

A Dream Deferred: Ending DACA Threatens Children, Families, and Communities

Omolara T. Uwemedimo, MD, MPH,^{a,b} Ana C. Monterrey, MD, MPH,^c Julie M. Linton, MD^{d,e}

What happens to a dream deferred? Does it dry up like a raisin in the sun? . . . Or does it explode?

Langston Hughes

On June 15, 2012, the Obama administration issued a memorandum providing protection from deportation for a group of immigrant adolescents and young adults who were brought as children to the United States without authorization. This memorandum, Deferred Action for Childhood Arrivals (DACA), has to date protected nearly 800 000 of the 1.9 million potentially eligible individuals (Table 1), including 228 000 children <15 years old who would age into eligibility.¹ Over half of DACA recipients are <21 years old, one-quarter are parents of US-citizen children, and 70% have family members who are US citizens.² Although DACA does not provide a permanent lawful immigration status and is only a piece of policy needed to support immigrant families, DACA allows youth to receive Social Security numbers, obtain driver's licenses, seek higher education, and become legally authorized to work. DACA permitted those who consider America their home to finally feel at home. However, on September 5, 2017, the Trump administration announced it would end the program. As a result of this decision, nearly 800 000 current DACA beneficiaries and their families now face legal jeopardy, creating a climate of fear and psychological turmoil. Sadness, shock, anger, and opposition have also emanated from communities and professional organizations that value the DACA program and have witnessed the contributions of DACA recipients to our collective prosperity.

Immigration status, including DACA, is a social determinant of health that intersects with other determinants, including access to care, mental health, educational attainment, and poverty. Emerging data reveal the protective benefits of DACA.³⁻⁶ With qualitative findings, researchers have shown that DACA recipients reported increased ability to seek needed medical care because of decreased fear of deportation and higher economic stability.⁵ DACA-eligible individuals are nearly 40% less likely to experience moderate-to-severe psychological distress compared with those ineligible for DACA.⁶ Similarly, compared with those who have not received DACA, DACA recipients have reported reduced odds

Departments of ^aPediatrics and Occupational Medicine, Epidemiology and Prevention, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hofstra University, Hempstead, New York; ^bGLOBAL (Global Learning. Optimizing health. Building Alliances Locally) at Cohen Children's Medical Center of New York, New Hyde Park, New York; ^cDepartment of Pediatrics, Baylor College of Medicine, Houston, Texas; ^dDepartment of Pediatrics, Wake Forest School of Medicine, Wake Forest University, Winston-Salem, North Carolina; and ^eMaya Angelou Center for Health Equity, Wake Forest Clinical and Translational Science Institute, Winston-Salem, North Carolina

Dr Uwemedimo conceptualized the manuscript, drafted the initial manuscript, and critically reviewed and revised the manuscript; Dr Monterrey drafted the initial manuscript and critically reviewed and revised the manuscript; Dr Linton critically reviewed and revised the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

DOI: <https://doi.org/10.1542/peds.2017-3089>

Accepted for publication Sep 25, 2017

Address correspondence to Omolara T. Uwemedimo, MD, MPH, Department of Pediatrics, Cohen Children's Medical Center, 269-01 76th Ave, New Hyde Park, NY 11040. E-mail: ouwemedimo@northwell.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2017 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

To cite: Uwemedimo OT, Monterrey AC, Linton JM. A Dream Deferred: Ending DACA Threatens Children, Families, and Communities. *Pediatrics*. 2017;140(6):e20173089

TABLE 1 Guidelines for Eligibility for the DACA Program

- Were <31 years of age as of June 15, 2012
- Came to the United States before reaching their 16th birthday
- Continuously resided in the United States from June 15, 2007, until the time of application
- Were physically present in the United States on June 15, 2012, and at the time of making a request for consideration of deferred action with USCIS
- Had no lawful status on June 15, 2012
- Are currently in school, have graduated or obtained a certificate of completion from high school, have obtained a GED certificate, or are an honorably discharged veteran of the Coast Guard or Armed Forces of the United States
- Have not been convicted of a felony, significant misdemeanor, or 3 or more other misdemeanors and do not otherwise pose a threat to national security or public safety

