

November 11, 2020

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

RE: CIS No. 2655-20; DHS Docket No. USCIS-2019-0023; RIN: 1615-AC39: Comments in Response to Proposed Rulemaking: Affidavit of Support on Behalf of Immigrants

To Whom It May Concern:

Thank you for the opportunity to comment on the Department of Homeland Security's (DHS) Notice of Proposed Rulemaking, "Affidavit of Support on Behalf of Immigrants" published in the Federal Register on October 10, 2020. On behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and policy and child health experts, please accept these comments and our strong opposition to the proposed changes to the Affidavit of Support policy which will increase costs, cause fear and confusion, and ultimately deter sponsors from supporting family members' path to a green card. This proposed policy threatens the health and well-being of families of immigrants, including children, and clashes with our nation's commitment to supporting family reunification and a path to lawful permanent residency and citizenship.

The mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed over 70,000 caregivers, including more than 15,000 at Boston Medical Center, and analyzed data from those interviews to determine the impact of public policies on the health and development of young children.

If finalized, the proposed policy would increase federal administrative costs and deter immigrant and US citizen families alike from accessing critical assistance, including health care and nutrition benefits, for which they are eligible. The additional documentary requirements included in the proposed rule -- requiring three years of tax return information, bank account details, and credit history -- create a substantial administrative burden and deterrent, and place sponsors at risk of financial fraud, without even being relevant to determining sponsor's income. Moreover, DHS fails to adequately evaluate the impacts of the proposed rule. While DHS describes the purpose of the rule as ensuring that sponsors and household members can meet their obligations, the reality is that it will limit family-based immigration and further the [unrelenting attack of this Administration on immigrant families and children](#).

The proposed changes would deter both immigrant, mixed status, and US households from accessing critical assistance, including health care and nutrition benefits.

The proposed rule would disregard sponsors' incomes and require them to have a joint sponsor if they or a member of their household member have used public benefits – including Medicaid, CHIP, SNAP, SSI and TANF – within three years of executing the Affidavit of Support. Under the current policy,

sponsors are not required to find a joint sponsor if they or a member of their household participated in benefit programs.

This new public benefits provision threatens our country's health as it may force both US citizens – who largely (84 percent) serve as sponsors for family-based immigrants – and immigrants to forgo assistance for which they are eligible if they hope to sponsor or joint sponsor a family member in the future. Not receiving needed support will further jeopardize the health, and body and brain growth of our youngest children, and the long-term health of our country. Moreover, it will lead to major increases in healthcare costs for the nation.^{1,2,3} This impact is highly concerning, as it may force those already in the US to choose between providing basic necessities that keep children healthy – like food and medical care – and having their family reunited. Recent data shows that in just a single year, three in ten US born citizens received Medicaid, SNAP, SSI, TANF or housing assistance.⁴ It also reveals that approximately 43 to 52 percent of US-born people participated in at least one of these programs in a 20-year period from 1997-2017.⁵ Since the onset of the COVID-19 pandemic and resulting economic crisis, need for assistance has increased drastically, with one in three adults facing difficulties affording basic needs.⁶ This proposed rule, particularly in the face of widespread financial instability, would do immense, disproportionate, and undue harm to the health of families across our country by deterring them from participating in these essential and evidence-based health and assistance programs.

As described previously, DHS describes the purpose of the rule as ensuring that sponsors and household members can meet their obligations. However, the Children's Health Insurance Program (CHIP), a health benefit that would make a U.S. citizen ineligible to be a sponsor under the proposed rule, is by no means a program targeted at the poor. Pregnant women and children can be eligible for CHIP with incomes as high as 405 percent of Federal Poverty Level (FPL).⁷ In 19 states, the upper income limit of CHIP is greater than 300 percent of the FPL and in 10 states it is greater than 250 percent of the FPL, which is enough income to be a heavily weighted positive factor in the public charge test.⁸ DHS asserts that receipt of these benefits is evidence that a sponsor may be unable to maintain income equal to at least

¹ Cook JT, Poblacion A. Estimating the Health-Related Costs of Food Insecurity and Hunger. In Bread for the World 2016 Hunger Report (www.hungerreport.org).

