



October 17, 2018

Via Electronic Delivery

Dear Dr. Daniel and Members of the Johns Hopkins Community,

We are writing to you in response to your petition requesting that the university end its contracts with the U.S. Department of Homeland Security's Immigration and Customs Enforcement agency (ICE). We appreciate your efforts to engage our community in debate around significant national policy issues and the work and role of our university. The concerns you raise are serious and deserve a considered response.

At issue are two long-standing educational programs that provide emergency medical training and leadership education:

- The School of Education's Division of Public Safety Leadership (PSL) has taught leadership and management courses in degree and certificate programs to law enforcement and public safety personnel at the local, state, and federal levels since 1994, including under a contract with ICE since 2008. This contract will expire in 2019, and the PSL program as a whole is currently being wound down.
- The School of Medicine's Center for Law Enforcement Medicine provides specialized physician oversight and education for federal law enforcement personnel who are cross-trained as paramedics and emergency medical technicians, including under contracts with the U.S. Secret Service (since 1999), the Bureau of Alcohol, Tobacco, Firearms and Explosives (since 2007), the U.S. Marshals Service (since 2007), and ICE (since 2004).

Your petition focuses on the role of ICE in carrying out the immigration policies of the current administration, particularly with respect to family separation and deportation. The petition argues that the policies and actions of ICE are so repugnant to the widely shared values of our community that we should intervene to terminate the contracts and disassociate the university from the agency.

What we believe is not at issue in your petition, but we want to reaffirm based on other questions we've received, is the university's unwavering commitment to supporting our international and DACA students; offering broad access and support to our students, faculty, and staff without regard to immigration status; and providing exceptional care to immigrant and refugee populations in our hospitals and clinics in the United States and around the world. Johns Hopkins does not provide information about the immigration status of members of our community unless required by law, and Johns Hopkins' safety and security officers neither request information regarding citizenship nor enforce federal immigration laws without a specific court order. We have been unequivocal in our [public statements](#) concerning the consequences of recent immigration policies that have a clear, direct, and demonstrable impact on members of our university community.

After carefully considering your petition, we have concluded that it would be inappropriate and inadvisable for the university to agree to your request.

Our reasoning is grounded in the university's long-standing deference to faculty decisions made in relation to their research, teaching, and clinical work. This stance is an aspect of our more generalized commitment to the principle of academic freedom.

Here, the two programs at issue were initiated some years ago by members of the faculty in the School of Education and School of Medicine; today, these and other faculty colleagues are responsible for fulfilling and overseeing the programs and remain committed to undertaking educational activities with the agency. Notably, colleagues who lead and participate in these programs do not regard their work as constituting an endorsement—explicitly or implicitly—of the current administration's immigration policies. In fact, colleagues involved in the programs share the reservations you have raised about aspects of the federal government's current immigration enforcement activities. Yet, despite these concerns, our colleagues believe that their programs serve the public interest by providing quality education and emergency medical training that ultimately benefit those who interact with the agency. Their conviction is buttressed by the fact that the two programs appear to function at some distance from the policies and operational decisions of the federal government, decisions that necessarily change over time and across administrations.

We believe that it would be antithetical to the mission of the university if we were to insist that faculty members withhold instruction or medical care in order to have the university express its disapproval of certain aspects of current federal policy.

In this respect, we see a similarity to the view held by faculty elsewhere in the university who conduct research and educational activities in foreign countries where the governments' norms and policies are regarded by many in our university community as harmful, offensive, or unjust. Despite our colleagues' criticism of, and opposition to, those countries' norms and policies, they believe that the benefit of their work—in public health, medical care, engineering, or policy development—merits continued engagement, and even direct work, with these governments. And the university has been unflinching in its support for these activities.

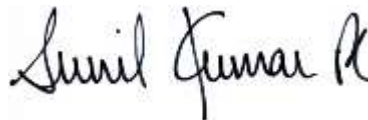
While the claim to protection for research, education, and clinical activities by faculty and students on the grounds of academic freedom is not unbounded, the university must be exceptionally reluctant to abridge that protection. In this case, and after careful consideration of the views of affected faculty, we have concluded that it would be wrong to insist that these contracts be terminated.

Thank you again for conveying your views and concerns on this important matter.

Sincerely,



Ronald J. Daniels  
President



Sunil Kumar  
Provost and Senior Vice President  
for Academic Affairs