



Immigration Position Statement

Approved by the ACP Executive Committee of the Board of Regents on behalf of the ACP Board of Regents on January 30, 2017

- 1. ACP supports expanding U.S legal residency status to refugees who are vulnerable to health consequences, including death, illness, starvation and persecution, with appropriate vetting. ACP opposes denying refugee status from persons in designated countries of origin who otherwise would meet refugee status law requirements in the United States.**
- 2. ACP opposes policies that would broadly deny entry or re-entry to the United States for persons who currently have legal visas, including permanent residence status (green card) and student visas, based on their country of origin and/or religion. ACP is particularly concerned about the impact on medical students and foreign-born non-citizen physicians who have or will seek to have legal visas to study or provide medical care within the U.S. as authorized by current law.**
- 3. ACP strongly opposes discrimination based on religion, race, gender or gender identity, or sexual orientation in decisions on who shall be legally admitted to the United States as a gross violation of human rights. The College reaffirms its view that practicing physicians, residents, fellows and medical students, including those of the Muslim faith, should not be subjected to discrimination and/or travel restrictions, based on their religious beliefs, and believes that this principle should broadly apply to all persons seeking legal admission to the United States.**
- 4. ACP is concerned about the health consequences of policies that would split up families, including separating parents and children from each other. We oppose policies that would deny permanent or temporary entry to the United States to persons who otherwise would meet current law requirements for admission. Priority should be given to supporting families in all policies relating to immigration and lawful admission to the United States to live, study, or work.**
- 5. ACP opposes deportation of undocumented medical students, residents, fellows, practicing physicians, and others who came to the United States as children due to the actions of their parents (“Dreamers”) and have or are eligible for Deferred Action for Childhood Arrivals (DACA) status. We urge the administration to preserve the DACA action taken by the previous administration until such time that Congress approves a**

permanent fix. The College also urges Congress to promptly enact legislation to establish a path to legal immigration status for these individuals to ensure that “Dreamers” are permanently protected from deportation. These individuals should also have access to federal student loans and other appropriate opportunities.

- 6. ACP supports the establishment of a path to legal immigration status for undocumented children who came to the United States due to the actions of their parents.**
- 7. The College reaffirms its call for a national immigration policy consistent with the recommendations in its 2011 paper, *National Immigration Policy and Access to Health Care*.**

Background (Prepared by the Division of Governmental Affairs and Public Policy staff)

On January 27, 2017 President Trump signed an executive order that severely restricts immigration from seven Muslim majority countries, suspends all refugee admission for 120 days, and bars all Syrian refugees indefinitely. As a result of the restrictions, hundreds of people with valid documentation were detained at U.S. airports or prevented from boarding flights to the U.S. over the weekend.

Refugees

The executive order bars the entry of any refugee who is awaiting resettlement in the U.S. for 120 days. It also prohibits all Syrian refugees from entering the U.S. until further notice. There were several reports of refugees, who had already gone through the years-long process before being approved to come to the U.S., being detained in U.S. airports or stranded in third countries.¹

Citizens of Majority Muslim Countries

The executive order bans the citizens of seven majority-Muslim countries—Iraq, Iran, Syria, Somalia, Sudan, Libya, and Yemen—from entering the U.S. on any visa category. On Saturday this included individuals who are permanent residents of the U.S. (green-card holders) who were traveling overseas to visit family or for work. Many permanent legal U.S. residents (green card holders) were told they could not set foot on U.S. soil as they returned from trips abroad. Advocates said 100 to 200 travelers from those Muslim-majority countries were being held at various airports around the U.S. as a result of Trump’s order. This includes at least two internal medicine residents who are ACP members. A second-year resident in internal medicine at Interfaith Medical Center in Brooklyn with an H-1B visa for foreign workers in specialty

occupations was blocked from boarding a plane back to the U.S. from Sudan.ⁱⁱ A first-year internal medicine resident at the Cleveland Clinic was forced to leave the U.S., hours after landing at New York's John F. Kennedy International Airport. She was given the choice of withdrawing her visa application "voluntarily" or being forcibly deported and not allowed back to the U.S. for at least five years.ⁱⁱⁱ

Late Saturday, a judge blocked the federal government from deporting citizens of seven countries who were detained at U.S. airports over the past day or so as a result of the executive order. Judges in four cities ruled against the detention of individuals at airports in cases filed by the ACLU and others. The rulings appear to be limited to those people already at U.S. airports or in transit. They do not appear to say anything about the legality of the president's actions. On Sunday evening, John Kelly, Secretary of the Department of Homeland Security, offered more definitive guidance. "In applying the provisions of the president's executive order, I hereby deem the entry of lawful permanent residents to be in the national interest," he said in [a statement](#). "Accordingly, absent the receipt of significant derogatory information indicating a serious threat to public safety and welfare, lawful permanent resident status will be a dispositive factor in our case-by-case determinations." The order also targets individuals of those countries who hold dual citizenship with another country (for example, an individual who holds both Iranian and British citizenships.)