² Berkowitz S, Seligman H, Rigdon J. Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA*. 2017;177(11):1642-1649.

³ Rose-Jacobs R, Black MM, Casey PH, et al. Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*. 2008;121(1):65-72.

⁴ D. Trisi, Trump Administration's Overbroad Public Charge Definition Could Deny Those Without Substantial Means a Chance to Come or Stay in the U.S., Center on Budget and Policy Priorities (May 30, 2019) <https://www.cbpp.org/research/poverty-and-inequality/trump-administrations-overbroad-public-charge-definition-could-deny>

⁵ *ibid.*

⁶ Center on Budget and Policy Priorities. Tracking the COVID-19 Recession's Effects on Food, Housing, and Employment Hardships. Updated October 23, 2020. Available at: <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

⁷ Kaiser Family Foundation, Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level, Kaiser Family Foundation (January 1, 2020) <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Upper%20Income%20Limit%22,%22sort%22:%22desc%22%7D>

⁸ *ibid.*

125 percent of the FPL or to maintain their support obligations, but provides no evidence to support this assertion. Furthermore, CHIP is a critical and life-saving insurance program for children and families across the country, and deterring enrollment would endanger the health of millions and increase health care costs across the board.

Immigration policies that create consequences for immigrants and their family members if they use a public benefit create a deterrent effect that ripples well beyond those who would be directly affected. Despite the fact that under the 2019 DHS public charge rule only a small percentage of non-citizens could be ineligible for green cards based on current benefit use,⁹ immigrants and their US citizen family members are continuing to forego benefits for which they are eligible – an impact known as the “chilling effect”. In a recent national survey, nearly one in three low-income immigrants and their U.S. citizen family members shared that they are foregoing access to health care and economic supports because of fear of being designated a public charge.¹⁰ An interview with 16 health center leaders in September 2019, found that nearly half (47%) reported a decline in Medicaid enrollment by eligible immigrant patients starting in 2018.¹¹ A recent study published in the *Journal of the American Medical Association* found that nearly 500,000 people in Texas avoided public programs or medical care in the past year because of perceptions of the public charge rule and other immigration-related concerns.¹² A New York University study found that the vast majority of immigrant-serving organizations (97 percent) surveyed reported elevated client fear of seeking human or health-related services.¹³ And, uninsured rates among Latinx children widened for the first time in a decade in 2018, rising to 8.1 percent compared to 5.2 percent for all children and 4.2 percent for non-Latino children.¹⁴

Even before the public charge rule (and its deterrent effect) was finalized, families in our pediatric clinics reported making agonizing choices to remove their families from vital assistance programs that ensure

⁹ R. Capps et al, Public Charge Rule: Broad Impacts, But Few Will Be Denied Green Cards Based on Actual Benefit Use, Migration Policy Institute (March 2020). <https://www.migrationpolicy.org/news/mpi-estimates-non-citizens-ineligible-green-cards-based-current-benefit-use>

¹⁰ Note that one in three *low income* immigrant families reported foregoing access to public benefits -- such as SNAP, Medicaid, CHIP or housing subsidies -- out of fear, and one in five of *all* immigrant families - regardless of income - reported foregoing access to programs. Low income families are more likely to meet the income-eligibility rules for public benefit programs. M. Haley, et al, "One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019," Urban Institute (June 18, 2020) available at: <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>

¹¹ Tolbert J, et al. "Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients," The Henry J. Kaiser Family Foundation (Oct 15, 2019) available at: <https://www.kff.org/medicaid/issue-brief/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients>

¹² B.D. Sommers, et al, "Assessment of Perceptions of the Public Charge Rule Among Low-Income Adults in Texas, JAMA available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768245>

