

November 29, 2021  
U.S. Citizenship and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

Re: DHS-Docket No. USCIS-2021-0006; Deferred Action for Childhood Arrivals

Dear USCIS:

As pediatricians, psychologists and maternal child health researchers at PolicyLab at Children's Hospital of Philadelphia (CHOP), we welcome this opportunity to comment on the Proposed Rulemaking on Deferred Action for Childhood Arrivals (DACA) and to highlight the positive health effects of the program. We call for DACA to be made permanent until a pathway to full citizenship is implemented.

DACA has been associated with significant improvements to the health and well-being of families and children. In addition, there is evidence that DACA recipients play a critical role in this country's healthcare system. The COVID-19 pandemic demonstrated even more clearly the importance of reducing fear of deportation in immigrant communities in order to protect public health. Based on our clinical and research expertise, we emphasize the following considerations.

### ***Preserving DACA is important to ensure a robust health care workforce***

The health care professions still have insufficient representation from clinicians of minoritized backgrounds, with particularly few Black and Hispanic physicians, psychologists and nurses.<sup>1-3</sup> This lack of workforce diversity has consequences for patients. Patients from minoritized backgrounds often see improved health and behavioral health outcomes when treated by a clinician of their own race and/or ethnicity.<sup>4-7</sup> Health care workers from minoritized backgrounds are also more likely to work in underserved areas, and greater representation among student bodies may help all students better prepare to care for minoritized populations.<sup>8-9</sup> Language barriers also adversely impact health outcomes, with patients with a preferred language other than English often struggling to access care or experiencing poorer health outcomes.<sup>10</sup> When a provider speaks the same language as the patient, patients often see a variety of improved health outcomes.<sup>11</sup>

DACA recipients overall are racially and ethnically diverse, have strong language skills, and could help fill many of these gaps. Nearly nine in ten DACA recipients come from Latin America, so recruiting and supporting DACA recipients in medical schools could help address the low rates of Hispanic physicians.<sup>12,1</sup> There are also tens of thousands of DACA recipients that hail from from other countries such as South Korea, the Philippines, India, Jamaica, and Trinidad and Tobago.<sup>13</sup> The vast majority of DACA recipients are bilingual or multilingual; an estimated 94 percent speak a language other than English at home, while over 85 percent speak English at least well.<sup>14</sup>

While the role of DACA providers who are already in health care is understudied, in interviews and surveys, DACA medical students have reported strong interest and experience in supporting underserved populations.<sup>15-16</sup> More than 60,000 DACA-eligible persons work in health care, including 30,000 in frontline roles that have been vital during the COVID-19 pandemic.<sup>4</sup> DACA recipients are already providing valuable contributions to U.S. health care, and protecting DACA may help encourage even more of them to study and work in the field.

### ***DACA improves the health of eligible youth***

While most studies of health outcomes from DACA have so far focused on those over 18, there is some evidence of benefits for DACA-eligible teenagers. DACA has been associated with fewer teen pregnancies; after the program was implemented, the gap in pregnancy rates between documented Hispanic immigrant teens and undocumented teens was reduced by nearly half.<sup>17</sup> DACA has also been associated with dramatic improvements in high school attendance and high school graduation rates.<sup>18</sup> Greater educational attainment has long been linked to longer lifespans and lower prevalence of chronic disease, disability and psychological distress.<sup>19</sup>

### ***DACA improves the health of eligible and enrolled adults and their children***

The health of caregivers directly affects the health of children, so improved health among adults can benefit both them and their children. Survey data from California indicated significant improvements in the self-reported overall health of Latinx, DACA-eligible adults in the years immediately following DACA implementation, and national surveys of all DACA-eligible adults indicated similar improvements as well as reductions in hypertension.<sup>20-21</sup> (However, other studies found few changes in self-reported overall health).<sup>22</sup> It is likely that the uncertainty surrounding DACA has dampened positive health effects.<sup>20</sup>

While the evidence on physical health outcomes of adults has been mixed, there is strong evidence that DACA has had positive effects on the mental health of eligible adults.<sup>22-26</sup> DACA has also been associated with positive effects on many social determinants of health (the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks).<sup>27</sup> These include greater access to employment, higher earnings, significant reductions in poverty, safer workplaces, access to better housing, and increased health insurance coverage and access to care.<sup>21,28-31</sup>

Intergenerational health effects are clearly evident in studies of children of DACA-eligible adults. In California, Latinx children's overall health (as reported by their mothers) improved after DACA implementation.<sup>20</sup> Mexican immigrant women in the United States had improved birth outcomes, including longer gestational age and decreased rates of low birth weight and very low birth weight.<sup>32</sup> In Oregon, children of DACA-eligible mothers had 50% fewer diagnoses of adjustment and anxiety disorder relative to children of mothers who were not eligible for DACA.<sup>33</sup>

### ***DACA can help provide reassurance against unnecessary deportation, which in turn protects public health***

Restrictive immigration policies have long been associated with poor health outcomes, as immigrants fearing detention or deportation may then avoid health care and social services.<sup>34</sup> The consequences of this are especially dire during a public health emergency, as we have learned through our research during the COVID-19 pandemic.

In 2020, PolicyLab took part in the Pennsylvania Department of Health's COVID-19 Health Equity Response Team. As part of that process, our researchers conducted a statewide survey of 108 stakeholders who were leaders in immigrant communities. Respondents were asked to identify the top challenges faced by, and top sources of resilience for, immigrant communities during the pandemic. 70 percent of respondents served undocumented immigrants. PolicyLab summarized these findings in a [white paper](#).

Respondents cited poor workplace conditions and immigration-related fears as contributing to spread of COVID-19 in their communities.<sup>35</sup> One respondent stated “undocumented workers in the pandemic were not given the ability to distance or take sick leave like U.S. citizens would be. This and congregate living exacerbated the spread of the virus, endangering close-knit communities.” Another emphasized, “we are seeing some communities (e.g., mixed status) that are not comfortable using existing services (e.g., quarantine housing) due to immigration concerns.”

Immigration fears were also directly tied to avoidance of vital public health programs. For instance, one respondent indicated that there was “lack of access to treatment for covid or anything else for fear of govt authorities at healthcare facilities.” Another wrote, “we also have undocumented clients, who are in fear of being discovered through testing or seeking health care.” Our findings were echoed in other studies, which similarly described avoidance of testing, treatment and contact tracing efforts.<sup>36</sup>

Thank you for the opportunity to provide comments, and for taking the time to consider our feedback. Until a permanent pathway to citizenship is realized, we look forward to seeing the continuation of DACA to ensure the health and well-being of children and families, both immigrant and U.S. born, and a more robust and equitable health care system. Please contact Caroline La Rochelle, Policy and Strategy Senior Associate at [lrochelle@chop.edu](mailto:lrochelle@chop.edu) with any further questions or opportunities to expand on the areas covered here.

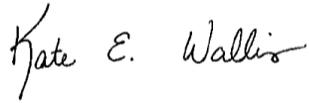
Sincerely,



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