Establishing Sanctuary Hospitals: Protecting the Right to Access Health Care

Introduction

With increasing frequency, Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) are conducting immigration enforcement activities in and near hospitals, interfering with the right of noncitizens to equal access to medical services. In a number of instances documented by Physicians for Human Rights (PHR), the presence of ICE and CBP officials in medical facilities diminishes the quality of patient care by disrupting treatment or recovery and by compromising patient confidentiality. As a result, many noncitizens fear possible interactions with immigration officials in medical facilities and are refusing to seek medical attention, putting themselves and others at greater health risk.

PHR has long advocated for the autonomous protection of medical facilities, and these instances of encroachment by ICE and CBP are an injustice to both medical professionals and their patients. Hospitals and medical facilities should be safe spaces where the well-being of patients is the main priority.

How Immigration Agents Interfere with Medical Treatment

- ICE officials removed a patient awaiting a neurological appointment from her hospital wheelchair and shackled her.
- CBP stopped an ambulance containing a 10-year-old Cerebral Palsy patient in need of emergency surgery, then maintained custody throughout her procedure until discharge, when she was transferred to a detention center instead of into the care of her family.
- CBP agents have searched vehicles, including ambulances, in hospital parking lots.
- ICE & CBP have detained individuals who visited ill relatives or attempted to help loved ones seek medical attention, often leaving their loved ones to fend for themselves.

Enforcement in Hospitals Violates Law and Policy

- On paper, ICE & CBP have a policy that treats medical care facilities as “sensitive locations,” where enforcement operations should be limited. Sensitive locations include, but are not limited to, medical treatment and health facilities, such as hospitals, doctors’ offices, accredited health clinics, and emergent or urgent care facilities.
- “Enforcement operations” incorporate apprehensions, arrests, interviews, searches, and surveillance for immigration purposes.

How are enforcement operations restricted?

At the Border

- Greater latitude in “immediate vicinity” of the border (within 100-mile border zone.)
- Includes searches at points of entry and activities relative to a certainty that an individual just crossed the border.
- Agents required to exercise sound judgment and common sense when taking enforcement actions in border zone.

Elsewhere in the United States

- No enforcement operations absent: exigent circumstances (involving national security, terrorism, public safety, imminent risk of death or violence, or imminent risk of destruction of evidence pertaining to a criminal case)
- Prior approval from designated supervisor.
- Other law enforcement led agents to sensitive location.
For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared the 1997 Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.