¹³ H. Yoshikawa, et al "Approaches to Protect Children's Access to Health and Human Services in an Era of Harsh Immigration Policy," NYU Institute of Human Development and Social Change, available at: [https://steinhardt.nyu.edu/sites/default/files/2019-10/Approaches percent20to percent20Protect percent20Children's percent20Access percent20in percent20an percent20Era percent20of percent20Harsh percent20Immigration percent20Policy_0.pdf](https://steinhardt.nyu.edu/sites/default/files/2019-10/Approaches%20to%20Protect%20Children's%20Access%20in%20an%20Era%20of%20Harsh%20Immigration%20Policy_0.pdf)

¹⁴ K. Whitener et al, "Decade of Success for Latino Children's Health Now in Jeopardy," Georgetown University Center for Children and Families, (March 2020) available at: <https://ccf.georgetown.edu/wp-content/uploads/2020/03/Latino-Childrens-Health-Care-Coverage.pdf>

their children are able to eat healthy foods and receive medical care, out of fears for their future immigration status.¹⁵ For example, our research found that in 2018, SNAP participation decreased for all immigrant families.¹⁵ These choices have immediate and lasting consequences for the young patients in our clinics that imperil their current and future health. Our research over the last twenty years and the work of many others demonstrates that if families are able to access supports when they fall on hard times, the health of all family members, the well-being of our communities, and our economy are strengthened.^{16,17,18,19} Punishing families utilizing public services designed to improve public health places millions of children at risk of adverse health and developmental delays during a critical window of development. This, in turn, will have immediate and long-term effects on our country's health and education systems, and the strengths and skills of our workforce.

The proposed rule will add to the confusion and fear already caused by the public charge rule, and make it harder and more costly for agencies and community-based organizations to communicate accurate information about the policies because the list of programs that could disqualify an individual from serving as a sponsor is different from the programs taken into account for the public charge determination. Instead of penalizing sponsors for accessing health care, nutrition or other public benefits, our national policy should encourage people to make sure their families are healthy, fed and safe.

A sponsor's income three years in the past is not an accurate reflection on their current or future income.

The proposed rule would require all sponsors to provide their last three years of federal income tax returns rather than only their past year's return. Sponsors currently have the option of providing up to their past three years of returns. This option can help sponsors who have recently seen lower earnings or hours or gaps in their work – a provision that would become critically important over the next few years as millions of Americans are experiencing unemployment and income loss during the current pandemic-related economic crisis. This option also helps those who have been on medical or parental leave or needed to otherwise take time away from work to care for a child, parent, or other relative. Under the proposed rule however, USCIS could use that lower income to determine that the sponsors cannot adequately support the sponsored immigrant even if the sponsors' current and prospective income would be adequate. Requiring all sponsors to provide their past three years of returns will in many cases harm sponsors by slighting their current financial situation and painting a falsely negative portrait of their ability to support the immigrants they are sponsoring.

¹⁵ Bovell-Ammon A, Ettinger de Cuba S, Coleman S, Ahmad N, Black MM, Frank DA, Ochoa E, Cutts DB. Trends in food insecurity and SNAP participation among immigrant families of U.S. born young children. *Children*. 2019. Available at: <https://childrenshealthwatch.org/wp-content/uploads/children-06-00055-v2.pdf>

¹⁶ Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

¹⁷ Poblacion A, Bovell-Ammon A, Sheward R, Sandel M, Ettinger de Cuba S, Cutts D, Cook J. Stable homes make healthy families. *Children's HealthWatch*. July 2017. Available at: <http://childrenshealthwatch.org/wpcontent/uploads/CHW-Stable-Homes-2-pager-web.pdf>

¹⁸ Sonik RA. Massachusetts inpatient Medicaid cost response to increased Supplemental Nutrition Assistance Program benefits. *AJPH*. 2016;106(3):443-8.

