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MEDICAL LEGAL VIOLENCE

THE SHIFTING LANDSCAPES LATINX IMMIGRANTS MUST NAVIGATE TO ACCESS HEALTHCARE

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BOBCAT COMICS, University of California Merced
Center for the Humanities, 2023

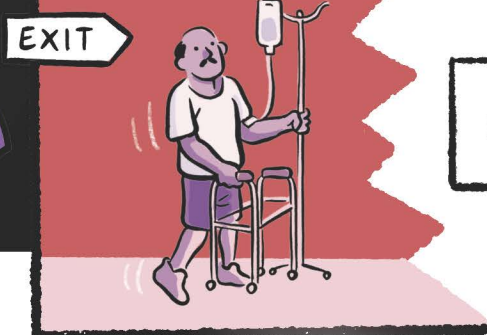
IN 2010, THE AFFORDABLE CARE ACT (ACA) EXPANDED HEALTHCARE COVERAGE TO MILLIONS OF PEOPLE IN THE U.S.

BUT MANY NONCITIZENS WERE EXCLUDED.

AT THE TIME I WAS A CASE MANAGER COORDINATING CARE FOR UNINSURED PEOPLE (OFTEN UNDOCUMENTED IMMIGRANTS).

FOR THOSE WHO NEEDED RELATIVELY SIMPLE PROCEDURES, WE WERE USUALLY ABLE TO ARRANGE CARE.

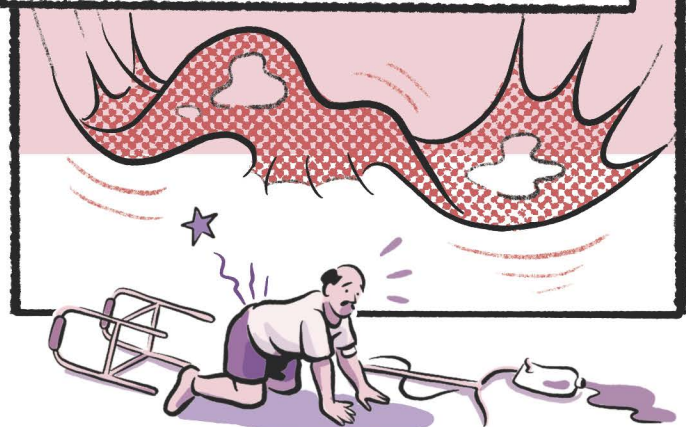
BUT IF A PATIENT HAD A COMPLICATED CONDITION, I HAD TO CLOSE THEIR CASE.



I DIDN'T REALLY KNOW WHAT WOULD HAPPEN TO THEM...

IF THE LOCAL SAFETY NET WAS ROBUST AND INCLUSIVE OF NONCITIZENS, I THOUGHT THAT THE PATIENT WOULD PROBABLY GET THE CARE THEY NEEDED.

BUT IF THAT NET WAS THIN, OR FULL OF HOLES, THEY MIGHT FIND THEMSELVES ON HOSTILE TERRAIN WHILE SEEKING THE CARE THEY NEEDED.



WHAT HAPPENS TO NONCITIZENS WHO NEED HEALTH CARE BUT CAN'T QUALIFY FOR INSURANCE?

BETWEEN 2015 TO 2020, I OBSERVED AND INTERVIEWED NONCITIZEN PATIENTS AND HEALTHCARE WORKERS IN SAFETY-NET CLINICS TO FIND OUT. BECAUSE FEDERAL LAWS CAN PLAY OUT UNEVENLY DEPENDING ON LOCAL CONDITIONS, I COMPARED 3 STATES:

BLUE STATE
GOVERNED BY PROGRESSIVES

EVEN IN IMMIGRANT-INCLUSIVE STATES PEOPLE WORRIED THAT FEDERAL ENFORCEMENT MIGHT PENALIZE NONCITIZENS WHO USED STATE-FUNDED HEALTH CARE.

If I sign up for this state program, and they see I'm undocumented, are they going to come after me? ...Am I on a radar now?

I don't know what's going to happen, and I feel horrible when I say, 'I can't tell you because I don't know.'

PURPLE STATE
WITH MIXED GOVERNANCE

WHERE THERE WAS TENSION AMONG LOCAL, STATE, AND FEDERAL POLICIES, PATIENTS AND HEALTHCARE WORKERS WORRIED ABOUT BEING CRIMINALIZED BY EXCLUSIONARY LAWS.

Can you assure me that what I send to your institution will not be accessed by immigration agents and cause me to be identified and deported?

