December 3, 2018

Samantha Deshommes
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

Dear Ms. Deshommes:

I write on behalf of the University of California, San Francisco (UCSF), an institution dedicated to advancing health through biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. UCSF appreciates the opportunity to provide comments on the Department of Homeland Security (DHS) proposed rule, "Inadmissibility on Public Charge Grounds," dated October 10, 2018. These comments, which are informed by UCSF’s singular focus on innovating, improving, and providing health care, reflect the collective concerns of our clinicians, researchers, and students that this proposal to expand the definition of "public charge" will have a negative impact on public health, health care delivery, and training.

UCSF strongly opposes DHS finalizing this proposed rule on the following grounds:

It will dissuade people from using health and other programs to which they are legally entitled. Discouraging access to these services poses a risk to public health by making individuals, and entire communities, more susceptible to treatable conditions, including communicable diseases. Of particular concern is that the proposed rule will discourage the use of Medicaid among the children that we treat at UCSF Benioff Children’s Hospitals. Our patients and their families rely on Medicaid for continued access to reliable, affordable, and high-quality health care coverage, which studies show leads to better health and academic outcomes for children. The fear that DHS will count the use of children’s health benefits against them when pursuing a legal path to U.S. citizenship will lead to fewer participants in the Medicaid program. UCSF considers this a significant threat to children’s well-being, and more broadly to public health, and strongly opposes the inclusion of Medicaid or CHIP benefits in this rule.

The proposal forces those who need help or health care to make a cruel choice. The primary effect of this proposal will be to force legal immigrants to choose between having adequate nutrition, housing and healthcare, and securing their future in the U.S. Based on the work of our own UCSF faculty, we know that secure housing and access to healthy food are foundational to good health, as is access to health care.¹ Withholding these public benefits will only exacerbate

existing health disparities for the underserved populations we treat, and take us further from the goal of achieving better health outcomes and reducing health care costs by improving population and community health.

It sows fear in the broader immigrant community beyond those for whom the regulation is intended. While many legal immigrants would be exempt from this rule, clinics that serve these individuals already report a decrease in the number of families served and an increase in concerns that their applications to extend their stay, change their status, or extend permanent residency may be jeopardized as a result of accessing services to which they are legally entitled.

UCSF's focus on advancing health care makes it a magnet for the world's most talented students and health professionals. UCSF believes this proposal will hinder our ability to attract, support, and retain the talent we need to fulfill our mission to continue providing world-class patient care, education, and biomedical innovation. We are proud of the many immigrants and first-generation students that teach, train, practice, research, and lead at UCSF.

Unfortunately, the number of international students enrolled at U.S. universities declined approximately 4 percent between 2016-17. We at UCSF fear that this proposal will further discourage international talent from entering the United States due to increasing fear of reprisal for using benefits, such as maternity care, to which legal immigrants are entitled.

It is based on false and discriminatory beliefs. UCSF opposes this regulation because it is based on the false premise that immigrants use more services from the United States than they contribute to the United States. Lawfully present immigrants are as likely as citizens to live in a family with at least one fully employed worker; however they are more likely to be employed in positions that are low-paying and lack employer-sponsored health insurance. These immigrants are working in our communities, paying taxes, and contributing to the cultural richness of our city, state, and nation.

The negative impacts this proposal will have on our community, on public health, and on the health care system is the antithesis of who we are as a public service institution dedicated to advancing health care worldwide. The diversity of our students, faculty, staff, and patients allows UCSF to deliver breakthroughs that help heal the world.

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UCSF is grateful for the opportunity to comment on the DHS proposal to expand the definition of "public charge." If this definition is finalized, many immigrants' public charge determinations will be altered in a way that threatens their path to U.S. citizenship. As such, UCSF cannot support this proposal, which will have far-reaching implications for the health and well-being of the families and individuals in our community and beyond.

I respectfully request your thoughtful consideration of these comments and urge DHS to withdraw the proposed rule. If you have any questions or concerns about this comment letter, please contact Director Natalie Alpert, UCSF Federal Government Relations, at Natalie.Alpert@ucsf.edu or 202-974-6315.

Sincerely,

[Signature]

Sam Hawgood, MBBS
Chancellor
Arthur and Toni Rembe Rock Distinguished Professor