¹⁹ Mathematic Policy Research. The savings in Medicaid costs for newborns and their mothers from prenatal participation in the WIC program. 2017. Available at: <https://www.fns.usda.gov/wic/savings-medicaidcostsnewborns-and-their-mothers-resulting-prenatal-participation-wic-program>

Forcing families to wait another year or two to sponsor their relative in order to put their period of lower income further behind them is not acceptable. Children risk aging out of eligibility as either immediate relatives or derivative beneficiaries, aging parents go without the care and comfort of a sponsoring son or daughter, and spouses who have committed to sharing their lives together remain separated. Sponsors in these cases would have worked and waited long enough to regain financial stability; they should not be required to wait even longer to satisfy an unnecessary and arbitrary timeframe set by USCIS, nor should these sponsors be required to secure joint sponsors to take on the legal responsibility. Instead of requiring all sponsors to provide their past three years of tax returns, USCIS should instead maintain the current rule requiring only the most recent return but allowing sponsors to present up to the three most recent years of returns.

Relying on credit history as a factor has a disproportionate impact on immigrants and naturalized citizens.

Relying on credit history as a factor has a disproportionate impact on communities of color, including immigrants and naturalized citizens. Today's credit scoring system was built upon a credit market that discriminates against people of color and penalizes borrowers for using the type of credit disproportionately used by people of color. Our nation has a history of explicitly excluding communities of color from low-cost and mainstream loans.²⁰ Banks, appraisers, real estate agents, and others perpetuated redlining and predatory lending practices, disproportionately steering communities of color to high-cost products.

Further, neither credit reports nor credit scores were designed to provide information on whether a consumer is more or less likely to maintain his or her income in the future. Nor are credit reports and scores any indication of whether the sponsor will be able to maintain the sponsored immigrant at the required federal poverty income level for the household size. Credit reports and credit scores are designed to have a very narrow and specific purpose: whether a borrower will become 90 days late on a credit obligation. A bad credit report or low score—or even the lack of one—is not a reliable predictor of the likelihood that an adjustment of status applicant will obtain public benefits or that a sponsor will fail to provide necessary financial support to that applicant. A bad credit record is often the result of circumstances beyond a consumer's control, such as illness or job loss, from which the consumer may subsequently recover.²¹

Moreover, credit scores do not take into consideration many of the day-to-day expenses that sponsors and household members incur and meet, including paying bills and rent, typically a family's largest recurring expense. Savings and checking accounts are not listed on credit reports from the big three credit bureaus because no borrowing or debt is involved. Credit reports and credit scores do not take these transactions into account and thus do not provide an accurate view of a sponsor's financial history. Only sponsors and household members who have had a credit card, bank loan, unpaid bills in collection, mortgage, or bankruptcy are likely to have a credit report from one of the three major credit

²⁰ Lisa Rice and Deidre Swesnik "Discriminatory Effects of Credit Scoring on Communities of Color" National Fair Housing Alliance, June 2012 <https://nationalfairhousing.org/wp-content/uploads/2017/04/NFHA-credit-scoring-paper-for-Suffolk-NCLC-symposium-submitted-to-Suffolk-Law.pdf>.

²¹ Chi Chi Wu, *Solving the Credit Conundrum: Helping Consumers' Credit Records Impaired by the Foreclosure Crisis and Great Recession*, National Consumer Law Center, 2013, www.nclc.org/images/pdf/credit_reports/report-credit-conundrum-2013.pdf.

bureaus. As of 2010, approximately 15 percent of Black and Hispanic consumers, compared to an estimated 10 percent of their White counterparts, are “credit invisible,” meaning these consumers are without credit records.²² Even when consumers have credit scores, reports may have errors, which are difficult to correct, and lower consumers’ score. According to a study conducted by the Federal Trade Commission, one in five people have an error on at least one of their credit reports.²³

The Department fails to adequately evaluate the impacts of the proposed regulation.