No, I cannot. That's not how the system works and how the laws are.

RED STATE
GOVERNED BY CONSERVATIVES

AGGRESSIVE STATE AND LOCAL LAWMAKING AMPLIFIED FEDERAL IMMIGRANT HEALTH EXCLUSIONS.

When you finally reach that limit, when it's an emergency, then we take that risk ...that once they give us medical attention, they can report us.

I worry personally as a provider about the electronic record in terms of how much should I put in there. Should I even say they're undocumented?

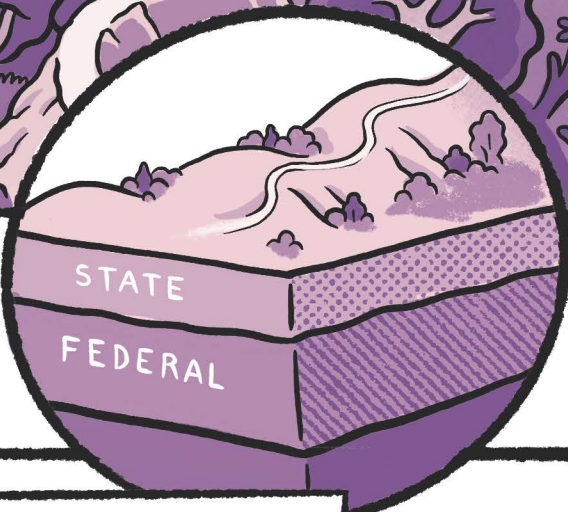
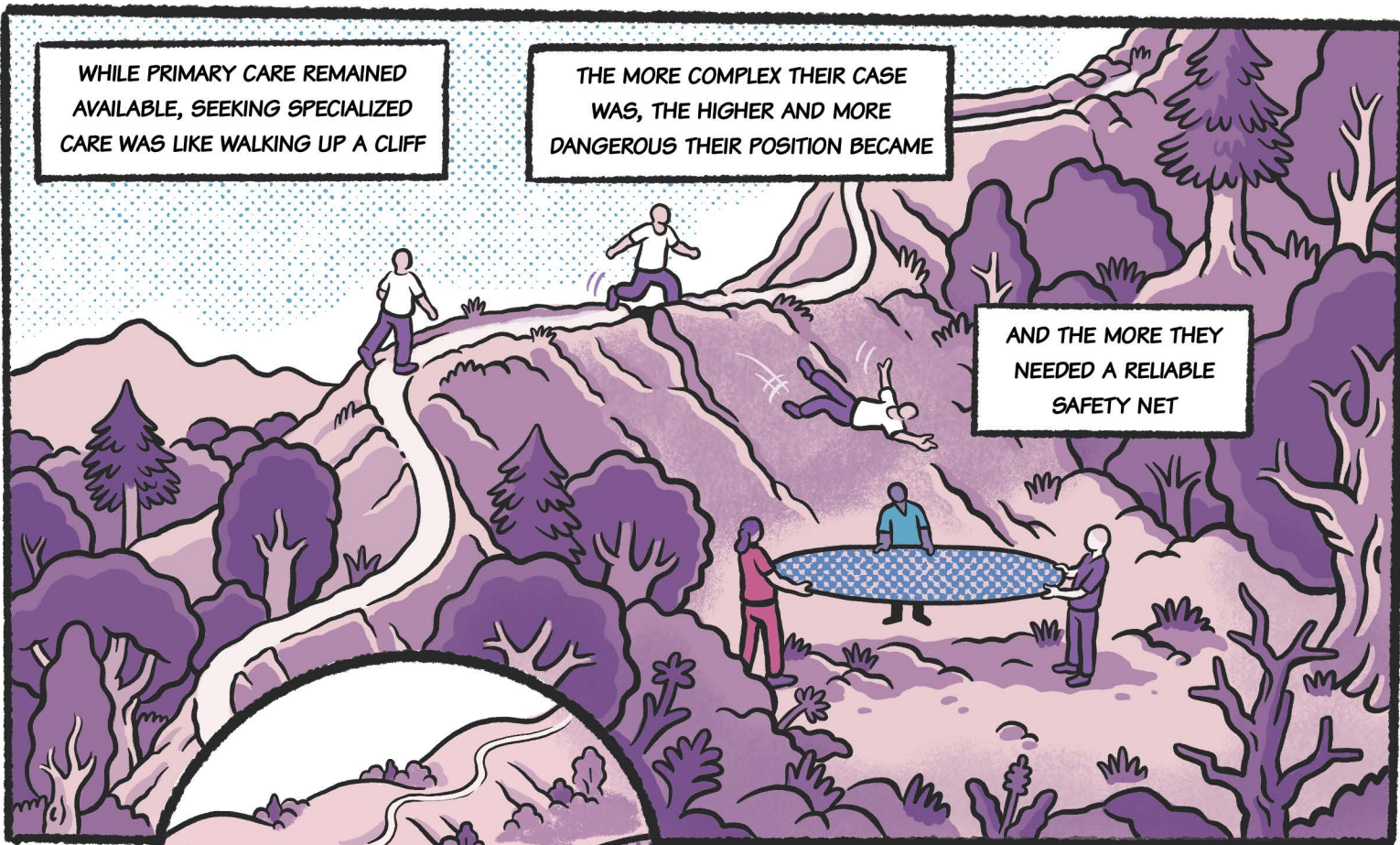
AS ANTI-IMMIGRANT POLITICS ACCELERATED DURING THE TRUMP ADMINISTRATION, PATIENTS AND WORKERS ALIKE WORRIED THAT CLINICS MIGHT BECOME A POTENTIAL SITE FOR IMMIGRATION ENFORCEMENT.

