



Statement for the Record

Department of Homeland Security

In Response to the Interim Final Rule “Alien Registration Form and Evidence of Registration”

April 11, 2025

Dear Secretary Noem,

We appreciate the opportunity to respond to the Interim Final Rule (IFR) on “Alien Registration Form and Evidence of Registration” published on March 12, 2025, which completely fails to acknowledge the sweeping administrative, fiscal, and health costs posed by its implementation. As pediatricians and child health experts, we urge the Department of Homeland Security (DHS) to immediately rescind the IFR and eliminate in its entirety this unnecessary, highly costly and irreparably harmful new registration requirement.

Children’s HealthWatch is a network of pediatricians, public health researchers, and policy and child health experts who examine how public policies affect the health and well-being of young children. The mission of Children’s HealthWatch is to achieve health equity for young children and their families by advancing research to transform policy. 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 those data to determine the impact of public policies on the health and development of young children. More than 25 percent of the young children in this dataset have immigrant mothers, mirroring national statistics that nearly one in four children age 0-5 in the US has at least one immigrant parent.¹

Forcing immigrant children to register with the government will undoubtedly harm, and even criminalize, undocumented children, including unaccompanied children in

government custody. It will be especially harmful for children with disabilities, Black and Brown children, children with limited English proficiency, and children who are victims of trafficking or other crimes. All children, regardless of citizenship status, deserve to live with their families in stable homes free of fear.

Comprehensive evidence demonstrates that forced family separations, economic instability, and the constant fear of deportation harm children's mental and physical health impede their educational progress and undermine the nation's long-term prosperity. The formation and requirements of the registration system are not only unprecedented but also counterproductive to the nation's goals of promoting family stability and economic growth.

For hundreds of years, the United States has welcomed immigrants and their dream for a better, more prosperous life. However, policies of fear and punishment do not build a brighter future for American communities with healthy people and strong workers; to the contrary, such policies will compromise the health of current and future generations, diminish their ability to excel in school, work and life, and diminish the potential of communities across the nation.

Based on our expertise in child health and development, we know that immigration enforcement measures like those established in the IFR will have long term negative impacts on the health of all children, including young children and those who are US citizens. In addition, these rules affect the well-being of entire communities. With this knowledge, we write in strong opposition to the IFR's creation of a new process for the registration of immigrant children and their families.

The Proposed Rule Will Lead to Unnecessary Costs and Increased Fear

There are currently over 2.8 million immigrant children living in the US.² These children and their families are our neighbors, classmates, coworkers, and friends. Immigrants are integral parts of our communities often targeted by harmful policies and rules like this IFR.

Requiring immigrant children to register with the federal government will lead to unnecessary fiscal and health costs. The registration process itself is long, with multiple parts, minimal instructions, and complicated questions. With a form like this, one that may have life-altering consequences, there is no room for errors or gaps. However, the fact that the majority of those filling it out will be minors and may have limited English proficiency all but guarantees clerical errors that will be used to target, arrest, and detain children.

Additionally, there will be increased administrative costs, including personnel, materials and overhead, that will be associated with processing potentially millions of form submissions. Likewise, adding a significant additional workload to an agency already historically overburdened and backlogged across benefit categories will be associated with increased costs to the federal government.^{3,4} We know from our own and others' research that administrative burden is associated with worse child health, growth, and development and worse caregiver health.^{5,6,7} Each of these in turn increases costs to both the education and health care sectors.

