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VIA ELECTRONIC SUBMISSION

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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

DHS Docket No. USCIS-2010-0012

Comments on Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

This letter is to urge you to set our policies on who is a "public charge" to be as narrow as possible for everyone living in the United States, particularly our immigrant families with children. I make this request because it is healthier for our nation if everyone has access to food assistance and health care, because it fulfills our national values as expressed by the Statue of Liberty, and because the problems of food security and health care for immigrants impaired our ability to organize an effective community organization to serve immigrants in Tuscarawas County, Ohio.

The origin of Central American immigration to Tuscarawas County, Ohio

Winesburg, Ohio, is home to a chicken processing plant owned by Case Farms. In the 1990's, this plant employed hundreds of local workers. They began organizing a union with the United Food and Commercial Workers (UFCW), Local 880. UFCW represented the workers at Park Poultry in nearby Canton, Ohio. The hourly wage difference of two to three dollars between the union and non-union plants prompted employees to join with Local 880's union recognition campaign. Soon, the English speaking workers who had supported the union at Case Farms were out, and Guatemalans and Salvadorans from Case Farms plants in North Carolina plants were in.

With the support of local teachers and clergy, I formed an informal group called Hispanic Support Group (HSG). We organized social events to allow the immigrant and native communities to mingle, and to distribute health and legal information. We discovered that distribution of Spanish language written materials had little effect in an immigrant community

with limited literacy, and spoke native Mayan languages (with Spanish as a second language). Soon we organized volunteer English classes and religious services, both Catholic and Protestant.

Meanwhile, UFCW did not give up the organizing drive. Its lead staff organizer, Tim Mullins, "salted" into the chicken plants. He got to know the immigrant workers as co-workers. He learned Spanish.

We create HMTC to organize English classes, computer classes, and leadership development

By 1997, HSG leaders and area clergy felt the immigrant community had grown so that a more formal organization, with paid staff, was needed. We incorporated Hispanic Ministries of Tuscarawas County, Inc. (HMTC), as a 501(c)(3) organization. We received grants from Catholic and Protestant denominations, employed a coordinator, and increased the number and types of classes and activities. I served as one of the presidents of HMTC. Two Kent State University graduate students produced a documentary movie about the Hispanic immigration to Tuscarawas County, and the community's adjustment. It is called *2000 Miles North*.

HMTC suffered a turnover of paid staff that made it difficult to develop long term projects. The principal problem was that immigrants needed to rely on any bilingual person they knew for transportation to and translation at medical visits. As the immigrant community continued to grow, the demand for health services quickly outpaced the abilities of even the most experienced staff. As board members, we worked with coordinators to have the strength to say no when immigrants called for rides to the doctor, dentist or even the hospital, but it is just too hard for anyone in a caring position to say no to someone who needs medical help, especially when they depend on their only bilingual friend to take them. Even though Case Farms offered health insurance to its employees, the substantial portion of its workers who lack immigration documentation could not use the health insurance. The insurance company would not pay claims for workers using false papers (even if an agent of the employer secured those false papers for the worker).

In Morganton, North Carolina, the Laborers International Union won a union election at a Case Farms plant. The company and union, however, failed to agree on a first contract. Even with a labor-church coalition and a national corporate campaign (led by the National Immigrant Worker Justice Coalition in Chicago), Case Farms would not negotiate, and eventually got the union decertified.

Since our last coordinator resigned in 2003, HMTC has not employed any new staff. Fortunately, St. Joseph's Catholic Church, with support of the Immigrant Worker Project, filled the void for coordinating English classes, the new computer and literacy classes, and other programs and activities for the immigrant community. Their Pastoral Associate for Hispanic Ministries provided support for the Spanish language congregation at St. Joseph's, led a women's group, assisted victims of domestic violence, coordinated a baptism class, and continued the individual services that are so often needed. The tension between doing her job and responding to medical needs was a daily struggle. In 2008, I moved to the Washington, DC, area to pursue other career

opportunities. Yet, my heart still aches for all that we could not accomplish for our community in Ohio due to the lack of adequate health care for immigrants.

My main point

Here is my main point: When our nation fails to provide medical insurance and services to everyone, then the burden will fall on others. The burden falls particularly hard on those who are already working with immigrants and these people have plenty of important things to do that won't get done when our national policies leave millions of immigrants uninsured. It should be obvious enough that infectious diseases are more likely to spread when a significant population faces hurdles that prevent access to primary and preventative care. It is also obvious that chronic diseases will be more expensive when they are treated in hospital emergency rooms instead of through a family doctor. Leaving immigrants uninsured imposes a burden on social services, community organizations, churches and anyone else in the community who responds to a neighbor's urgent medical need. But we all have other things to do. We are not particularly trained to provide health care.

In particular, I oppose the proposed expansion of who would be a “public charge.” Quite simply, it will discourage immigrants from accessing normal health and food security programs. This is unhealthy for our community as a whole, and a burden on those least able to bear it.

For decades, the “public charge” category has been reserved for those accessing cash assistance. This bright line has served our nation through the administrations of both parties. It provides immigrants and their allies with clear rules that encourage everyone to get the food and services they need for their health and the public health.

The proposed rule would expand the list of public benefit programs that would be considered a public charge. Including SNAP, Medicaid, and housing assistance will discourage immigrants from using these important public health programs. The proposed income test of 125% of the Federal Poverty Level ($15,175 for a single individual) would further disadvantage those who are already victims of race discrimination and economic exploitation.

The rule change lacks policy justification and undermines our public health and national security.

Thank you for your attention to these comments. Please do not hesitate to contact me if you have any questions.

Sincerely,

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1 "Relief from Deportation: Demographic Profile of the DREAMers Potentially Eligible under the Deferred Action Policy," Migration Policy Institute, Aug. 2012, *available at* http://www.migrationpolicy.org/pubs/FS24_deferredaction.pdf; See also, "Health Insurance Coverage of Nonelderly 0-64, states (2009-2010), U.S. (2010)," Kaiser Commission on Medicaid and the Uninsured, *available at* http://www.statehealthfacts.org/comparetable.jsp?typ=1&ind=126&cat=3&sub=39

2 "Five Facts About the Uninsured Population," Kaiser Commission on Medicaid and the Uninsured, Sept. 2012, *available at* http://www.kff.org/uninsured/7806.cfm

3 "Key Facts on Health Coverage for Low-Income Immigrants Today and Under Health Reform," Kaiser Commission on Medicaid and the Uninsured, Feb. 2012, *available at* http://www.kff.org/uninsured/8279.cfm