THIS CREATED A SYSTEM OF "MEDICAL LEGAL VIOLENCE" THAT MADE IT HARDER FOR HEALTHCARE WORKERS TO FACILITATE THE CARE OF NONCITIZENS.

WHILE PRIMARY CARE REMAINED AVAILABLE, SEEKING SPECIALIZED CARE WAS LIKE WALKING UP A CLIFF

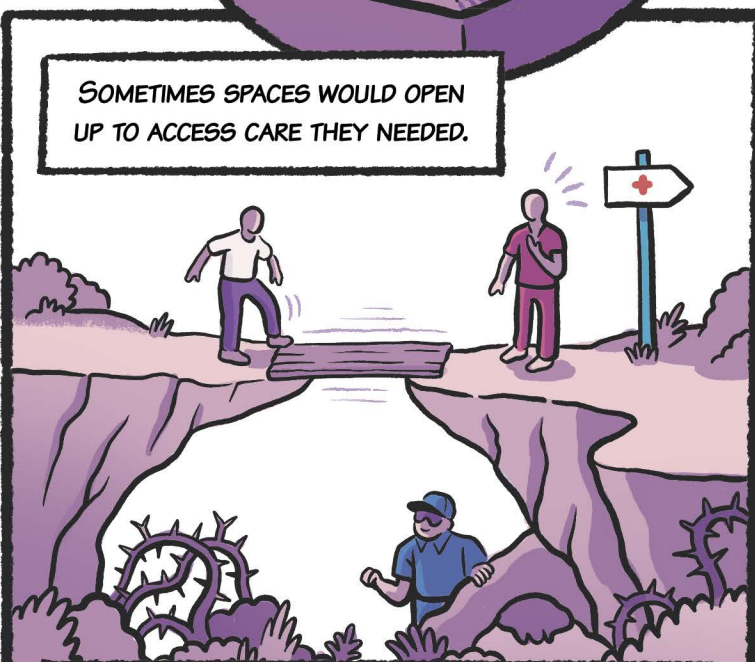
THE MORE COMPLEX THEIR CASE WAS, THE HIGHER AND MORE DANGEROUS THEIR POSITION BECAME

AND THE MORE THEY NEEDED A RELIABLE SAFETY NET



BELOW THE CLIFF, THE COMPLEX DYNAMICS AMONG FEDERAL, STATE, AND LOCAL LAW CREATED AN UNSTABLE LANDSCAPE, DIFFICULT TO UNDERSTAND AND NAVIGATE.

SOMETIMES SPACES WOULD OPEN UP TO ACCESS CARE THEY NEEDED.



IN PASSING THROUGH THESE SHIFTING PORTALS BOTH PATIENTS AND PROVIDERS WORRIED THAT THEY MIGHT FALL INTO A TRAP THAT BROUGHT THEM UNDER FEDERAL IMMIGRATION ENFORCEMENT.

PEOPLE WERE FORCED TO WEIGH THE RISKS OF ILLNESS AGAINST FEARS OF CRIMINALIZATION.



LEADING THEM TO SEEK CARE ONLY FOR LIFE-OR-DEATH EMERGENCIES.

