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Regulatory Coordinator
Visa Services, Bureau of Consular Affairs
Department of State
600 19th St. NW
Washington, DC 20006

RE: DOS Docket No. DOS-2021-0032, Docket RIN 1400-AE87; Visas: Ineligibility Based on Public Charge Grounds

To Whom It May Concern:

Thank you for the opportunity to comment on the Department of State's interim final rule, "Visas: Ineligibility Based on Public Charge Grounds" published in the Federal Register on November 17, 2021. 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 evidence-based suggestions for DOS.

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 in emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed more than 75,000 caregivers and analyzed data from those interviews to determine the impact of public policies on the health and development of young children. Approximately 25 percent of children in this dataset have immigrant mothers, mirroring national statistics that one in four children under age 8 in the US has at least one immigrant parent.¹

As pediatricians and public health researchers, we are acutely aware of the harmful health and economic consequences resulting from long-standing exclusions of immigrant families from public programs as well as increased immigration and enforcement actions – including the 2019 public charge rule. These policies threaten the health and well-being of immigrant families, specifically children.^{2,3,4,5} As such, we are gravely concerned about the culture of fear that has been perpetuated by policies that target immigrants across the United States, including families with young children. Research has demonstrated the damaging effects of both the culture of fear and discriminatory policies on increasing family economic hardship and harming health.⁶

Even though changes to public charge under the 2019 DHS rule directly affected only a small proportion of immigrants,⁷ immigrants not subject to public charge and their US citizen family members consistently reported forgoing benefits for which they are eligible out of fear and anxiety – a phenomenon known as the "chilling effect." In a national survey last June, nearly one in three immigrants with low incomes and their U.S. citizen family members shared that they did not have access to health care and economic supports because of fear of being designated a public charge.⁸ One in three

immigrant families with low incomes reported forgoing public benefits -- such as Supplemental Nutrition Assistance Program (SNAP), Medicaid, CHIP or housing subsidies -- and one in five of all immigrant families -- regardless of income -- reported forgoing public benefits out of fear.⁸ Children's HealthWatch research demonstrated that from 2017 to 2018, after increasingly negative public rhetoric about immigrants and a leaked draft of changes to public charge, there was a significant reduction in eligible immigrant families participating in SNAP and a simultaneous increase in child food insecurity despite steady rates of employment among immigrant families over the time period.⁹ Other research has also shown decreases in immigrant family participation among those eligible -- most of whom not subject to public charge determination -- across multiple public assistance programs, concurrent with harsh rhetoric and enhanced immigration enforcement policies.^{10,11,12} Fear is also a barrier reported by immigrant families to accessing critically important pediatric care. For example, after the draft of the public charge rule was leaked in early 2017, immigrants reported fear of accessing well-child care -- care that is critically important for screening for health and developmental problems and also for immunizations. As a result, in 2017, adherence to well-child care visits dropped by approximately 9 percentage points among children of immigrant compared to US-born families.¹³

As DOS notes in its interim final rule, "the pandemic's ongoing effects on public health and economic conditions have underscored the importance of ensuring that individuals are able to access public health and other programs for which they and their family members are eligible, without undue fear or confusion." Over the last twenty years, our research and the work of many others demonstrates that if families are able to access supports when they need them, the health of all family members, the well-being of our communities, and our economy are strengthened.^{14,15,16,17} Fear of accessing these critical programs is especially alarming now, when immigrants have been particularly hard hit by the economic fallout and health consequences of the pandemic, and persistently left out of pandemic-related relief.¹⁸ Research by Children's HealthWatch released this past September found stark inequities in hardship among families with US-born vs. immigrant mothers during the pandemic, even as hardship increased for all families.¹⁸ Despite likely being eligible for SNAP and Economic Impact Payments, between September 2020 and March 2021 nearly a quarter of families with an immigrant mother did *not* receive either of these benefits compared to just 4% of families with a US-born mother.¹⁷ These findings are consistent with pre-pandemic chilling effects and add to the growing research base documenting that immigrant families may be forgoing critical health and economic support programs because of concerns about public charge and other immigration issues in addition to significant, systemic barriers placed on immigrant families.^{19,20}

Access to financial support necessary to meet basic needs is essential for the health and development of children and the well-being of their families. For these reasons, **it is critical that DOS move forward quickly to remove the text of its October 2019 rule from the Code of Federal Regulations and restore the longstanding regulatory text that appeared prior to DOS' October 2019 rule.** This approach clarifies a currently confusing DOS policy landscape and minimizes harm to children in immigrant families who are currently often deterred from seeking critical government services. Furthermore, this recommendation is aligned with that of the Protecting Immigrant Families campaign, whose [sign-on comment](#) we have endorsed along with hundreds of national, state, and local groups.

Punishing families utilizing public services designed to improve individual and public health places millions of children at risk of adverse health and developmental delays during a critical window of development. This, in turn, has immediate and long-term effects on our country's health, education, workforce. As pediatricians and child health experts, we are deeply appreciative of the current Administration's reversal of several harmful policies – in particular the 2019 changes to the public charge rule – that presented barriers to seeking assistance, particularly public program participation, and the DOS' commitment to begin the process of rulemaking to address the chilling effect and eliminate confusion by revising its current guidance.

Sincerely,



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- ⁸ Haley JM, Kenney GM, Bernstein H, Gonzalez D. One in five adults in immigrant families with children reported chilling effects on public benefit receipt in 2019. Washington, DC: Urban Institute. 2020. Available at <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>
- ⁹ 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>
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