Given the anticipated consequences of these rule, particularly in concert with a range of other recent discriminatory immigration regulations, we are alarmed by the lack of an adequate and substantive estimation of the proposed rule’s impact. Among the Department’s most glaring omissions is an adequate analysis of the regulation’s chilling effect on program participation and reduction in immigration benefits.

In the preamble, the Department recognizes that the proposed regulation: “could result in some sponsors and joint sponsors who may intend to sponsor a family member in the future forgoing enrollment or disenrolling from a means-tested public benefits programs to avoid triggering the proposed additional requirements. This could result in additional indirect impacts incurred from the change of the behavior due to this proposed rule.” Despite acknowledging this chilling effect, the Department does **not** provide estimates of the number of individuals and their family members who may forgo or disenroll from public benefits or analysis of the downstream economic implications of these chilling effects on health care providers, state and local governments, or small business. DHS has further recognized the harmful consequences of chilling effects in recent rulemaking. In the preamble of the Department’s Inadmissibility on Public Charge Grounds proposed regulation, the Department recognized that disenrollment or foregoing enrollment in public benefits programs could lead to:

- “Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence;
- Increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment;
- Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated;
- Increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient;
- Increased rates of poverty and housing instability; and
- Reduced productivity and educational attainment.”

The Department fails to even recognize these harmful consequences of the proposed regulation’s chilling effect and again fails to quantify the extent of these harmful outcomes and its cost to society. This is true even though there are rigorous studies that have assessed the benefits of program participation that could be used to measure the cost of the chilling effect. For example, research has found that greater Medicaid eligibility increases college enrollment, lowers mortality, and increases the

²² Consumer Financial Protection Bureau, Credit Invisibles, May 2015, https://files.consumerfinance.gov/f/201505_cfpb_data-point-credit-invisibles.pdf.

²³ Federal Trade Commission, February 2013 <https://www.ftc.gov/news-events/press-releases/2013/02/ftc-study-five-percent-consumers-had-errors-their-credit-reports>.

amount individuals pay in taxes.²⁴ Studies have found that every state dollar spent on prenatal care saves states between \$2.57 and \$3.38 in future medical costs.²⁵ Similarly, spending on SNAP has been shown to reduce hospitalization costs^{2,26} and mortality,²⁷ while our research has shown that disenrollment in SNAP has led to increased food insecurity, poor health, and hardship.¹⁵

Additionally, the Department does not adequately assess immigration impacts of the proposed regulation. In the preamble, the Department acknowledges that “there could be a reduction in the number of immigrants granted an immigration benefit in cases where the intending immigrant is unable to obtain a sponsor who can meet the new requirements under this proposed rule.” However, the Department fails to provide any estimate of the reduction of people granted an immigration benefit, or any analysis on this immigration impact on the individuals, their families and communities, their employers, or society as a whole. For example, extensive research shows that parental detention and deportation harms a child’s mental and physical health, economic security, and educational outcomes.²⁸ A parent’s deportation can drastically undercut the economic security of families already struggling to make ends meet, especially when that parent is the primary or sole breadwinner. One study estimates that the sudden loss of a deported parent’s income can reduce a family’s household income by 73 percent.²⁹ This also results in reduced economic contribution to the society as a whole. Ultimately, the failure of the Department to adequately evaluate the regulation makes it impossible to justify the regulation and for the public to assess the regulation’s effect on our nation.

The proposed rule is the Administration’s latest attempt to limit family-based immigration.

The proposed rule would create a perfect storm of red tape and fear that will deter family members and others from serving as sponsors, and ultimately limit family-based immigration. By increasing burdensome paperwork; allowing sponsors’ and co-sponsors’ sensitive, personal information to be shared; making sponsors fear enrollment in health care programs and other public benefits; and giving

²⁴ David W. Brown, Amanda E. Kowalski, and Ithai Z. Lurie, "Long-Term Impacts of Childhood Medicaid Expansions on Outcomes in Adulthood," Yale University Department of Economics (June 2018). Found online at <http://www.econ.yale.edu/~ak669/medicaid.latest.draft.pdf>.