The threat that comes with this rule - that, at any time, children can be taken from their homes and deported to a country they may not even remember or have family in - will increase overall fear in the immigrant community and further deteriorate trust in the government. Furthermore, there are many mixed-status families, where one child may be a citizen and another an immigrant. This fear of deportation will not just affect the immigrant children DHS is targeting, but entire families, including those with young children born in the US.^{8,9}

The Proposed Rule Will Lead to Toxic Stress and Family Instability

Stability and safety throughout childhood is necessary for healthy development. In situations like the one this rule creates, where minors are required to register their immigration status with the government, fear and uncertainty is heightened and long lasting, leading to toxic stress. Toxic stress has been linked to greater likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression.¹⁰ When a child experiences high levels of prolonged, frequent stress - like when they're worried about being deported - it takes a toll on their mental and physical health and development. Evidence of these stressors is also apparent in young siblings – toddlers and preschoolers – who feel the family anxiety and worry about family members disappearing.¹¹

Witnessing a deportation or even just the fear of a family member being taken away puts children in a constant state of uncertainty and stress. Research has shown that children whose parents know people who have been deported are 2.4 times more likely to have been referred for or diagnosed with a developmental disorder.¹² Additionally, when parents or older siblings are detained or deported it can leave young children in the household unattended without someone to care and provide for them, an especially dangerous situation.

It is not just the individual deported who is affected, but also those in their communities who are left with residual stress and uncertainty, and children separated from parents

and siblings. Prior actions¹³ such as mass deportations have resulted in spikes in preterm births¹⁴ in areas where raids have happened, as well as major psychological¹⁵ and material harm to children in the community.¹¹ Deporting minors in mass will heighten this community wide stress and harm both immigrant and citizen children and families.

Stress and Fear in Immigrant Communities Limits Access to Health Care

A Children's HealthWatch study conducted in pediatric emergency rooms and primary care clinics in Boston, Little Rock, and Minneapolis showed that the anti-immigrant atmosphere and rhetoric during the 2016 election and early months of the first Trump Administration were associated with a five-percentage point decrease in adherence to well-child visits among immigrant mothers, compared to their U.S.-born counterparts between 2015 and 2018.¹⁷ While this study was focused on families with very young children (<48 months), chilling effects in immigrant communities of all ages were documented in the same time period.¹⁸

Children of all ages benefit from well-child visits, as they provide an opportunity for children to receive vaccinations, get screened for a variety of physical and mental milestones and receive referrals if not meeting them, and for parents to seek guidance and receive resources on how to best care for their children. Thus, a decrease in well-child visits at any age can further exacerbate existing health disparities and be detrimental to children's development. Frequent contact with the health care system is expected and encouraged to ensure the health of any child. Without these touchpoints parents forgo necessary care and may only bring a child to a doctor or hospital in an emergency situation – costing more money to the family and the health system, potentially putting the child at risk of serious health consequences, and placing strain on emergency departments.¹⁹

Conclusion

Children's HealthWatch strongly urges DHS to rescind the Interim Final Rule and instead support evidence-based policies that safeguard the privacy, health, safety, and future of all children in the United States. By prioritizing family unity and investing in the well-being of children, DHS can uphold American values and ensure a healthier, more prosperous future.

¹ Migration Policy Institute. (n.d.). *Children in U.S. Immigrant Families (By Age Group and State, 1990 versus 2023)*. Migration Policy Institute. <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families>

² Moslimani M, Passel JS. (September 2024). *U.S. Immigration Statistics*. Pew Research Center. Retrieved April 10, 2025, <https://map.americanimmigrationcouncil.org/locations/national/>

³ Orozco A. (March 2025). While federal firings focus on immigration processing, funding for immigration enforcement expands. Immigration Impact, American Immigration Council. <https://immigrationimpact.com/2025/03/06/federal-firings-immigration-processing-enforcement-expands/>.

