chair, Division Council

From: Laura Hamilton, Chair, Committee on Faculty Welfare and Academic Freedom (FWAF)

Re: Interim Policy on Immigration Enforcement Issues Involving Patients in UC Health Facilities

FWAF reviewed the interim policy on immigration enforcement issues involving patients in UC health facilities. We endorse the policy, but raise concerns about the training and staffing necessary to correctly follow this procedure. FWAF suggests that the policy come with funding or support for already cash/resource-strapped health centers that will need support to implement this policy correctly.

We appreciate the opportunity to opine.

cc: Senate office
May 6, 2019

To: Kurt Schnier, Chair, Division Council

From: Michael Scheibner, Chair, Committee on Research (COR)

Re: Interim Policy on Immigration Enforcement Issues Involving Patients in UC Health Facilities

CoR reviewed the interim policy on immigration enforcement issues involving patients in UC health facilities.

CoR requests clarification on whether human subjects in research studies who are in UC health facilities would be affected by this policy. In addition, would faculty researchers conducting these studies be legally required to report personal information about the patients if requested by authorities?

We appreciate the opportunity to opine.

cc: Senate Office
May 7, 2019

To: Kurt Schnier, Chair, Divisional Council

From: Christopher Viney, Chair, Committee on Rules and Elections

Re: Interim Policy for Responding to Immigration Enforcement Involving Patients on UC Health Facilities.

The Committee on Rules and Elections reviewed the proposed Interim Policy for Responding to Immigration Enforcement Involving Patients on UC Health Facilities.

We recommend that Section III.B.1 of the policy be revised as follows. (Proposed CRE addition is provided in bold, underlined font, and proposed deletion is indicated by strikeout).

“Health facilities should implement policies that are protective of patient information, under which health facility staff members and volunteers disclose patient information only when required and or expressly authorized to do so by all applicable laws.”

Otherwise, disclosure of patient information could potentially occur if the respondent thinks it is allowed, even if it is not required.
May 15, 2019

Robert May, Chair, Academic Council
1111 Franklin Street, 12th Floor
Oakland, CA 94607-5200

RE: [Systemwide Review] Interim Policy: Limited Review of Interim Policy on Responding to Immigration Enforcement Involving Patients on UC Health Facilities

Dear Robert:

I write to provide the Riverside Division’s consultative feedback on the Interim Policy on Responding to Immigration Enforcement Involving Patients on UC Health Facilities. The Division’s Executive Council discussed this matter at its regular meeting on May 13, 2019, and affirmed the responses received from standing committees. Two of the consulted committees offered some substantive feedback, and I have touched on some of their responses below.

The School of Medicine Executive Committee concluded that this review be best addressed with some consultation with the School’s Chief Compliance and Privacy Officer, Dr. Paul Hackman. This discussion revealed that UCR has a number of processes in place that comply with some of the requirements of this Interim policy. The SOM EC also suggested that posting of immigration rights information may be advisable, given the sensitivities and vulnerabilities of the current political and institutional climate. Another suggestion entailed a request that UCOP (or each campus administration) offer formalized training for those individuals designated as the administrators in charge of handling immigration issues.

The Committee on Diversity, Equity, and Inclusion requested more information and clarification regarding several aspects of the interim policy. By way of example, it raised a concern that section C.8.b appears to be poorly defined. In the phrase “Prompt compliance usually is required…,” there is no definition of “usually” and it is thus not clear what staff should do in this situation. CoDEI provides other such examples in its response.

The Riverside Division appreciate this opportunity to provide consultation on an important policy matter.

Peace,

Dylan

Dylan Rodríguez
Professor of Media & Cultural Studies and Chair of the Riverside Division

CC: Hilary Baxter, Executive Director of the Academic Senate
Cherysa Cortez, Executive Director of UCR Academic Senate Office
COMMITTEE ON DIVERSITY, EQUITY, AND INCLUSION

May 3, 2019

To: Dylan Rodriguez  
Riverside Division Academic Senate

From: Boris Maciejovsky, Chair  
Committee on Diversity, Equity, and Inclusion

Re: Systemwide Review. Interim Policy: Limited review of interim policy on responding to immigration enforcement involving patients on UC Health Facilities

CoDEI would like to request additional information and clarification regarding several aspects of the interim policy on responding to immigration enforcement at UC Health Facilities.

First, section C.8.b appears not well defined. “Prompt compliance usually is required...,” does not provide a definition of “usually” and it is thus not clear what staff should do in this situation. Also, most of the other bullet points under 8 suggest that staff should either consult a “designated administrator” or consult with legal counsel, however, it is unclear what the criteria are that prompt the former or latter response. Some clarification and/or precise instruction might be desirable.