Adapted from US Department of Homeland Security. Eligibility for deferred action. Available at: <https://www.dhs.gov/archive/eligibility-deferred-action>. Accessed October 3, 2017. GED, general education development; USCIS, United States Citizenship and Immigration Services.

of stress, negative emotions (fear, anger, sadness), and worry about the need to leave the United States.⁴ In a recent survey of over 3000 DACA recipients, researchers found that the vast majority were employed (91%) and almost half were currently enrolled in school (45%).² The positive impact on income-earning potential and attainment of higher educational status suggests that DACA may mitigate poverty for recipients and their families.

DACA also provides major benefits to our economy and society. After receiving DACA, recipients reported opening a bank account, acquiring their first credit card, and obtaining a job with health coverage.² They have purchased their first cars and homes, and they have started their own businesses. DACA recipients have pursued professional licenses in education and have attended medical school.¹ Almost 20 000 DACA recipients currently have jobs in the health care industry,¹ including those in residency training programs across the country. In addition, DACA recipients, compared with undocumented immigrants of the same age, are more likely to have white-collar, indoor occupations (such as office and administrative support), whereas the latter were often in more manual, lower-skill occupations.¹

Just as the benefits of DACA extend far beyond direct beneficiaries, its termination threatens the health and

well-being of children, families, and communities. The health disparities experienced by the ~1 million undocumented immigrant children and adolescents living in the United States (ie, those not enrolled in DACA) allude to the potential impact of ending the program. Parents' unauthorized status creates stress for children that can threaten their health, development, and general well-being.³ The economic losses would be enormous, with a reduction of an estimated \$460 billion in our GDP over the next decade because of lost revenue from employed DACA recipients. States with the highest numbers of DACA recipients, like California and Texas, would be affected most greatly, with estimated losses of \$11.6 and \$6 billion, respectively.⁷

Pediatricians care for children, regardless of where they or their parents are born. As physicians, we took an oath to "first, do no harm." Now we question the possible harm of having reassured our patients and their families when they shared that they were applying for DACA.

We encourage pediatricians to recognize the powerful impact of family immigration status as a social determinant of health. Identifying legal concerns during visits, including those regarding immigration, can help to start the conversation in a setting often considered a rare "safe space" and reinforces the value of medical-legal partnerships that assist

families with immigration concerns. Identifying mental health problems and providing care with referrals can support youth coping strategies and improve their psychological well-being. Connecting families to resources addressing social needs can reduce stress and enhance health outcomes. Making pediatric practices welcoming to all patients, including children in immigrant families, can foster trust in the health care system.

Outside the clinical setting, pediatricians can more broadly engage to support children in immigrant families. Become familiar and collaborate with both national organizations (eg, National Immigration Law Center, Young Center for Immigrant Children's Rights) and community-based organizations (eg, public health departments, faith-based organizations, grassroots organizations) that provide families with support and connect them to services. Spread awareness about how immigration policies affect children by writing an editorial and participating in social media. Work with the American Academy of Pediatrics at the state or national level to advocate for change. Lastly, share with elected officials both the evidence supporting DACA and the stories of children in your care whose health is impacted by immigration policy. We encourage pediatricians to urge Congress to support bipartisan legislation that prioritizes family unity, improves health outcomes, mitigates stress, promotes health equity for immigrant youth, and provides a permanent solution to DACA.

DACA is by no means a panacea for recipients or their families. These youth remain ineligible for any federal benefits, including health programs. Recipients still report high levels of stress regarding possible deportation of family members or friends.⁴ For some

communities, DACA may create divisions between recipients and the ineligible.⁵ However, at its core, DACA represents a natural experiment that has proven that immigration policies that transition qualified undocumented individuals toward legal status can promote long-lasting societal and economic benefits, including family unity, general well-being, and economic stability. Therefore, DACA is a critical first step in a movement toward comprehensive immigration reform.

