PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA

Correspondence Received

			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
12.		**Favor**	Ann Dorsey	
			Ben Schneider	I am a medical student at UCLA, and I strongly suppport the motion to protect patients in LA hospitals from the heinous overreach of ICE. The care for our patients, whether immigrant or not, cannot be delivered adequately if unnamed, violent agents are present in the hospital building. I've seen firsthand the terror that ICE and CBP agents inflict on my neighbors inside and outside the hospitals, and I know the fear that undocumented patients have when seeking help from county health services. I have been caring for patients in multiple instances where themselves or a family member was suddenly abducted by ICE, and their location was not known until later. This is no way to run a health system, and it is no way to care for our community. I urge the board of supervisors to adopt this motion and to continue the effort further to protect patients and LA County from the terrors of ICE.

As of: 11/17/2025 7:00:10 PM

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			The following individuals submitted comments on agenda item:	
Agenda #	**Relate To**	**Position**	**Name**	**Comments**
12.		**Favor**	Claire Nussbaum	My name is Claire Nussbaum, and I'm a medical student, and soon to be Emergency Medicine resident here in LA County, working at LA General specifically. I'm speaking today in strong support of Agenda Item 12 and thank Supervisors Solis and Mitchell for continuing this urgent conversation. In my work, I've seen firsthand how the presence of immigration agents in hospitals disrupts care and places both patients and healthcare workers at risk. When patients are detained during treatment or transferred without proper care plans, they face devastating health consequences. Providers are left in untenable situations where they must choose between ethical care and external pressure. This motion is a vital next step, but it must go further. I urge you to require that ICE provide written confirmation of where patients are being taken, who will be responsible for their care, and how continuity of treatment—including medication and follow-up—will be ensured. No patient should be released from a County hospital unless these standards are met. We also affirm the need to protect the rights and dignity of all patients in custody—including those in the custody of local peace officers. These individuals deserve access to privacy, support, and safe care just as any other patient does. On blackout policies: we support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. Finally, these protections must extend to all healthcare facilities in LA County, not just those operated by the County. And providers who advocate for their patients must be protected from retaliation. Thank you for your leadership. I respectfully urge you to pass and strengthen Item 12.
			Cydni Baker	Cydni Baker Medical Student cydbaker@gmail.com 17 November 2025 To:?The Honorable Members of the Los Angeles County Board of Supervisors Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference Dear Honorable Supervisors,

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My name is Cydni Baker and I am a medical student at UCLA in Los Angeles County. As someone on the frontlines of healthcare, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time.

Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to:

Affirm Patients' Right to Support and Privacy?All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers.
Strengthen Discharge and Continuity of Care Protections?Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care.

Specifically:

* Verified Receiving Facility: Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor.
* Continuity of Treatment: The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences.
* No Discharge Without Safe Handoff: Without a verified care plan, the patient must remain under medical supervision.
* Protect Medical Privacy and Limit Disclosure: Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes.

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	Apply Countywide Standards and Protect Providers?These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership. Sincerely, Cydni Baker Medical Student Los Angeles, Los Angeles County
DIANA JIMENEZ-BRISENO	Healthcare is an already extremely vulnerable space meant for patient recovery and healing. To impose dehumanizing immigration enforcement in this setting is deplorably cruel.
Elizabeth Samuels	
Evelyn Y Juan	Dear Honorable Supervisors, My name is Evelyn Juan and I am a medical student at UCLA School of Medicine in Los Angeles County. I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time. Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. I strongly urge the Board to: 1. Affirm Patients' Right to Support and Privacy All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be

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	enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers. 2. Strengthen Discharge and Continuity of Care Protections Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care. Specifically: Verified Receiving Facility: Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor. Continuity of Treatment: The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences. No Discharge Without Safe Handoff: Without a verified care plan, the patient must remain under medical supervision. Protect Medical Privacy and Limit Disclosure: Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes. 3. Apply Countywide Standards and Protect Providers These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership.
Karina Brito	
Matthew Hing	
Melanie R Ramirez	Good morning Supervisors, my name is Melanie, and I'm a health professions student here in LA County. I'm speaking today in strong support of Agenda Item 12 and thank Supervisors Solis and Mitchell for continuing this urgent conversation. In my work, I've seen firsthand how the presence of immigration agents in hospitals disrupts care and places both patients and healthcare workers at risk. When patients are detained during treatment or transferred without proper care plans, they face devastating health consequences. Providers are left in untenable situations where they must choose between ethical care and external pressure. This motion is a vital next step, but it must go further. I urge you to require that ICE provide written confirmation of where patients are being taken, who will be responsible for their care, and how continuity of treatment—including medication and follow-up—will be ensured. No patient should be released from a County hospital unless these standards are met. We also affirm the need to protect the rights and dignity of all patients in custody—including those in the custody of local peace officers. These

