

## Children's HealthWatch Opposes Changes to Public Charge

As pediatricians, public health researchers, and child health and policy experts, we strongly oppose changes to public charge made this week by the Department of Homeland Security. These changes will endanger the health and well-being of families of immigrants and their children.<sup>1</sup> Children's HealthWatch is committed to improving the health and well-being of our nation's youngest children. We are deeply alarmed by efforts to penalize participation of families with children in evidence-based programs with demonstrated positive health and developmental outcomes. Our scientific research and that of others have repeatedly shown that children thrive when their families have the resources to keep them safe, healthy, well-fed, and stably housed. Ensuring that everyone in our communities has their basic needs met provides the fundamental building blocks of a healthy, prosperous America.

Immigrant families are an integral part of our communities —they are our neighbors, coworkers, friends, and fellow parents. The changes detailed in this rule threaten our country's health as it forces immigrant families to choose between providing basic necessities that keep children healthy, like food, shelter, and medical care, and having their family remain together in the United States. A policy of fear and punishment, such as the one laid out in this rule, does not build a brighter future for American communities with healthy people and strong workers; to the contrary, such a policy will compromise the health of current and future generations, diminish their ability to excel in school, work and life, and diminish the human potential of communities across the nation.<sup>2</sup>

Concretely, based on our extensive clinical and research experience, we know this regulatory measure will deter families from accessing programs that could prevent or alleviate economic stressors – even when they are completely eligible for assistance.<sup>3</sup> Not receiving needed support will 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.<sup>4,5,6</sup> For example, even before the rule was finalized, families in our pediatric clinics reported making agonizing choices to remove their families from vital assistance programs that ensure their children are able to eat healthy foods and receive medical care, out of fears for their future immigration status.<sup>7</sup> 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.<sup>4,8,9,10</sup> Punishing families utilizing public services designed to improve the health of our entire population 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.

One in four children under age 8 in the U.S. have at least one immigrant parent; of those children, 94 percent were born in the United States.<sup>11,12</sup> Even though 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>13</sup> their families disproportionately experience food insecurity, struggle to afford housing costs, and lack access to health care.<sup>14,15,16</sup> Each of these hardships is associated with adverse health and developmental outcomes for young children,<sup>17,18,19,20</sup> including US citizen children of immigrant mothers.<sup>2</sup> The proposed changes to public charge will exacerbate these existing hardships by further preventing families from accessing supports that are currently available to all citizen children and immigrants with certain documented statuses.

As experts in pediatric health and development, we oppose in the strongest terms changes to public. This rule will harm the health of our communities, particularly the current and future health of our youngest children. Physicians take an oath to first do no harm. This rule does unconscionable harm; it will damage the health of tens of thousands of young children, drive up national health care and education costs, and over the long-term, impair national health, educational achievement, and economic status.

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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.

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<sup>2</sup> Artiga S and Urbri P. Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health. Kaiser Family Foundation. December 13, 2017. Available at: <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>

<sup>3</sup> Padraza F and Zhu L. Immigration Enforcement and the "Chilling Effect" on Latino Medicaid Enrollment. Stanford Center on Poverty and Inequality. January 2015. Available at: <https://inequality.stanford.edu/publications/media/details/immigration-enforcement-and-%E2%80%9Cchilling-effect%E2%80%9D-latinos-medicaid-enrollment>

<sup>4</sup> 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](http://www.hungerreport.org)).

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<sup>6</sup> 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.

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