AMID THIS HOSTILE TERRAIN, CLINIC WORKERS IN EACH SITE
DREW ON PERSONAL EXPERIENCE AND PROFESSIONAL
EXPERTISE TO RESIST MEDICAL LEGAL VIOLENCE



THEY PARTNERED WITH LEGAL
EXPERTS TO INCORPORATE HEALTH
PRIVACY AND CIVIL RIGHTS LAWS
INTO THEIR PRACTICE.



THEY CONFRONTED GOVERNMENT
AGENTS WHO WERE INTIMIDATING
PATIENTS WITH IMMIGRATION
ENFORCEMENT THREATS.

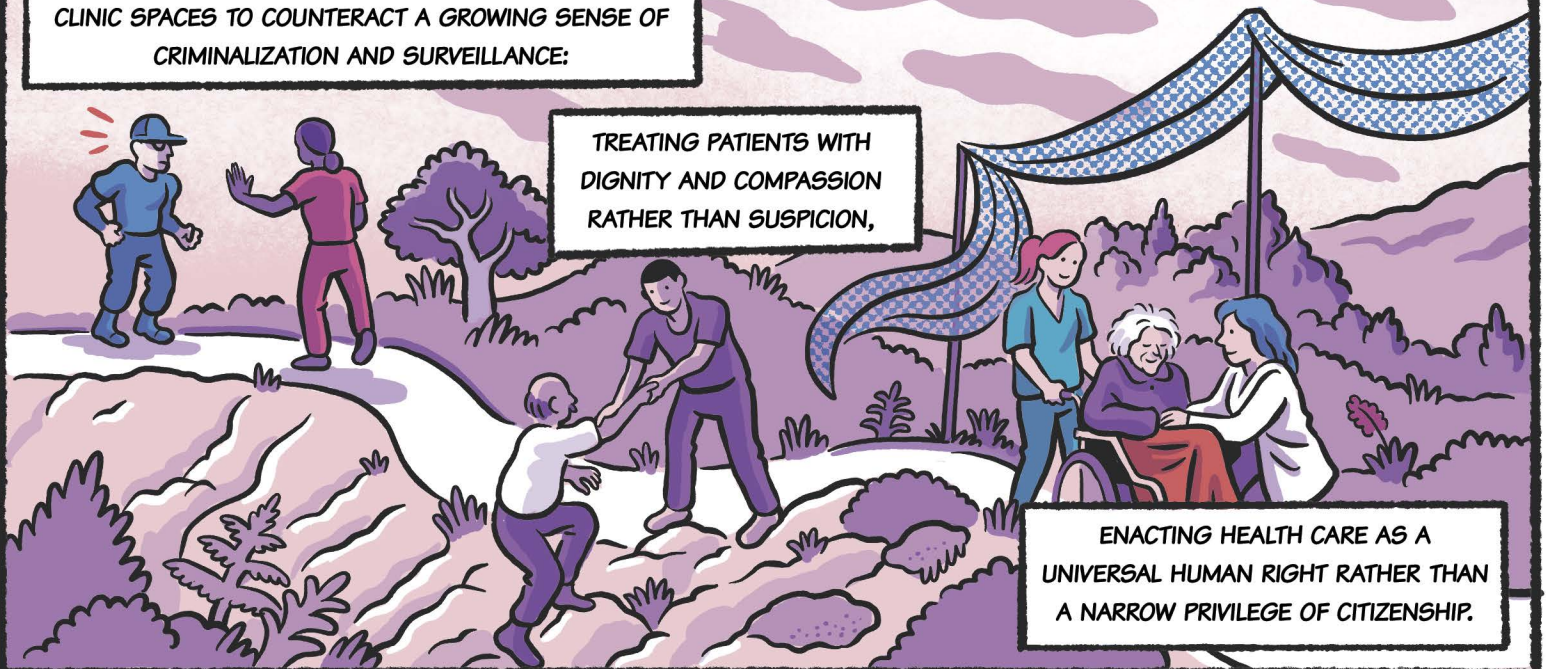


THEY HOSTED "KNOW YOUR RIGHTS"
TRAININGS AND CREATED EMERGENCY
PREPARATION KITS IN CASE OF
DETENTION OR DEPORTATION.



MOST OF ALL, THEY ENACTED AN ETHOS OF CARE IN
CLINIC SPACES TO COUNTERACT A GROWING SENSE OF
CRIMINALIZATION AND SURVEILLANCE:

TREATING PATIENTS WITH
DIGNITY AND COMPASSION
RATHER THAN SUSPICION,



ENACTING HEALTH CARE AS A
UNIVERSAL HUMAN RIGHT RATHER THAN
A NARROW PRIVILEGE OF CITIZENSHIP.