

December 10, 2018

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: DHS Docket No. USCIS-2010-0012

The Rudd Center for Food Policy and Obesity at the University of Connecticut (Rudd Center) is compelled to submit comments on the Department of Homeland Security Department’s proposed rule on Inadmissibility on Public Charge Grounds.

The Rudd Center is a multi-disciplinary policy research center dedicated to providing high-level expertise and guidance on obesity prevention, food marketing to children, food assistance programs, food and nutrition-related policies, and policies to reduce weight bias against individuals with obesity. Based on our experience studying all of the federal food programs and the charitable food system, we are strongly opposed to the proposed public charge expansion.

First, this proposed public charge expansion impacts immigrants *lawfully present* in the United States. At the exact time when immigrant families and children need legally available health, food, and housing supports, an expansion such as this will cause further uncertainty and confusion; undoubtedly forcing families to forgo needed government programs out of fear that participation will result in the denial of applications to change visa or residency status. As immigrant families relinquish their right to participate in Supplemental Nutrition Assistance Program (SNAP), skip health care appointments and change housing situations, they are pushed further away from the very locations that provide interventions designed to support them. This proposal truly will have a “chilling effect” on all types of interventions meant to positively impact immigrant health, and policy-change efforts focused on improving health for all people in the United States.

Second, immigrants lawfully present in the United States make enormous contributions to our economy and culture and use fewer services than others in America. Using data from the California Health Interview Survey, researchers found that in California (the state with the most legal permanent residents), US-born citizens are much more likely to be enrolled in public programs compared to legal permanent residents: Medicaid: 70% vs. 9%; SNAP: 72% vs. 7%; TANF: 76% vs. 6%; SSI: 68% vs. 5%.¹ In addition, when the same researchers examined the

¹ Ponce N, et al. (2018). Immigrants, US Values, and the Golden State. *Health Affairs blog*. Retrieved from: <https://www.healthaffairs.org/doi/10.1377/hblog20180817.59208/full/>

portion of the population in California that would most like be eligible for public programs because of their income level, they found that noncitizens are less reliant on public programs compared to US-born citizens.

Third, discouraging families from participating in SNAP will have devastating consequences on the charitable hunger-relief system. Nationally, over 200 food banks and 60,000 food pantries and soup kitchens are on the front lines of feeding food insecure children and families. Through our research², we see first-hand the need to improve access to healthy food for all families, and especially immigrant families who are already more vulnerable to food insecurity, poor health, and lack of access to health care.^{3,4} Many of these families are just getting by, working multiple low-wage jobs to cover necessities like housing, utilities, transportation, and food. Historically, many of these families do participate in SNAP, yet the benefit is not enough to cover food expenses for an entire month. The charitable feeding system already struggles to fill the gap between federal SNAP benefits and households' ability to purchase food.⁵ If SNAP is no longer being used, the charitable food system will not be able to compensate and feed all of the hungry families. The damaging effects of food insecurity on children is well documented⁶, and this policy change will undoubtedly increase childhood food insecurity. This will lead to overwhelming damage to children's physical, mental, and educational outcomes.

We respectfully urge you not to move forward with this expansion to the public charge test. As we research policy solutions to childhood obesity, poor diet, and weight bias and stigma, we always examine the unintended consequences (outcomes that were not foreseen or run contrary to the intended action). In this case, the consequences are clear: a policy change such as this further polarizes communities and our nation and makes it more difficult for immigrant families and their children to not only access healthy food, but a full-range of supports that they are legally eligible to receive.

Sincerely,



Marlene B. Schwartz

² Cooksey-Stowers, K, Martin KS, Schwartz M. (2018). Client Preferences for Nutrition Interventions in Food Pantries. *Journal of Hunger & Environmental Nutrition*. doi: [10.1080/19320248.2018.1512929](https://doi.org/10.1080/19320248.2018.1512929)

³ Chilton M, et al. (2009). Food Insecurity and Risk of Poor Health among US-Born Children of Immigrants. *Am J Public Health*, March; 99(3), 556–562. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661461/>

⁴ Derose K, et al. (2007). Immigrants and Health Care: Sources of Vulnerability. *Health Affairs*, September/October; 26(5), 1258-1268. Retrieved from: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.26.5.1258>

⁵ Gunderson C, Dewey A, Crumbaugh AS, et al. (2017). Map the meal gap 2017: Highlights of findings for overall and child food insecurity. *Feeding America*. Retrieved from: <https://www.feedingamerica.org/sites/default/files/research/map-the-meal-gap/2015/2015-mapthemealgap-exec-summary.pdf>

⁶ Gunderson, C. (2016). In: Bartfeld, J, Gunderson, C, Smeeding TM, Ziliak JP, eds. SNAP Matters: How Food Stamps Affect Health and Well-Being. *Stanford University Press*, 161-185.