

May 16, 2011

The Honorable Janet Napolitano
Secretary
Department of Homeland Security
U.S. Department of Homeland Security
Washington, DC 20528

The Honorable Tom Vilsack
Secretary
U.S. Department of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretaries Napolitano, Vilsack and Sebelius:

On behalf of the pediatricians and public health researchers at Children's HealthWatch, we are writing to you today to express our sincere concern about the effect that Question 2 in Part 3 of the U.S. Citizenship and Immigration Services (USCIS) Form I-485 (Application to Register Permanent Residence or Adjust Status) has on immigrant families who need nutrition, medical or other assistance. The problems with the question (detailed below) touch issues in the jurisdiction of the Department of Homeland Security's USCIS as well as the Departments of Agriculture (USDA) and Health and Human Services (HHS) and directly relate to research we have published showing the disproportionate burden of poor child health and food insecurity suffered by young children from low-income immigrant families. Homeland security should not increase food insecurity.

Our concern focuses on the following question, which specifically asks the immigrant seeking adjustment the following:

Have you ever received public assistance in the United States from any source, including the US Government or any state, county, city, or municipality (other than emergency medical treatment) or are you likely to receive public assistance in the future?

The question's wording is very unclear – no definition of public assistance is provided other than to exclude emergency medical treatment, when in fact there is a long list of types of assistance that are excluded from consideration as 'public charge'.¹ In addition, we have heard from other advocacy organizations and from our

¹ From USCIS website: ...*"public charge" means an individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense. ...Cash assistance for income maintenance and institutionalization for long-term care at government expense may be considered for public charge purposes. However, receipt of such benefits must still be considered in the context of the totality of the circumstances before a person will be deemed inadmissible on public charge grounds.... Public benefits that are received by*

patients that the ambiguous wording leads them to believe that the question not only applies to benefits received by the immigrant him or herself, but also to benefits which may have been received on behalf of a U.S. citizen or eligible immigrant child, even if the parent did not receive benefits for him/herself (“opted out”). Moreover, the question asks about future benefit receipt and causes continuing concern for immigrants about the possibility of becoming a naturalized citizen in the future. Lastly, it is placed within a series of questions about criminal and terrorist activities; disregarding the unclear wording for a moment, the simple placement of the question suggests that receiving public assistance is tantamount to criminal wrongdoing or intent to commit terrorism. In short, the question is extremely problematic.

The “chill” on immigrants applying for and receiving non-public charge benefits (e.g. WIC, SNAP, Medicaid, LIHEAP benefits) for which they, or their children, are eligible not only has negative implications for the immigrant adult, but, as Children’s HealthWatch research² has demonstrated, also for young children in the household.

Children of immigrants start life with many factors in their favor. Children’s HealthWatch research² has shown that U.S. born children of immigrant mothers are more likely than children of U.S. born mothers to:

- be breastfed
- have a healthy birth weight
- live with two parents

However, despite this healthier start, **young children of recent immigrants are more likely to be in poor health and food insecure.** Food insecurity plays a significant role in increasing rates of fair or poor child health among children of immigrants.

Other researchers have shown that the confusion surrounding regulations for immigrant household eligibility for nutrition and health care programs (like SNAP and Medicaid) causes some families not to apply for benefits. But even if parents understand that their children can qualify, some fear that applying for any benefits can compromise their chances of becoming U.S. citizens.³ So while immigrant families have higher rates of poverty and food insecurity, their children are less likely than those of U.S.-born parents to receive important nutritional and health benefits.^{4,5} Children’s HealthWatch data also tell this story: **forty-nine percent of children of U.S.-born parents in our sample received SNAP benefits compared to just 23 percent of U.S.-born children of immigrant parents.**

We strongly urge the Departments of Homeland Security, Agriculture, and Health and Human Services to collaboratively work with U.S. Citizenship and Immigration Services to find a way to amend Form I-485 by either removing or substantially revising (including changing the placement of) this question. The USDA has invested much time and money into reaching out to the immigrant community, improving access, and encouraging immigrant families to apply for nutrition assistance. HHS has funded extensive outreach efforts to enroll children, including legal permanent resident children and U.S.-born children of immigrants, in Medicaid and CHIP.⁶ These efforts are sincerely appreciated and could be a much more effective investment of money without this problematic issue; this *one* question on Form I-485 causes enough doubt and concern in immigrant families’ minds so as to make them extremely wary about seeking out assistance for which they might qualify.

*one member of a family are **also not attributed to other family members** for public charge purposes unless the cash benefits amount to the sole support of the family.*

² M Chilton, M Black, C Berkowitz, P Casey, J Cook, D Cutts, R Rose Jacobs, T Heeren, S Ettinger de Cuba, S Coleman, A Meyers, D Frank. *American Journal of Public Health*. 2009;00;3:556-562

³ R Capps, M Fix, J Ost, J Reardon-Anderson, JS Passel. Urban Institute, February 2005.

⁴ R Capps, M Fix, J Ost, J Reardon-Anderson, JS Passel. Urban Institute, November 2004.

⁵ R Capps., A Horowitz, K Fortuny, J Bront-Tinkew, M Zaslow. *Child Trends*, November 2009.

⁶ <http://www.hhs.gov/news/press/2009pres/09/20090930a.html>

We invite you to visit us at Boston Medical Center in Boston or at St. Christopher's in Philadelphia to see firsthand the work that we do and learn more about just how detrimental lacking access to enough nutritious food or not receiving needed health care can be to a young child's health and development. We thank you for your attention to this issue. Please let us know if we may provide you with any additional information or answer any questions or concerns.

Sincerely,



Deborah A. Frank, MD
Founder and Principal Investigator, Children's HealthWatch
Professor of Pediatrics, Boston University School of Medicine
Director, Grow Clinic at Boston Medical Center



Mariana Chilton, PhD, MPH
Co-Principal Investigator, Children's HealthWatch Philadelphia
Associate Professor, Department of Health Management and Policy, Drexel University School of Public Health
Founder and Director, Witnesses to Hunger
Principal Investigator, Philadelphia GROW Project



Stephanie Ettinger de Cuba, MPH
Research and Policy Director, Children's HealthWatch

Children's HealthWatch (www.childrenshealthwatch.org) is a non-partisan pediatric research center that monitors the impact of economic conditions and public policies on the health and well-being of very young children. Our network of pediatricians and public health researchers interviews caregivers of children ages 0-4 years old in emergency departments and acute care clinics in five cities: Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia. Children's HealthWatch works to bring timely scientific evidence about the links between these conditions and children's health and development into the public policy arena.