MINNESOTA PUBLIC HEALTH ASSOCIATION
POLICY RESOLUTION

Deferred Action for Childhood Arrivals (DACA)

WHEREAS, On Tuesday, September 5, 2017, President Donald Trump ordered an end to the program known as Deferred Action for Childhood Arrivals, or DACA.[1] Congress is being given six months to determine the legal status and ultimate fate of 800,000[2] immigrants, known as "Dreamers", who were brought into the United States as children, and who are eligible, under the existing DACA program, to apply for temporary residence in the United States; and

WHEREAS, A compromise devised by the Obama Administration after Congress failed to pass the bipartisan Development, Relief and Education for Alien Minors (DREAM) Act, which would have offered eligible immigrant children the chance of permanent legal residency in the United States, the DACA program, established by Executive Order on June 15, 2012, offers temporary residence status to these children, and protection from immediate deportation, if certain conditions are met: and

WHEREAS, An undocumented immigrant is eligible to claim DACA status if, as of June 15, 2012, the individual was under the age of 31, came the United States before turning age 16, lived continuously in the United States for five years since June 15, 2007; and either has a high school diploma or GED certification, or has been honorably discharged from the military or is currently enrolled in school.[3] Applicants for DACA status are fingerprinted and rigorously vetted by the Department of Homeland Security for any criminal history or threat to national security. If the applicant passes the vetting, action to deport the person is deferred for a period of two years, with an opportunity to renew the deferral, and the individual becomes eligible for basics such as a driver's license, college enrollment or work permit; and

WHEREAS, To date, 800,000 individuals have qualified for DACA status. As President Obama put it when he signed the Executive Order creating the DACA program: "These are young people who study in our schools, they play in our neighborhoods, they're friends with our kids, they pledge allegiance to our flag. They are Americans in their heart, in their minds, in every single way but one on paper. They were brought to this country by their parents – sometimes even as infants – and often had no idea that they're undocumented until they apply for a job or a driver's license, or a college scholarship"; and

WHEREAS, In an act of faith and trust in America's promise of hope and opportunity, "Dreamers" came out of the shadows and gave their names, addresses and telephone numbers to the United States Government in order to participate in the DACA program; and

WHEREAS, deportation and threat of deportation affect not only undocumented people, but also their children and family members who are often legal residents, anyone perceived to be an immigrant based on skin color or other factors, other people with whom they share communities or schools, and our broader society[4]; and

WHEREAS, fear of deportation makes communities less healthy. People are afraid to drive, afraid to use parks and exercise outdoors, afraid to use public health services like clinics, and

afraid to participate in their communities[5]; and

WHEREAS, deportations and threat of deportations impact children and lead to poorer child health, poorer child behavioral outcomes, poorer child educational outcomes, and poorer adult health and shorter lifespan.[5]

WHEREAS, an increase in risk of deportation is associated with a decrease in Medicaid use and mental health services. The implications of this outcome have tremendous impacts for health service providers and policy makers interested in preventing and reducing health disparities in complex family structures[6, 7]; and

WHEREAS, The mission of the Minnesota Public Health Association is to create a healthier Minnesota through effective public health practice and engaged citizens; DACA has provide many immigrants the opportunity to join the health field to work towards improving the health of Minnesotans. “Majority of DACA recipients are still students and 17 percent are pursuing an advanced degree. By contrast, most recipients of H-1B visas are between 25 and 34 and hold either a Bachelor's Degree or a Master's Degree. In short, they appear to be a close reflection of what DACA recipients will look like a few years from now as they complete their educations." DACA recipients are relatively well-educated, meaning they are highly skilled workers who benefit the rest of the nations' workers in the long term.[8]

WHEREAS, During the difficult days ahead, the Minnesota Public Health Association wants all of its Dreamers to know that: “You are welcome here in Minnesota and in our schools.”

THEREFORE, BE IT RESOLVED that the Minnesota Public Health Association Urge the Governor of Minnesota and the Minnesota Legislature:

1. To establish a Minnesota Dreamers Bill of Rights to ensure that the State of Minnesota is doing all it can to remain a welcoming place for the more than 6,000[9] Dreamers that live, work and study in our great State.
2. To amend State law to allow Dreamers to obtain the licenses and certifications they need to enter additional professions, such as health care, education, social work and real estate, and to remain in those professions after their DACA work permit expires.
3. To establish a statewide legal protection fund to assist residents in navigating the immigration process.
4. To strongly prohibit cooperation or communication with Immigration and Customs Enforcement (“ICE”) with respect to Dreamers.
5. To disallow local governments from exempting themselves from these new Dreamer protections.

References:

1. Memorandum on Rescission Of Deferred Action For Childhood Arrivals (DACA). https://www.dhs.gov/news/2017/09/05/memorandum-rescission-daca. Accessed 9/15/2017.
2. Pew Research Center, DACA has shielded nearly 790,000 young unauthorized immigrants from deportation, http://www.pewresearch.org/fact-tank/2017/09/01/unauthorized-immigrants-covered-by-daca-face-uncertain-future/. Accessed 9/15/2017
3. American Immigration Center. https://www.us-immigration.com/deferred-action-application-I-

821D.jsp. Accessed 9/15/2017.
4. Public Health Actions for Immigrant Rights: A Short Guide to Protecting Undocumented Residents and Their Families for the Benefit of Public Health and All Society. https://unafraideducators.org/wp-content/uploads/2017/04/PHAIR_guide_2017.01.27.pdf. Accessed on 11/20/2017
5. Human Impact Partners. June 2013. Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families. Oakland, CA. https://humanimpact.org/wp-content/uploads/2017/09/Family-Unity-Family-Health-2013.pdf. Accessed on 11/20/2017.
6. Vargas, Edward D., Immigration enforcement and mixed-status families: The effects of risk of deportation on Medicaid use, Children and Youth Services Review. Volume 57, October 2015, Pages 83–89.
7. The Lancet. Health consequences of the US Deferred Action for Childhood Arrivals (DACA) immigration programme: a quasi-experimental study. March 2017.
8. "Characteristics of H-1B Specialty Occupation Workers," Fiscal Year 2014 Annual Report to Congress (Washington: U.S. Citizenship and Immigration Services, February 26, 2015), https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/H-1B/h-1B-characteristics-report-14.pdf. Accessed on October 17, 2017.
9. U.S. Citizenship and Immigration Service.