



Consumer Health Foundation

*dedicated to making a
difference in the health of
the community*

6 December 2018

Submitted via www.regulations.gov

U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

RE: Comments on Proposed Regulation – Inadmissibility on Public Charge Grounds (DHS Docket No, USCIS-2010-0012)

To whom it may concern:

I am writing on behalf of the Consumer Health Foundation to express our concern and opposition to the Department of Homeland Security's Notice of Proposed Rulemaking ("proposed rule") on "public charge", published in the Federal Register on October 10, 2018.

The Consumer Health Foundation is a private, nonprofit charitable organization whose mission is to advocate for racial equity and racial justice through programs and investments that advance the health and well-being of low-income communities and communities of color in the Washington, DC region. We envision a region and a nation in which everyone lives a healthy and dignified life. By "everyone", we mean all people regardless of race, ethnicity, immigration status, religion, gender identity, sexual orientation, disability, age, education or income. Our foundation supports immigrant communities through our grantmaking, capacity building, communications, partnerships, and investment programs.

The proposed rule will negatively affect the quality of life of immigrants in the Washington, DC region. It will exacerbate the racial and ethnic inequities in health and social factors that affect health, including food security and housing. Immigrant families are an integral part of our communities. The negative impact of the proposed rule will have an effect on both immigrant families and their communities.

In a briefing paper, which we co-published with La Clinica del Pueblo, a federally qualified health center, on [“Immigration Status as a Social Determinant of Health: Focus on Health”](#), we reported that the Brookings Institute referred to the Washington metropolitan area, which includes 22 separate jurisdictions in Virginia, Maryland, West Virginia, and Washington, DC as the “new immigrant gateway.” In 2010, more than one-in-five residents were foreign born, which made the DC metropolitan the seventh largest destination in the United States for immigrants. The immigrant population has helped to increase racial and ethnic diversity in the region, hailing from as many as 193 different countries.

Immigrants make up a significant portion of the workforce in DC, MD, and VA as well. More than 70% of the foreign-born population age 16 and older are in the civilian labor workforce. Approximately 66% of immigrants in DC and 70% in Maryland and Virginia for whom the poverty status could be determined have incomes that are at or above 200% of the federal poverty level (which is \$32,049 and above for a family of two in 2016). There are 16.5% in DC, 11.2% in Maryland, and 12.3% in Virginia who have incomes that are below 100% of the federal poverty level (which is \$16,020 and lower for a family of two.) Low earnings create barriers to housing, education, employment, and safe and healthy neighborhoods, making income an important indicator for health outcomes.

The diverse immigrant community has the same basic health needs as other residents. Cultural and linguistic limitations often prevent immigrants from seeking specialists or preventative care instead preferring to rely on emergency services. Access to these services is essential for the health and well-being of immigrants and the community at large.

In addition, in our [briefing paper](#), which we co-published with Food Research and Action Center, DC Hunger Solutions, and Maryland Hunger Solutions, that focused on food insecurity in immigrant communities, we reported that more than 41 million Americans live in food-insecure households, which means that they do not have access at all times to enough food for an active and healthy life. Families in food insecure households may worry that food will run out, reduce the quality or variety of foods in their diets because of a lack of money, and cut the size of meals or skip meals altogether because of insufficient food resources. Food insecurity strikes jobless people, working families struggling to make ends meet, veterans, people with disabilities, seniors, and children. Many of these households include immigrants.

Many immigrants arriving in the U.S. (or other similarly developed countries) bring with them health-promoting attributes and habits, including higher rates of breastfeeding, less maternal depression, fewer mental health problems, lower rates of low birth weight, and strong family and community structures (e.g., two-parent households, extended and multigenerational households, and extensive social networks). This pattern has been labeled the “Healthy Immigrant Effect.”

The longer immigrants are exposed to their new environment in the U.S., the greater the decline in healthy behaviors and attributes. For example, as immigrants stay longer, their dietary quality worsens, bringing higher rates of obesity and other diet related diseases. Finally, despite many factors in their favor, some immigrants, struggle with food insecurity. The consequences of food insecurity – and even marginal food security – are especially detrimental to the health, development, and well-being of children. Research shows a link between food insecurity and lower health status, low birth weight, birth defects, iron deficiency anemia, more frequent colds and stomach aches, asthma, developmental risk, and poor educational performance and academic outcomes for children – all of which have developmental, health and economic consequences in the short-term and long-term.

Public services and programs are essential in creating a healthy and equitable community. The philanthropic sector cannot replace government resources. It can build on and complement the government programs and services at the federal, state and local levels. The proposed rule will exacerbate the racial inequities in health and factors that affect health, including food security and housing. We strongly urge you to rescind the proposed public charge rule.

If you have any questions or need additional information, I can be reached at president@consumerhealthfdn.org or (202)939-3390.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Y. Redwood". The signature is written in a cursive, flowing style.

Yanique Redwood, PhD, MPH
President and CEO
Consumer Health Foundation