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DACA - The Lamp beside the Golden Door

Pediatricians care about all children. That statement seems superfluous, but in today's political atmosphere it needs to be underscored. Personally, as a pediatrician, my primary responsibility is to support families to enhance children's health and well-being no matter where they or their parents were born. Each of us aims to help all children to grow and develop to reach their full potential and to ultimately contribute to our collective America. Over the past few years, however, the definition of what "our collective America" is seems to have blurred.

Immigrant children represent the fastest growing segment of the U.S. population. [One in every four children](#) was either born outside the United States or has one parent who was. (Migration Policy Institute, 2014) The immigration policy known as "Deferred Action for Childhood Arrivals" or "[DACA](#)," which has been in place since 2012, granted eligible youth – children who were brought to the United States unlawfully - relief from deportation and work authorization. However, on [September 5, 2017](#), the federal administration announced that it will end DACA on March 5, 2018. Since then, Congress has failed to pass a permanent solution for DACA youth, meaning all work permits issued under DACA will expire and these young people, over 800,000 of them, will no longer be protected from deportation.

Fear and anxiety harm children's health. Highly stressful experiences can disrupt children's brain development. Stress, particularly prolonged exposure to serious stress, referred to as [toxic stress](#), can harm the developing brain and impact [long-term health](#). (Felitti et al. 1998, Shonkoff et al. 2012) There are few childhood experiences that are more stressful than threatened or actual separation from a parent. Yet, this is the possibility DACA recipients are faced with, and we should take action to see that it does not become their reality.

Special points of interest

- [DACA provides eligible youth relief from deportation and work authorization](#)
- [Nearly one in every four children was born outside the US or has one parent who was](#)
- [DACA expires on March 5th, 2018, leaving over 800,000 children without protection from deportation](#)
- [Without renewal of federal funds, states are expected to run out of funding by Summer 2018](#)
- [Fear of deportation or separation anxiety can lead to toxic stress and impact long-term health and brain development in children](#)
- [Deportation could cost nearly \\$60 billion and reduce economic growth by \\$280 billion](#)
- [We should educate ourselves on DACA, its implications, and impact on immigrant children and families in our community](#)



Over 800,000 immigrant children will no longer be protected from

“... deporting these recipients could cost the government at least \$60 billion and ... reduce economic growth by \$280 billion. ...”

First, we should educate ourselves and others on the positive impacts of DACA. Research has shown that DACA [increases wages](#), [reduces the number](#) of immigrant households living in poverty, and improves the mental health outcomes for [DACA-eligible immigrants](#) and [their children](#). Additionally, DACA moves immigrants into the [formal labor force](#) which [increases tax revenues](#) collected through payroll, income, and sales taxes. According to the [CATO Institute](#), deporting these recipients could cost the government at least \$60 billion and rescinding the program entirely would reduce economic growth by \$280 billion.

Second, we should each follow the lead of the American Academy of Pediatrics (AAP), which has been one of the leading advocates for finding a permanent solution to DACA, and has publicly [supported](#) immigrant families against the looming threat of deportation due to the expiring [deadline](#) of DACA. In line with the AAP's [Access 4 Kids](#) initiative, we should equip ourselves with the necessary [resources](#) to ensure that any patients and families, especially those effected by DACA, have access to appropriate care.

We owe it to our patients and ourselves to follow the AAP's lead in advocating on behalf of immigrant children and families who are an integral part of our communities and our country. They should be a part of the American Dream. They should be treated with compassion and dignity. Above all, they should be able to live a safe and healthy life as part of our collective America.

About The Center for Child Health Policy and Advocacy

The Center for Child Health Policy and Advocacy serves as a catalyst to impact legislative and regulatory action on the behalf of vulnerable children at local, state, and national levels. We strive to deliver innovative, multi-disciplinary, and solutions-oriented approaches to child health.

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