⁴ Mills GB. *Understanding the Rates, Causes, and Costs of Churning in the Supplemental Nutrition Assistance Program (SNAP)*. (February 2015). Urban Institute. <https://www.urban.org/sites/default/files/publication/42196/2000123-Understanding-the-Rates-Causes-and-Costs-of-Churning-in-the-Supplemental-Nutrition-Assistance-Program.pdf>

⁵ Herd P, Moynihan D. (2020). Administrative Burdens in Health Policy. *Journal of Health and Human Services Administration*, 43(1), 3-16. <https://doi.org/10.37808/jhhsa.43.1.2>

⁶ Black MM, Cutts DB, Frank DA, Geppert J, Skalicky A, Levenson S, Casey PH, Berkowitz C, Zaldivar N, Cook JT, Meyers AF, Herren T. Special Supplemental Nutrition Program for Women, Infants, and Children Participation and Infants' Growth and Health: A Multisite Surveillance Study. *Pediatrics* July 2004; 114 (1): 169–176. 10.1542/peds.114.1.169

⁷ Ettinger de Cuba S, Bovell-Ammon A, Cook, JT, Coleman SM, Black MM, Chilton MM. Casey PH, Cutts, DB, Heeren TC, Sandel M, Sheward R, Frank, DA. (2019). Snap, young children's health, and Family Food Security and healthcare access. *American Journal of Preventive Medicine*, 57(4), 525–532. <https://doi.org/10.1016/>

⁸ Ettinger de Cuba S, Miller DP, Raifman J, Cutts DB, Bovell-Ammon A, Frank DA, Jones DK. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule, *Health Affairs Scholar*, Volume 1, Issue 2, August 2023, qxad023, <https://doi.org/10.1093/haschl/qxad023>

⁹ Ettinger de Cuba S, Jones DK, Cutts D, Bovell-Ammon A, Lê-Scherban F, Sandel M, Ochoa E, Poblacion A, Frank DA, Black MM, Fix GM. (2025). “But who takes care of the mom?": The daily experiences of immigrant mothers navigating health in family life. *Social Science & Medicine*, 372, 117948. <https://doi.org/10.1016/>

¹⁰ *Toxic Stress : What is toxic stress?* (n.d.). Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/key-concept/toxic-stress/>

¹¹ Cervantes W, Ulrich R, Matthews H. (March 2018). *Our Children's Fear: Immigration Policy's Effects on Young Children*. Center for Law and Social Policies. https://www.clasp.org/wp-content/uploads/2022/01/2018_ourchildrensfears.pdf

¹² Vargas ED, Benitez VL. Latino parents' links to deportees are associated with developmental disorders in their children. *J Community Psychol*. 2019; 47: 1151–1168. <https://doi.org/10.1002/jcop.22178>

¹³ Stanhope KK, Suglia SF, Hogue CJR, Leon JS, Comeau DL, Kramer MR. Spatial Variation in Very Preterm Birth to Hispanic Women Across the United States: The Role of Intensified Immigration Enforcement. *Ethn Dis*. 2021 May 20;31(Suppl 1):333-344. doi: 10.18865/ed.31.S1.333. PMID: 34045835; PMCID: PMC8143852.

¹⁴ Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid, *International Journal of Epidemiology*, Volume 46, Issue 3, June 2017, Pages 839–849, <https://doi.org/10.1093/ije/dyw346>

¹⁵ Cervantes W, Ulrich R, Meraz V. The Day That ICE Came: How Worksite Raids Are Once Again Harming Children and Families. Center for Law and Social Policy. https://www.clasp.org/wp-content/uploads/2022/01/CLASP_Worksite_Raid_ExecSummary_final.pdf

¹⁷ Ettinger de Cuba S, Miller DP, Raifman J, Cutts DB, Bovell-Ammon A, Frank DA, Jones DK. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule, *Health Affairs Scholar*. 2023; 1(2): qxad023, <https://doi.org/10.1093/haschl/qxad023>

¹⁸ Lambert RF, Discepolo KE, Elani HW. (2022). Chilling Effects on Immigrants' Health Insurance Coverage After the 2016 Presidential Election. *Journal of immigrant and minority health*, 24(4), 819–826. <https://doi.org/10.1007/s10903-022-01349-1>

¹⁹ Staff, M. (2019, September 13). *Younger Americans Use ERs as Their Primary Care Provider*. Managed Healthcare Executive. <https://www.managedhealthcareexecutive.com/view/younger-americans-use-ers-their-primary-care-provider>