# Timeline of Hospital Criminalization

The vast majority of people involved in direct or indirect patient care came to this work hoping to help people. Yet, certain policies and common practices in health care settings make it difficult for healthcare workers to fulfill this purpose and live into their commitment to provide care and to do no harm. **What does it mean when healthcare providers are part of systems that cause patients harm and actively undermine the respect, privacy, and care that patients seek?**

Below are some examples of how policing and criminalization harms patients; along with some steps individual providers and policy makers can take to reduce and eliminate these harms. We hope that this will be a helpful tool in organizing for change and implementing different practices at your institution.

## 1 before arrival

Care of injured patients may be delayed by police investigation and evidence collection.

## 2 on arrival

Security checkpoints, metal detectors, and surveillance delay care and/or lead to arrest or criminal charges.

## 3 waiting

Police presence and patrols can deter patients from seeking care, including leaving without being seen.

## 4 emergency department

Police presence in care areas, questioning of patients, and access to patient information lead to: patients leaving against medical advice; patients withholding important medical information from providers; violation of patients' privacy and legal rights.

## 5 inpatient & outpatient

Stigma associated with police involvement leads to substandard care, decreased time with patients, and decreased use of diagnostic tests. Healthcare workers are not equipped to safeguard patients' rights in interactions with police. Shackling can cause physical harm to patients, including pressure ulcers, risking worse health outcomes.

## 6 long term

Structural oppression (such as racism, sexism, xenophobia, transphobia) and other forms of stigma negatively impact health. Those same structures also impact how people are criminalized before, during, and after their visit to the hospital. Fears of being reported to the police and ICE by providers prevents people in the sex trades, survivors of violence, migrants, people who use drugs, trans and gender non-conforming people, and people who self-manage abortions or lose a pregnancy from accessing necessary healthcare.

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# Interrupting Criminalization in Health Care Settings

## Things You Can Do as a Provider

### Be Intentional

**Take a breath and question** whether police presence will escalate or defuse a situation. Consider other resources for managing a situation.

**Say positive things about patients and redirect gossip.** Idle talk among providers and biased medical records about patients' conditions, personality, demeanor, or lives can lead to reduced quality of care and criminalization.

**Make sure patients fully understand what mandated reporting means**.

### Be Aware of the Impact of Your Actions

**Name when policies are problematic**, like universal drug screening.

**Recognize when patient privacy is being violated**.

**Document harms and injuries** caused by police to patients.

**Learn how charting might impact future care** or how it may contribute to criminalization of overdose and self-managed care.

**Do not consent to police searches** or share information that is not legally required. Acknowledge patient privacy and do not immediately honor requests for patient records. Learn how your hospital manages requests for records.

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## Creating Institutional Change

We recognize that, ultimately, interrupting criminalization in health care settings must be done in community. Creating spaces of solidarity for staff, providers, patients, and community members will be important. Below are some tactics that we have found helpful in working towards removing police from care.

**Start conversations with co-workers** to gauge their interest in removing police from healthcare systems. Reach out to groups working to get **cops out of care** and create non-punitive, healing environments.

**Talk with patients, hospital staff, and healthcare workers as a group.** To make this group inviting and flexible, consider making it independent from any existing structures.

**Bring your group together to gather information** about the policing and security landscape of your hospital. Which agents are armed? What is their accountability structure? What are patient and staff experiences with them?

**Demand limits** on law enforcement presence around the hospital.

**Advocate for updates** to visitation policies and investments in patient advocates, other non-coercive staff, and community supports that assist patients in navigating the healthcare system.

**Share *Know Your Rights* materials** for patients and providers around the presence of police in healthcare spaces, such as *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy.*

**Identify hospital practices and policies that are producing an unsafe environment**—this could be unsafe staffing levels, excessive patient boarding, rules around drug possession, long wait-times, etc. Work with community organizations to change those policies.

**Help establish an accountability process** for past harm. This might include getting resources to develop community leadership to advocate for patients who have been assaulted and/or to work toward removing armed security.

**Stick with it!** You will have successes and setbacks in trying to change the culture of your workplace. Don't burn yourself out. Turn to your support networks when you need to. Real transformation takes time, community, and self-care.