

Testimony to the Cook County Health & Hospital System Board
Regarding Protecting People Under Increased Threats
April 28, 2017



Good morning. I am Wesley Epplin and I serve as the Director of Health Equity at Health & Medicine Policy Research Group. On behalf of Health & Medicine, I urge the Cook County Health and Hospital System Board and leadership to take swift action to protect access to the human right to healthcare and the safety of people seeking healthcare in your hospitals and clinics. This fits well within this institution’s mission, which is, in part, “To deliver integrated health services with dignity and respect regardless of a patient’s ability to pay.”

In the shadow of increased threats from the Federal Government—with regard to the President’s verbal and written threats, statements of policy and intention, and changes in practice, especially of Federal Immigration and Customs Enforcement (ICE) agents—we urge action to provide greater real and perceived protection and safety for the patients in your clinics and hospitals.

Health & Medicine is especially concerned about protecting all immigrants, including those with and without documents, and other marginalized groups, including LGBTQ people, Muslims, and people of color. The increased threats and acts of oppression and violence from elected officials in the U.S. Government are focused on such marginalized groups. An attack on any one of our people—and any community—is an attack on all of us, so we must all stand together to show love and support for every one of our people. The vitriol and bigotry on full display for the world—and the enactment of such into public policy and practice—must be answered with resounding rejection, and strong action to protect patients and their families.

The Cook County Health & Hospital System has a long history of serving everyone—something that Health & Medicine has always valued and stood up for. We appreciate also the recent emailed message from Dr. Shannon that re-stated that commitment to serve everyone who comes in the doors in need of healthcare. This was an important statement. This is longstanding policy, and yet, you are being called to do more work to keep people safe, as this time and place in history demands it. As a health system, you must take a leadership role to be responsive to people’s needs for safety and healthcare.

I want to recognize that I work outside of the health system—I’m not an employee or board member, and am not privy to all of your activities. So, I recognize that you may already be working on some of the issues I raise today. That said, I am here to urge quick action by this board and CCHHS leadership to address a number of concerns. ICE agents have increasingly been seen patrolling our streets as an intimidation tactic. Reports from many health centers serving immigrant populations in Chicago say that many patients are staying away from health services out of fear for themselves and their loved ones. Unacceptably, one Chicagoan was shot in an ICE raid just last month. In February, a 26-year old mother of two young children in Texas was “bound by her hands and feet and removed by wheelchair from Huguley Hospital” in Fort Worth, Texas by Federal agents. The [news story](#) noted that she was critically ill and in severe pain.

At issue here is both the need for patients to feel safe coming into Cook County hospitals and clinics and that the system does all of the necessary background work to make that perception a reality. Working on making the system safer—and conveying that to patients—are inextricably linked.

As my Health & Medicine Board Member Dr. Linda Rae Murray enumerated in her testimony in February, we have hundreds of thousands of undocumented residents, with the majority of immigrants originating in Mexico or other Latin American countries. That said, we have immigrants from all over the world, and immigrants from African, Asian, European, and other communities are increasingly staying home as well. Federal dictates and actions have played a role in creating this atmosphere of fear.

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To help ensure perceived and actual patient safety, we recommend you convene an internal working group to work through issues related to protecting patients.

We have developed a series of issues systems leadership and staff should think through and respond to with regard to the Health System's institutional policies, its procedures, and staff training. A full assessment of risks and scenarios that can threaten safety and perception of safety for patients is needed. Caution also must be taken that these actions do not spread fear, but instead show appropriate action for advancing safety.

- **Consider how to fully protect any EHR vulnerabilities with regard to social security numbers**
 - Specifically, social security number information must be protected to ensure that it is not used as a proxy for documentation status.
 - At least one local system has actively purged SSN's from their EHR system to protect against this.
- **"Know your rights" and training for staff on how to distribute and assess patients' need for information and support**
 - Policies, procedures, and training on the best ways to share "know your rights" materials need to be addressed, such that this does not inadvertently spread fear.
- **Appropriate staff need to know what to do if ICE shows up at their door.** Someone who is trained within every setting who knows what to say to agents and what to do to protect patients is needed. Protecting patients is the most important aspect here and this institution must take every measure to do so.
 - Does the appropriate staff know what a real warrant (signed by a judge) looks like compared to an ICE Administrative warrant?
- **Is there appropriate signage that conveys safety for all groups?** We are again providing [an example](#) of such a sign that attempts to convey a welcoming place for people of a variety of backgrounds.
 - This is about ensuring all people feel safe and welcomed in hospitals and clinics.
- **What training do clinicians and other staff need to better care for and support their patients in this time of heightened fear?**
 - What are the trauma and psychological needs that may be worsened in this climate?
 - How are these needs being met?
 - Extra support may be a need for both your patients and staff.
- **Ensure protective institutional policies and procedures in such areas as waiting rooms and how they're situated.**
 - Also, are there protections to ensure that waiting rooms and public areas are safe and that hate, bigotry, or bullying from anyone within CCHHS property is not tolerated? Have staff been trained to interrupt such situations?
- **Have a variety of potential questions and scenarios and relevant scripts been developed for front desk staff, security, and clinical staff?** Training may be needed in this area, too.

Once again, you can use the [Public Health Actions for Immigrant Rights guide](#) that Dr. Murray shared before as some useful guidance. Also, both Health and Medicine and the working group of which we are a part are ready to assist you and to connect you with other community partners who may help your efforts. This is just a short list of some issues a local working group that includes Health & Medicine and other partners have developed. You have an opportunity to play a greater leadership role—and a responsibility to do so. County hospitals and clinics must be safe spaces for all our people!