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	individuals deserve access to privacy, support, and safe care just as any other patient does. On blackout policies: we support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. Finally, these protections must extend to all healthcare facilities in LA County, not just those operated by the County. And providers who advocate for their patients must be protected from retaliation. Currently, ICE agents are allowed in the hospital rooms of patients under custody, even if their presence obstructs patient privacy laws. There are no current guidelines for providers and policies must be set to allow clear delineation of the jurisdiction - in the hospital, providers must prioritize patient privacy above all and remove ICE agents from clinical rooms when conducting medical evaluations. Thank you for your leadership. I respectfully urge you to pass and strengthen Item 12.
Rena MKhitaryan	To:The Honorable Members of the Los Angeles County Board of Supervisors Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference Dear Honorable Supervisors, My name is Rena, and I am a speech therapist in Los Angeles County. As someone on the frontlines of healthcare, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time. Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm, " are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to: Affirm Patients' Right to Support and Privacy.

All detained patients, whether under immigration or local custody, must be allowed to notify
family and access legal support if they wish. We support the right for patients in immigration
custody to consent to family notification and access to resources—including legal and
community support. The right to family notification should also exist for patients in custody of
local peace officers. County guidelines should affirm patient consent in communication, ensuring
no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout
procedures and use of pseudonyms should only be enacted to protect patient safety and
privacy, not universally for all patients in custody of immigration authorities or local peace
officers.
Strengthen Discharge and Continuity of Care Protections
Before a patient is released to ICE custody or detention, there must be written assurance of
safe and timely continuity of care. Specifically:

Verified Receiving Facility: Immigration enforcement must provide confirmation of
where the patient is being transferred, including name, address, and contact info of the
responsible medical provider or supervisor.

Continuity of Treatment: The plan must detail how current care will continue—including
medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening
consequences.

No Discharge Without Safe Handoff: Without a verified care plan, the patient must
remain under medical supervision.

Protect Medical Privacy and Limit Disclosure: Medical records should only be shared
provider-to-provider with those responsible for follow-up care. ICE should receive only
the minimal information necessary to ensure continuity of care—not for investigative
purposes.

Apply Countywide Standards and Protect Providers
These protections must extend beyond County-operated facilities. Community

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	clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership. Sincerely, RENA MKHITARYAN Speech Language-Pathologist M.S CCC-SLP Los Angeles, Los Angeles County
Samantha Haraguchi	As a medical student here in LA County, I'm writing in strong support of Agenda Item 12 and thank Supervisors Solis and Mitchell for continuing this urgent conversation. In my work, I've seen firsthand how the presence of immigration agents in hospitals disrupts care and places both patients and healthcare workers at risk. When patients are detained during treatment or transferred without proper care plans, they face devastating health consequences. Providers are left in untenable situations where they must choose between ethical care and external pressure. This motion is a vital next step, but it must go further. I urge you to require that ICE provide written confirmation of where patients are being taken, who will be responsible for their care, and how continuity of treatment—including medication and follow-up—will be ensured. No patient should be released from a County hospital unless these standards are met. We also affirm the need to protect the rights and dignity of all patients in custody—including those in the custody of local peace officers. These individuals deserve access to privacy, support, and safe care just as any other patient does. On blackout policies: we support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. Finally, these protections must extend to all healthcare facilities in LA County, not just those operated by the County. And providers who advocate for their patients must be protected from retaliation. Thank you for your leadership. I respectfully urge you to pass and strengthen Item 12.
Sara Kendall	Sara Kendall, MD kendalll.ms@gmail.com Nov 17, 2025

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Correspondence Received

To:
The Honorable Members of the Los Angeles County Board of Supervisors
Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference
Dear Honorable Supervisors,
My name is Sara Kendall, and I am a doctor
at AltaMed health services in Los Angeles County. As someone on the frontlines of healthcare, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time.
Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to:
Affirm Patients' Right to Support and Privacy
All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers.
Strengthen Discharge and Continuity of Care Protections
Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care. Specifically:
Verified Receiving Facility: Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor.
Continuity of Treatment: The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences.
No Discharge Without Safe Handoff: Without a verified care plan, the patient must remain under medical supervision.
Protect Medical Privacy and Limit Disclosure: Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes.
Apply Countywide Standards and Protect Providers

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	These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership. Sincerely, Sara Kendall, MD Los Angeles, Los Angeles County
Sarah Hinton	Sarah Hinton?Medical Student?UCLA DGSOM ? sjhinton@mednet.ucla.edu?11/17/2025 To: The Honorable Members of the Los Angeles County Board of Supervisors Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference Dear Honorable Supervisors, My name is Sarah Hinton and I am a third year medical student at UCLA DGSOM in Los Angeles County. As someone on the frontlines of healthcare, working at numerous clinics and hospitals across Los Angeles county, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time. Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to: Affirm Patients' Right to Support and Privacy?All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist.