Deferred Action for Childhood Arrivals (DACA)

In 2012, President Obama issued an executive order to protect men and women who were born in another country and brought illegally to the U.S. at a young age. Deferred Action for Childhood Arrivals (DACA), grants lawful presence in the U.S. including work authorization, Social Security numbers, and in many cases state IDs and driver's licenses, which make attending medical school and residency training possible for individuals with DACA status. Approximately 690,000 out of the 1.9 million estimated young adults in the U.S. who are undocumented immigrants have been granted DACA status. As a candidate, President Trump has repeatedly stated that he planned on revoking the DACA executive order. Many have urged him not to do so until a permanent pathway to lawful immigration for individuals with DACA status is approved by Congress.

The Development, Relief, and Education for Alien Minors (DREAM) Act is a potential legislative solution that would ensure a temporary stay of deportation for students with DACA status until such time that Congress approves a permanent fix. The DREAM Act would establish a path to legal immigration status for a limited cohort of undocumented children brought to the United States as minors through no fault of their own by their parents, and who know no other home. ("DREAMers"). It would permit these individuals to obtain temporary legal status and eventually to apply for and obtain permanent legal status, then U.S. citizenship. To be eligible,

they would have had to meet certain education-related requirements or have served in the U.S. military. It would also allow greater flexibility for states by repealing federal penalties for states that provide in-state tuition to undocumented students. First introduced in 2001, it has failed to pass both the House and Senate. It has not been introduced in the 114th Congress. It was last considered in 2013 in the 113th Congress where it passed the Senate as part of comprehensive immigration reform legislation but was not considered by the House.

On January 12, 2017 Senators Lindsey Graham (R-S.C.) and Dick Durbin (D-Ill.) reintroduced bipartisan legislation the Bar Removal of Individuals who Dream and Grow our Economy (BRIDGE) Act, (S. 128) that they had introduced late last year. The BRIDGE Act would allow people who are eligible for or who have received work authorization and temporary relief from deportation through DACA to continue living in the U.S. with permission from the federal government should the DACA program be discontinued under the Trump Administration. Representatives Mike Coffman (R-Colo.) and Luis V. Gutiérrez (D-Ill.) introduced companion legislation (H.R. 496) in the House. Unlike the DREAM Act, the BRIDGE Act would not provide a pathway to U.S. citizenship. It would only allow people who are eligible for—or who already have—DACA to receive work authorization and provisional protected presence.

Data on Medical Students, Residents and Physicians Who May Be Impacted

One-quarter of physicians practicing in the U.S. are international medical graduates. Approximately 30% of ACP members are IMGs.

In 2016, 3,769 non U.S. citizen IMGs obtained first-year residency positions.^{iv} In the same year, 3029 (45.6%) of PGY-1 internal medicine positions were filled by international medical graduates. This figure includes both U.S. citizen students at offshore schools and non U.S. citizen IMGs.^v

According to the AAMC, there are currently 260 applicants from the affected countries among the 35,000 people seeking residency and fellowship positions in this country.^{vi}

AAMC also stated that in 2016, 108 students with DACA status applied to medical school, and 34 matriculants with DACA status entered medical school, bringing total medical school enrollment to approximately 70 students.^{vii}

Existing ACP Policy

ACP Ethics Manual

- Physicians are bound by ethics, professionalism, and tradition to provide care for all.
- “All physicians must fulfill the profession's collective responsibility to advocate for the health, human rights, and well-being of the public.”