Second, section C.10 appears to be in conflict with C.2. Specifically, the former calls for “immediate access to facilities” if the officer orders staff to do so, whereas the latter instructs staff to “first notify and receive direction from the designated health facility administrator” if the officer issues a request. CoDEI would like to inquire whether the difference in response is due to the difference between “ordering” or “requesting” access by the officer.

Third, section E.1 instructs staff to request identifying information, age, purpose of entering the health facility for any visitor who does not possess a judicial warrant or court order. CoDEI suggests to also collect such information in case of a visitor who does possess a judicial warrant or court order. Also, greater specificity, for instance with regards to what types of proof of identity are acceptable, would be desirable.

Fourth, sections III.A and IV could benefit from some additional detail. For instance, it would be desirable to spell out some minimal qualifications for the position of a designated health facility administrator, as the position requires a combination of legal and management skills, but it is not immediately clear what they are. CoDEI would be particularly interested to ensure that the selection and training process ensures that designated health facility administrators are sensitive to DEI issues and are unbiased in their actions with respect to such issues.
May 3, 2019

To: Dylan Rodriguez  
Riverside Division Academic Senate

From: Daniel Jeske, Chair  
Committee on Faculty Welfare

Re: Systemwide Review. Interim Policy: Limited review of interim policy on responding to immigration enforcement involving patients on UC Health Facilities

Between April 29th and May 3rd the Committee on Faculty Welfare (CFW) conducted a limited review through email review of the document entitled, “Limited Review of Interim policy on Responding to Immigration Enforcement Involving.” It was judged that the topic of this document is outside the scope of CFW. However, from an editorial point of view, the committee noted that despite the premise that the recommendations in the document are not mandatory, the verbiage contained therein suggests otherwise. There are, for example, many uses of words like ‘should,’ ‘shall,’ and ‘must.’ It was additionally noted given the non-prescriptive nature of the document; it might better be called a ‘guideline’ rather than ‘policy.’ One member also suggested consideration for making some of the non-prescriptive guidelines enforceable policy.
May 12, 2019

TO: Senate Division Chair Dylan Rodriguez

FROM: Maurizio Pellecchia, Chair Executive Committee, School of Medicine

Comments on: Interim Policy: Limited Review of Interim policy on Responding to Immigration Enforcement Involving Patients on UC

The School of Medicine Executive Committee evaluated the document at the April 25th 2019 FEC meeting and concluded that the matter would be best addressed after consultation with our SOM Chief Compliance and Privacy Officer, Dr. Paul Hackman, with respect to current policies and the proposed future implementations. Hence the response below was prepared in consultation with Dr. Hackman:

Briefly, UCR has already processes in place that comply with some of the requirements of this Interim policy. For example, we already have a policy on the Release of Protected Health Information (PHI), as well as a policy on Access, Use, and Disclosure of PHI, and one on Authorization for Disclosure of PHI. These practices are in place and simply imply not to release PHI without authorization or the proper authority compelling us to do so. UCR has also established a policy on law enforcement. Dr. Hackman noted that such policies may just need a slight revision in order to align with the Interim policy, upon its adoption.

We think it is feasible to have an administrator designated to handle the immigration issues, one designated person for all of UCR Health locations. Perhaps we suggest to also designate an alternate in case that person is unavailable.

Posting of immigration rights information is also a good idea and we don’t see it being any problem.

We also suggest UCOP (or each campus) to offer some type of formalized training program for those individuals who are designated as the administrators in charge of handling immigration issues to ensure that they are properly educated and that the information is consistent throughout the system.

Kind regards,

Maurizio Pellecchia
May 8, 2019

Professor Robert May, Chair
Systemwide Academic Senate
University of California
1111 Franklin St., 12th Floor
Oakland, CA 94607

SUBJECT: Immigration Enforcement on UC Health Facilities Interim Policy

Dear Chair May,

The proposed interim policy on Responding to Immigration Enforcement Involving Patients on UC Health Facilities was discussed at a San Diego Divisional Senate Council meeting on May 6, 2019. Senate Council endorsed the interim policy.