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	Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers. Strengthen Discharge and Continuity of Care Protections?Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care. Specifically: * Verified Receiving Facility: Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor. * Continuity of Treatment: The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences. * No Discharge Without Safe Handoff: Without a verified care plan, the patient must remain under medical supervision. * Protect Medical Privacy and Limit Disclosure: Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes. Apply Countywide Standards and Protect Providers?These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership. Sincerely,?Sarah Hinton? Medical Student? UCLA DGSOM ? Los Angeles, Los Angeles County
Shamsher Samra	Please see attached letter.
urania G argueta	Good morning Supervisors, my name is Urania, and I'm a 3rd yr medical student here in LA County. I'm speaking today in strong support of Agenda Item 12 and thank Supervisors Solis and Mitchell for continuing this urgent conversation. In my work, I've seen firsthand how the presence of immigration agents in hospitals disrupts care and places both patients and healthcare workers at risk. When patients are detained during treatment or transferred without proper care plans, they face devastating health consequences. Providers are left in untenable situations where they must choose between ethical care and external pressure. This motion is a vital next step, but it must go further. I urge you to require that ICE provide written confirmation of where patients are being taken, who will be responsible for their care, and how continuity of treatment—including medication and follow-up—will be ensured. No patient should be released

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	from a County hospital unless these standards are met. We also affirm the need to protect the rights and dignity of all patients in custody—including those in the custody of local peace officers. These individuals deserve access to privacy, support, and safe care just as any other patient does. On blackout policies: we support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. Finally, these protections must extend to all healthcare facilities in LA County, not just those operated by the County. And providers who advocate for their patients must be protected from retaliation. Thank you for your leadership. I respectfully urge you to pass and strengthen Item 12.
Vincent Chong	To: The Honorable Members of the Los Angeles County Board of Supervisors Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference Dear Honorable Supervisors, My name is Vincent Chong and I am a Trauma Surgeon at Harbor-UCLA Medical Center. I am writing to you in my capacity as a private citizen and resident of the 2nd District. As someone on the frontlines of healthcare, I strongly support Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time. Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen immigration agent interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment. I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to: Affirm Patients' Right to Support and Privacy All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to

				family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers. Strengthen Discharge and Continuity of Care Protections Before a patient is released to immigration custody or detention, there must be written assurance of safe and timely continuity of care. Specifically: Verified Receiving Facility: Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor. Continuity of Treatment: The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences. No Discharge Without Safe Handoff: Without a verified care plan, the patient must remain under medical supervision. Protect Medical Privacy and Limit Disclosure: Medical records should only be shared provider-to-provider with those responsible for follow-up care. Immigration agents should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes. Apply Countywide Standards and Protect Providers These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies. In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care institutions are a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status. Thank you for your leadership. Sincerely, Vincent Chong, MD, MS, FACS
		Item Total	**17**	
Grand Total			**17**	

As of: 11/17/2025 7:00:10 PM

Doctors for Global Health

Promoting Health and Human Rights "With Those Who Have No Voice"

PO Box 1761, Decatur, GA 30031
Voice/Text: 404.490.2010
Dghinfo@dghonline.org
www.dghonline.org

11/17/2025

To:
The Honorable Members of the Los Angeles County Board of Supervisors
Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference

Dear Honorable Supervisors,

My name is Dr. Shamsher Samra and I am an Assistant Professor of Emergency Medicine at UCLA and Vice President of Doctors for Global Health.

I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B).

This new proposal builds on that foundation at a critical time.
Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment.

I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to:

Affirm Patients' Right to Support and Privacy

All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers.

Strengthen Discharge and Continuity of Care Protections

In my review of publicly available death records in ICE custody 40% of deaths occur within the first month of intake to detention. For those who died after returning from hospital evaluations, 84% of deaths occurred within two weeks of return. No patient should be discharged back into detention under such unsafe conditions.

Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care. Specifically: **Verified Receiving Facility:** Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible

medical provider or supervisor. **Continuity of Treatment:** The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences. **No Discharge Without Safe Handoff:** Without a verified care plan, the patient must remain under medical supervision. **Protect Medical Privacy and Limit Disclosure:** Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes.

