

Samantha Deshommès, Chief  
Regulatory Coordination Division, Office of Policy and Strategy  
U.S. Citizenship and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

Re: Docket ID USCIS-2010-0008 - Public Comment Opposing Proposed Changes to Fee Waiver Eligibility Criteria, FR Doc. 2018-21101 Filed 9-27-18; 83 FR 49120, 49120-49121

Dear Ms. Deshommès:

We write to you on behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and child health and policy experts, to express our concerns regarding the Department of Homeland Security (DHS), United States Citizenship and Immigration Services (USCIS) proposed changes to fee waiver eligibility criteria, USCIS Docket ID USCIS-2010-0008, OMB Control Number 1615-0116.

Children's HealthWatch is committed to improving children's health in America. Every day, in urban hospitals across the country, we interview families of young children ages zero to four, many of whom are experiencing economic hardships. Over the past 20 years, we have surveyed more than 65,000 caregivers. We analyze our data and release our findings to researchers, legislators, and the public to inform public policies and practices that can give all children and their families equal opportunities for healthy, successful lives.

We know immigrant families are an integral part of our communities — they are our neighbors, coworkers, friends, and fellow parents. Even though US citizen children with an immigrant parent are more likely to live in a family with a full-time worker compared to children of US-born parents,<sup>1</sup> their families disproportionately experience economic hardships<sup>2,3</sup> associated with adverse health and developmental outcomes for young children.<sup>2,4,5,6,7</sup> These economic hardships are exacerbated by existing federal and state policies that create barriers to stable employment with living wages, and other resources including assistance programs necessary to afford basic family necessities like food, shelter and health care for families with low incomes.<sup>8,9</sup>

The proposed changes to the fee waiver eligibility criteria and accepted forms of evidence create an additional burden for immigrant families. We are particularly concerned about the removal of receipt of means-tested benefits as the basis for qualifying for the fee waiver. Immigration experts report the filing fee associated with various immigration benefits can be an insurmountable obstacle for an immigration benefit or naturalization application. The proposed changes to the fee waiver application and acceptable documentation will discourage eligible individuals with low incomes from filing for both fee waivers and immigration benefits.

**We are concerned that this proposal will place a significant burden on individuals applying for immigration benefits and will likely result in adverse health outcomes among young children, the majority of whom are US citizens, with immigrant parents. This rule will not only impede an individual's ability to naturalize or receive an immigration benefit, but will likely also have downstream effects on family health and economic stability, robbing the United States of the future benefit of these families' full participation in our workforce and society.**

Previous research demonstrates immigrants with low incomes are able to improve their financial stability following naturalization as they are often then afforded better access to educational opportunities, jobs, and other resources.<sup>10</sup> We think this is critical to improving health because decades of research links financial stability, including ability to afford enough food, housing, utilities, medical care and prescription medicines, to healthy early childhood health and development and positive health among parents.<sup>4,5,6,7</sup>

For these reasons, we strongly urge UCSIS to withdraw this proposal in its entirety. If the administration were to make any changes to the fee waiver form, we urge the agency to *expand* the types of documentary evidence accepted in order to mitigate the costs associated with filing for immigration benefits or naturalization.

Sincerely,



Megan Sandel MD, MPH  
Co-Lead Principal Investigator  
Boston, MA



John Cook, PhD, MAEd  
Principal Investigator  
Boston, MA



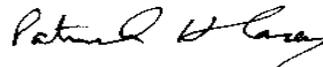
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Executive Director

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[Children's HealthWatch](#) is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four who are from families experiencing economic hardship. We analyze and release our findings to academics, legislators, and the public to inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

For questions or further information, Allison Bovell-Ammon, Deputy Director of Policy Strategy for Children's HealthWatch at [allison.bovell-ammon@bmc.org](mailto:allison.bovell-ammon@bmc.org) or 617-414-3580.

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<sup>1</sup> Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

<sup>2</sup> Capps R. Hardship among Children of Immigrants: Findings from the National Survey of America's Families. The Urban Institute. 2001; Series B. No.B-29.

<sup>3</sup> Hernandez D and Napierala JS. Children in Immigrant Families: Essential to America's Future. Foundation for Child Development Child and Youth Well-Being Index. 2012.

<sup>4</sup> Sandel M, Sheward R, Ettinger de Cuba S, Coleman SM, Frank DA, Chilton M, Black M, Heeren T, Pasuqariello J, Casey P, Ochoa E, Cutts DB. Unstable housing with caregiver and child health in renter families. *Pediatrics*. 2018; 141(2).

<sup>5</sup> Frank DA, Casey PH, Black MM, Rose-Jacobs R, Chilton M, Cutts DB, et al. Cumulative hardship and wellness of low-income young children: Multisite surveillance study. May 2010;125(5). Available at: [http://childrenshealthwatch.org/wp-content/uploads/DAF\\_PEDS\\_2010.pdf](http://childrenshealthwatch.org/wp-content/uploads/DAF_PEDS_2010.pdf)

<sup>6</sup> Rose-Jacobs R, Black MM, Casey PH, Cook JT, Chilton M, Heeren T, et al. Food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*. 2008;121:65-72. Available at: [http://childrenshealthwatch.org/wp-content/uploads/RRJ\\_Pediatrics\\_2008.pdf](http://childrenshealthwatch.org/wp-content/uploads/RRJ_Pediatrics_2008.pdf)

<sup>7</sup> Ettinger de Cuba S, Sheward R, Poindexter D, Bovell-Ammon A, Ochoa E. Affordable health care keeps children and families healthy. Children's HealthWatch. 2018.

<sup>8</sup> Fortuny K and Pedroza J. Barriers to Immigrants' Access to Health and Human Services. The Urban Institute. 16 October 2014. Available at: <https://www.urban.org/research/publication/barriers-immigrants-access-health-and-human-services>

<sup>9</sup> Lake Snell Perry Mermin/Decision Research. Living in America: Challenges Facing New Immigrants and Refugees. Robert Wood Johnson Foundation Report. August 2006. Available at: <http://research.policyarchive.org/21623.pdf>

<sup>10</sup> Pastor M & Scoggins J. Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy. Center for the Study of Immigrant Integration. 2012. Available at: [https://dornsife.usc.edu/assets/sites/731/docs/citizen\\_gain\\_web.pdf](https://dornsife.usc.edu/assets/sites/731/docs/citizen_gain_web.pdf)