Children should never be used as a political bargaining chip. Ending DACA without a more permanent legislative solution in place has augmented the stress and fear that families with mixed-citizenship status have increasingly faced. Now is the time for pediatricians to take action. We must collectively exercise our privilege as health care professionals to use scientific evidence from DACA to advocate for one common dream: a pathway to legal status that the children and families for whom we care rightfully deserve.

ACKNOWLEDGMENTS

We thank Jennifer Nadga, JD, Daniel P. Krowchuk, MD, FAAP, and Tamar Magarik Haro for their thoughtful review of this manuscript.

ABBREVIATION

DACA: Deferred Action for Childhood Arrivals

REFERENCES

1. Capps R, Fix M, Zong J. The education and work profiles of the DACA population. 2017. Available at: www.migrationpolicy.org/research/education-and-work-profiles-daca-population. Accessed September 8, 2017
2. Wong T, Martinez Rosas G, Luna A, et al. DACA recipients' economic and educational gains continue to grow. 2017. Available at: <https://www.americanprogress.org/issues/immigration/news/2017/08/28/437956/daca-recipients-economic-educational-gains-continue-grow/>. Accessed September 11, 2017
3. Hainmueller J, Lawrence D, Martén L, et al. Protecting unauthorized immigrant mothers improves their children's mental health. *Science*. 2017;357(6355):1041–1044
4. Patler C, Laster Pirtle W. From undocumented to lawfully present: do changes to legal status impact psychological wellbeing among Latino immigrant young adults? [published online ahead of print March 9, 2017]. *Soc Sci Med*. doi:10.1016/j.socscimed.2017.03.009
5. Sudhinaraset M, To TM, Ling I, Melo J, Chavarin J. The influence of deferred action for childhood arrivals on undocumented Asian and Pacific Islander young adults: through a social determinants of health lens. *J Adolesc Health*. 2017;60(6):741–746
6. Venkataramani A, Shah S, O'Brien R, Kawachi I, Tsai AC. Health consequences of the US Deferred Action for Childhood Arrivals (DACA) immigration programme: a quasi-experimental study. *Lancet Public Health*. 2017;2(4):e175–e181
7. Svajlenka NP, Jawetz T, Bautista-Chavez A. A new threat to DACA could cost states billions of dollars. 2017. Available at: <https://www.americanprogress.org/issues/immigration/news/2017/07/21/436419/new-threat-daca-cost-states-billions-dollars/>. Accessed September 11, 2017

A Dream Deferred: Ending DACA Threatens Children, Families, and Communities

Omolara T. Uwemedimo, Ana C. Monterrey and Julie M. Linton

Pediatrics 2017;140;

DOI: 10.1542/peds.2017-3089 originally published online October 9, 2017;

Updated Information & Services

including high resolution figures, can be found at:
<http://pediatrics.aappublications.org/content/140/6/e20173089>

References

This article cites 4 articles, 1 of which you can access for free at:
<http://pediatrics.aappublications.org/content/140/6/e20173089#BIBL>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
International Child Health
http://www.aappublications.org/cgi/collection/international_child_health_sub
Immigration
http://www.aappublications.org/cgi/collection/immigration_sub
Advocacy
http://www.aappublications.org/cgi/collection/advocacy_sub
Federal Policy
http://www.aappublications.org/cgi/collection/federal_policy_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

A Dream Deferred: Ending DACA Threatens Children, Families, and Communities

Omolara T. Uwemedimo, Ana C. Monterrey and Julie M. Linton
Pediatrics 2017;140;

DOI: 10.1542/peds.2017-3089 originally published online October 9, 2017;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/140/6/e20173089>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2017 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