Apply Countywide Standards and Protect Providers
These protections must extend beyond County-operated facilities. Community clinics, private hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies.

In closing, I support Agenda Item 12 and urge the Board to adopt it **with these added standards**. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status.

Thank you for your leadership.

Respectfully,

Shamsher Samra, MD, MPhil
Vice President Doctors for Global Health
Assistant Professor Emergency Medicine UCLA

Dear Honorable Supervisors,

My name is Matthew Hing, and I am a senior medical student in Los Angeles County. As someone on the frontlines of healthcare who has had the privilege of caring for patients at many of our county hospitals, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time.

Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We've seen ICE interference delay care and obstruct privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment.

I support this motion's effort to prevent such harm. In particular, I strongly urge the Board to:

Affirm Patients' Right to Support and Privacy
All detained patients, whether under immigration or local custody, must be allowed to notify family and access legal support if they wish. We support the right for patients in immigration custody to consent to family notification and access to resources—including legal and community support. The right to family notification should also exist for patients in custody of local peace officers. County guidelines should affirm patient consent in communication, ensuring no blanket restrictions are imposed unless specific safety threats exist. Similarly, blackout procedures and use of pseudonyms should only be enacted to protect patient safety and privacy, not universally for all patients in custody of immigration authorities or local peace officers.

Strengthen Discharge and Continuity of Care Protections
Before a patient is released to ICE custody or detention, there must be written assurance of safe and timely continuity of care. Specifically:

- **Verified Receiving Facility:** Immigration enforcement must provide confirmation of where the patient is being transferred, including name, address, and contact info of the responsible medical provider or supervisor.
- **Continuity of Treatment:** The plan must detail how current care will continue—including medications, equipment, and follow-up. Any gap in treatment can lead to life-threatening consequences.
- **No Discharge Without Safe Handoff:** Without a verified care plan, the patient must remain under medical supervision.
- **Protect Medical Privacy and Limit Disclosure:** Medical records should only be shared provider-to-provider with those responsible for follow-up care. ICE should receive only the minimal information necessary to ensure continuity of care—not for investigative purposes.

Apply Countywide Standards and Protect Providers
These protections must extend beyond County-operated facilities. Community clinics, private

hospitals, and long-term care centers also serve vulnerable patients. The County should lead a broader effort to implement these standards countywide. Additionally, facilities and providers who uphold ethical patient care must be shielded from retaliation by enforcement agencies.

In closing, I support Agenda Item 12 and urge the Board to adopt it with these added standards. By doing so, Los Angeles County will affirm that health care is a place of healing, not harm. You will help ensure every patient is treated with dignity, regardless of their legal status.

Thank you for your leadership.

Sincerely,
Matthew Hing, MD/PhD Candidate
David Geffen School of Medicine at the University of California, Los Angeles
Los Angeles, Los Angeles County; Board of Supervisors District 3

Elizabeth A. Samuels, MD, MPH, MHS

liz.samuels@gmail.com

November 15, 2025

Re: Support for Agenda Item 12 – Empowering County Workers to Serve All Residents Without Interference

Dear Honorable Supervisors,

My name is Dr. Elizabeth Samuels, and I am an Associate Professor of Emergency Medicine at UCLA in Los Angeles County. As someone on the frontlines of healthcare, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at this critical time.

Immigration detention in healthcare settings endangers patient rights, patient health, and the well-being of care teams. When armed ICE immigration agents are present in hospitals and clinics, they create fear that undermines trust. Patients avoid seeking care or experience distress during treatment. Healthcare workers, bound by ethical duties to "do no harm," are put in impossible positions. We have seen ICE interference delay care and obstruct patient privacy. No health provider should be forced to choose between protecting patient rights and dignity and appeasing an agent under threat of punishment.

I support this motion's effort to prevent such harm. Specifically, I strongly urge the Board to:

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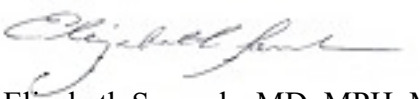

Elizabeth Samuels, MD, MPH, MHS
Associate Professor of Emergency Medicine
UCLA
Pasadena, Los Angeles County

Dear Honorable Supervisors,

My name is Karina Brito, and I am a medical student and resident of La Puente in Los Angeles County. As someone on the frontlines of healthcare, I am writing to express strong support for Agenda Item 12. I applaud the Board's leadership in recognizing the serious issues that arise when immigration enforcement intersects with health care. I also want to thank you for your past efforts to implement California's SB 81 (Motion 54-B). This new proposal builds on that foundation at a critical time.

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Thank you for your leadership.

Sincerely,
Karina Brito
Medical Student
La Puente, Los Angeles County