²⁵ Gorsky, “The Cost Effectiveness of Prenatal Care in Reducing Low Birth Weight in New Hampshire”.; Institute of Medicine, “Preventing Low Birth Weight”.

²⁶ Samuel, *Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization*.

²⁷ Heflin CM, Ingram SJ, Ziliak JP. The Effect of the Supplemental Nutrition Assistance Program on Mortality. *Health Affairs*. 2019;38(11):1807-15.

²⁸ Ajay Chaudry, Randy Capps, Juan Manuel Pedroza, et al., *Facing our Future: Children in the Aftermath of Immigration Enforcement*, The Urban Institute, 2010, <http://www.urban.org/sites/default/files/publication/28331/412020-Facing-OurFuture.PDF>; Brian Allen, Erica M. Cisneros, Alexandra Tellez, “The Children Left Behind: The Impact of Parental Deportation on Mental Health,” *Journal of Child and Family Studies* 24 (2015), <https://link.springer.com/article/10.1007/s10826-013-9848-5>; Luis H. Zayas, Segio Aguilar-Gaxiola, Hyunwoo Yoon, et al., “The Distress of Citizen-Children with Detained and Deported Parents,” *Journal of Child and Family Studies* 24 (2015), . <https://link.springer.com/article/10.1007%2Fs10826-015-0124-8>.

²⁹ Randy Capps, Heather Koball, James D. Bachmeier, et al., *Deferred Action for Unauthorized Immigrant Parents: Analysis of DAPA's Potential Effects on Families and Children*, MPI, 2016, <http://www.migrationpolicy.org/research/deferred-action-unauthorized-immigrant-parents-analysis-dapas-potential-effectsfamilies>.

ominous warnings about fines and liability; the proposed rule will deter family members and others from serving as sponsors and joint sponsors.

In the proposed rule, DHS itself acknowledges multiple times that the new policy could cause a reduction in the number of immigrants granted an immigration benefit in cases where the intending immigrant is unable to submit a sufficient Affidavit.³⁰ DHS also indicates that provisions of the proposed rule would likely reduce the number of individuals who would be eligible to qualify as a sponsor who may execute an Affidavit and, as a result, may reduce the number of Affidavits executed using Form I-864.³¹

The Administration has repeatedly attempted to restrict lawful family-based immigration to the U.S. When Congress rejected its proposal to implement a points-based system to limit family-based immigration, it pivoted to a series of efforts to achieve this goal through other means. For example, an advisor to the Administration acknowledged to supporters that the temporary limits on family-based immigration imposed this spring, supposedly imposed to control COVID-19, were in reality the first step of an overall plan to restrict family-based immigration.³²

As mentioned above, the proposed rule would require sponsors to complete more burdensome paperwork, open up sensitive personal information to be shared with without a subpoena and potentially subject them to financial fraud. Instead of creating more red tape, fear, and log-jams in the immigration process, we should support family members and close contacts who want to step forward in support of the legal immigration process by serving as a sponsor.

As pediatricians and public health researchers, we are gravely concerned about the culture of fear perpetuated by controversial policies that target immigrants, including families with young children, across the United States and their effects on economic hardship and health. Since the start of the Trump Administration, families of immigrants have been unfairly targeted by a number of new policies and through multiple Departments and executive processes. The proposed changes to the Affidavit of Support policy add to the growing list of harmful policies, and further threaten the health and well-being of families and immigrants. Therefore, we strongly oppose this regulatory action that would harm the health of children and their families and urge the administration to immediately withdraw this proposal in its entirety.

Sincerely,



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³⁰ Ibid. at 62468, 62454, 62453.

³¹ Ibid at 62432.

³² <https://www.nytimes.com/2020/04/24/us/politics/coronavirus-trump-immigration-stephen-miller.html>



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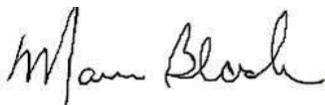
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