- “The physician must respect the dignity of all persons and respect their uniqueness.”
- Physicians “may not discriminate against a class or category of patients.”
- Physicians “should work toward ensuring access to health care for all persons; act to eliminate discrimination in health care; and help correct deficiencies in the availability, accessibility, and quality of health services... The denial of appropriate care to a class of patients for any reason is unethical.”^{viii}

Aligning GME Policy with the Nation’s Healthcare Workforce Needs

3. GME caps should be lifted as needed to permit training of an adequate number of primary care physicians, including general internists, and other specialties facing shortages. Opportunities for GME should exist for both international medical graduates and U.S. medical graduates. (BOR 11)

The Role of International Medical Graduates in the U.S. Physician Workforce

1. ACP recognizes the potential for “brain drain” from less developed countries, but opposes enactment of measures that would prevent international medical graduates—who otherwise meet all U.S. immigration requirements for admittance and residency in the United States-- from emigrating to the United States.
2. ACP supports streamlining the process for obtaining J-1 and H1B visas for non-U.S. citizen international medical graduates who desire postgraduate medical training and/or medical practice in the United States.

“The more stringent visa and security procedures implemented since September 11, 2001, have resulted in denials and delays of visas to many IMGs seeking to come to the U.S. for ECFMG certification and residency training (24). This disrupts residency programs, and program directors may avoid accepting IMGs for this reason. Internal medicine residency programs across the nation have faced situations in which a matched intern cannot start training due to unavailability or delays in procurement of H-1B visas (24).

In addition, numerous ACP members have shared their experiences of random selection for securing H-1B visas despite completion of training in the United States and compliance with visa restrictions. Every effort should be made to avoid unnecessary delays and uncertainty affecting the timely entry of IMGs who have been accepted to postgraduate training programs or offered positions to practice in the United States. At the same time, the United States has a legitimate public interest in conducting more careful reviews of applications for visas from foreign nationals who may pose a legitimate security threat based on specific and credible evidence, and IMGs cannot be automatically assumed, by virtue of being physicians, to be exempt from such scrutiny. The goal should be to reach an appropriate balance that does not subject IMGs to unnecessary delays in the absence of specific and credible evidence that they may pose a security threat to the United States.”

3. ACP supports the expansion of J-1 visa waiver programs, such as Conrad 30, to help alleviate physician shortages in underserved urban and rural areas. This program should also be made permanent.^{ix}

Racial and Ethnic Disparities in Health Care, Updated 2010

Position 2. All patients, regardless of race, ethnic origin, gender, nationality, primary language, socioeconomic status, sexual orientation, cultural background, age, disability, or religion, deserve high-quality health care.^x

Principles on the Role of Governments in Regulating the Patient-Physician Relationship

b. Legislation and regulations should not prevent physicians from treating particular types of patients (e.g., based on immigration status, racial or ethnic origin, sexual orientation, religion) (BOR 2012)

National Immigration Policy and Access to Health Care

Access to Care

1. Access to health care for immigrants is a national issue and needs to be addressed with a national policy. Individual state laws will not be adequate to address this national problem and will result in a patchwork solution.
2. Access to health care should not be restricted based on immigration status, and people should not be prevented from paying out-of-pocket for health insurance coverage.
3. U.S.-born children of parents who lack legal residency should have the same access to health coverage and government-subsidized health care as any other U.S. citizen.

Delivery of Care

4. National immigration policy should recognize the public health risks associated with undocumented persons not receiving medical care because of concerns about criminal or civil prosecution or deportation
 - a. Increased access to comprehensive primary care, prenatal care, injury prevention initiatives, toxic exposure prevention, and chronic disease management may make better use of the public health dollar by improving the health status of this population and alleviating the need for costly emergency care.
 - b. National immigration policy should encourage all residents to obtain clinically effective vaccinations and screening for prevalent infectious diseases.
5. The federal government should develop new and innovative strategies to support safety-net health care facilities, such as community health centers, federally qualified health centers, public health agencies, and hospitals that provide a disproportionate share of care for patients who are uninsured, covered by Medicaid, or indigent. The federal government should also continue to help offset the costs of uncompensated care provided by these facilities and continue to support the provision of emergency services. All patients should have access to appropriate

outpatient care, inpatient care, and emergency services, and the primary care workforce should be strengthened to meet the nation's health care needs.

Eliminating discrimination in health care and professionalism

6. Physicians and other health care professionals have an ethical and professional obligation to care for the sick. Immigration policy should not interfere with the ethical obligation to provide care for all.
7. Immigration policies should not foster discrimination against a class or category of patients in the provision of health care.