Sincerely,

Robert Horwitz, Chair
Academic Senate, San Diego Division

cc: M. Corr – Vice Chair, San Diego Divisional Academic Senate
    R. Rodriguez – Director, San Diego Divisional Academic Senate
May 20, 2019

Robert C. May, PhD
Chair, Academic Council
Systemwide Academic Senate
University of California Office of the President
1111 Franklin St., 12th Floor
Oakland, CA 94607-5200

Re: UC Interim Policy Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities

Dear Robert:

President Trump and his administration’s hostility toward immigrant communities has been demonstrated by innumerable executive actions designed to make it more difficult for immigrants to enter the U.S., to make life in the U.S. more difficult for immigrants, and to deport more immigrants from the U.S. These efforts are in direct conflict to the values and mission of UC and UCSF.

In response, UCSF has been vocal in opposition to these immigration policies.

- In January 2017, Chancellor Hawgood made no fewer than three separate statements criticizing the President’s Executive Order on Immigration, which temporarily barred immigrants from certain Muslim-majority counties, calling it as antithetical to UCSF’s core values.

- In September 2017, Chancellor Hawgood addressed the UCSF community expressing his extreme disappointment in President Trump’s decision to rescind the Deferred Action for Childhood Arrivals program.

- In June 2018, Chancellor Hawgood released a statement on immigration conveying his strongest support for Presidential Napolitano’s statement condemning the humanitarian crisis on the U.S. southern border, where children were forcibly removed from their parents.

- In September 2018, Chancellor Hawgood sent a message to members of the UCSF community arguing against a proposed rule by DHS that would punish people for accessing health programs, sow fear in the immigrant community, and potentially disrupt immigrant families.

The UCSF community is unified by its PRIDE values: professionalism, respect, integrity, diversity and excellence. The PRIDE values are imbedded in UCSF’s shared mission of advancing health worldwide.
With this in mind, the San Francisco Division of the Academic Senate fully supports the values and objectives articulated in the California Values Act and the California Attorney General's (AG) immigration enforcement-related guidance and model policies for health facilities entitled “Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California’s Healthcare Facilities in Responding to Immigration Issues.”

We have reviewed the UC Interim policy, “Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities.” We note that the UC Interim policy adopts the AG’s model policies, but does not require the adoption of additional recommendations within the AG’s guidance. Health facilities may adopt these recommendations but are not required to do so.

In deciding which policy recommendations to adopt, we encourage UC Health and UCSF Health to strive to implement as many of these recommendations as possible, while ensuring our ability to deliver quality and accessible health care to our patient population.

Recognizing that UC Health and UCSF Health will adopt and implement local policies and procedures, we also want to take this opportunity to highlight local campus resources to address existing inequities in immigrant health and health care disparities. The UCSF Center for Vulnerable Populations administers a Latinx and Immigration Health Program with a mission to improve access to and quality of care for LatinX and immigrant populations through research, advocacy, and health systems change. As UC Health and UCSF Health adopt local policies and procedures addressing implementation of this UC Interim policy, we encourage leaders to consult with appropriate subject matter experts on campuses, including but not limited to the faculty and staff in the LatinX and Immigration Health Program.

Thank you for this opportunity to conduct limited review of the Interim policy.

Sincerely,

[Signature]

David Teitel, MD, 2018-19 Chair
UCSF Academic Senate

Encl. (1)
Cc: Sharmila Majumdar, UCSF Academic Senate Vice Chair
May 7, 2019

TO: David Teitel MD, Chair, UCSF Academic Senate
FROM: Steven Hays, MD Chair, Clinical Affairs Committee (CAC)
CC: Todd Giedt, Executive Director, UCSF Academic Senate
RE: Draft Interim Policy: UC Health Policy Responding to Immigration Enforcement Issues Involving Patients in UC Health Facilities (Interim Policy)

Dear Chair Teitel,

The Clinical Affairs Committee reviewed the Interim Policy and has no objections to the Policy's implementation as written.

Thank you for the opportunity to comment.

Steven Hays, MD
2018-2019 Chair
Clinical Affairs Committee
ROBERT MAY, CHAIR
ACADEMIC COUNCIL

RE: Proposed Interim Policy on Responding to Immigration Enforcement Involving Patients on
UC Health Facilities

Dear Robert,

The University Committee on Faculty Welfare (UCFW) has discussed the proposed interim policy on
Responding to Immigration Enforcement Involving Patients on UC Health Facilities. UCFW finds the
proposed interim policy acceptable insofar as it is in keeping with state law while preventing the
University’s medical centers from becoming an immigration enforcement arm of the federal
government. We look forward to considering a permanent policy when available.

Sincerely,

Sean Malloy, UCFW Chair

Copy: UCFW
Hilary Baxter, Executive Director, Academic Senate

May 15, 2019