Call for Action

ACP is calling for a national immigration policy on health care that balances:

- A. The need for a country to have control over whom it admits within its borders and to enact and implement laws designed to reduce unlawful entry.
- B. The need for the U.S. to differentiate its treatment of persons who fully comply with the law in establishing legal residency from that of persons who break the law in the determination of access to subsidized health coverage and treatment.
- C. The concern that unlawful residents may not pay state or federal income taxes but could receive care that is subsidized by legal residents who lawfully pay their income taxes.
- D. Recognition that residents who lack legal documentation are still likely to access health care services when ill, especially in emergency situations, and that hospitals have an ethical and legal obligation under Emergency Medical Treatment and Active Labor Act (EMTALA) to treat such persons, and physicians are ethically responsible to take care of them
- E. Recognition that society has a public health interest in ensuring that all residents have access to health care, particularly for communicable diseases, and that delayed treatment for both communicable and noncommunicable diseases may be costly and can endanger the rest of the population.
- F. Recognition that persons who delay obtaining care because they cannot document legal residency are likely to generate higher health care costs that are passed onto legal residents and taxpayers, through higher premiums and higher taxes. (BoR 11)^{xi}

ACP Advocacy

In December, 2015, the College issued a statement against discrimination of any kind against physicians and affirmed concerns that discriminatory practices can have a negative impact on public and global health, <https://www.acponline.org/acp-newsroom/acp-statement-in-light-of-current-events-sparking-discrimination-against-physicians>; which included the following statement:

“ACP affirms that physicians, including Muslim physicians, should not be subjected to discrimination and/or travel restrictions, based solely on their religious beliefs. “

This 2016 statement was in reaction to then-candidate Trump's proposal to ban Muslims from being admitted to the United States. On January 30, 2017, the College reaffirmed <https://www.acponline.org/acp-newsroom/acp-reaffirms-commitment-to-non-discrimination> its concerns about the discriminatory impact of the executive order.

ⁱ Macguire, Eoghan, Ali Gostanian, and Erik Ortiz. "Trump reportedly leaving travelers stranded around the world." NBC News. January 28, 2017. <http://www.nbcnews.com/news/world/trump-travel-restrictions-leave-refugees-stranded-reports-n713591>.

ⁱⁱ Ornstein, Charles. "Trump's Executive Order Strands Brooklyn Doctor in Sudan." ProPublica. January 30, 2017. <https://www.propublica.org/article/trumps-executive-order-strands-brooklyn-doctor-in-sudan>.

ⁱⁱⁱ Ornstein, Charles. "Hours After Landing in U.S., Cleveland Clinic Doctor Forced to Leave by Trump's Order." ProPublica. January 31, 2017. <https://www.propublica.org/article/cleveland-clinic-doctor-forced-to-leave-country-after-trump-order>.

^{iv} "IMG Performance in the 2016 Match." Educational Commission for Foreign Medical Graduates. March 30, 2016. <http://www.ecfmg.org/news/2016/03/30/img-performance-2016-match/>.

^v Results of 2016 NRMP Main Residency Match Largest on Record as Match Continues to Grow." The Match National Resident Matching Program. March 18, 2016. <http://www.nrmp.org/press-release-results-of-2016-nrmp-main-residency-match-largest-on-record-as-match-continues-to-grow/>.

^{vi} Japsen, Bruce. "How Trump's Travel Ban Worsens Doctor Shortage." Forbes. January 29, 2017. <http://www.forbes.com/sites/brucejapsen/2017/01/29/how-trumps-travel-ban-worsens-doctor-shortage/>.

^{vii} Kirch, Darrell G. "Letter to President-elect Donald Trump." American Association of Medical Colleges. December 8, 2016. <https://www.aamc.org/download/473630/data/aamcursespresident-electtrumpnottorevokedacaexecutiveorderwitho.pdf>.

^{viii} Snyder L; for the American College of Physicians Ethics, Professionalism, and Human Rights Committee. American College of Physicians Ethics Manual: sixth edition. Ann Intern Med. 2012;156:73-104. Available at <https://www.acponline.org/clinical-information/ethics-and-professionalism/acp-ethics-manual-sixth-edition-a-comprehensive-medical-ethics-resource/acp-ethics-manual-sixth-edition>.

^{ix} Zerehi, M. Renee. "The Role of International Medical Graduates in the U.S. Physician Workforce." American College of Physicians. May 13, 2008. https://www.acponline.org/system/files/documents/advocacy/current_policy_papers/assets/img_paper.pdf.

^x Crowley, Ryan. "Racial and Ethnic Disparities in Health Care." American College of Physicians. April 12, 2010. https://www.acponline.org/acp_policy/policies/racial_ethnic_disparities_2010.pdf.

^{xi} Kline, Michelle. "National Immigration Policy and Access to Health Care." American College of Physicians. April 4, 2011. https://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf.