

Nos. 18-587, 18-588, 18-589

IN THE
Supreme Court of the United States

DEPARTMENT OF HOMELAND SECURITY, ET AL.,
Petitioners,

v.

REGENTS OF THE UNIVERSITY OF CALIFORNIA, ET AL.,
Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
COURT OF APPEALS FOR THE NINTH CIRCUIT

[Caption Continued on Following Page]

**BRIEF FOR THE AMERICAN PROFESSIONAL
SOCIETY ON THE ABUSE OF CHILDREN,
THE AMERICAN ACADEMY OF PEDIATRICS,
THE CENTER FOR LAW AND SOCIAL
POLICY, AND 33 CHILD ADVOCACY
ORGANIZATIONS, MEDICAL
PROFESSIONALS, AND CHILD
DEVELOPMENT EXPERTS AS AMICI CURIAE
IN SUPPORT OF RESPONDENTS**

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DONALD J. TRUMP, PRESIDENT OF THE
UNITED STATES, ET AL.,

Petitioners,

v.

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF
COLORED PEOPLE, ET AL.,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
COURT OF APPEALS FOR THE D.C. CIRCUIT

KEVIN K. MCALEENAN, ACTING SECRETARY OF
HOMELAND SECURITY, ET AL.,

Petitioners,

v.

MARTIN JONATHAN BATALLA VIDAL, ET AL.,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES
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INTRODUCTION AND INTEREST OF AMICI CURIAE¹

The government’s decision to end the Deferred Action for Childhood Arrivals (DACA) policy has endangered the mental and physical health of hundreds of thousands of children—mostly U.S. citizens—whose parents are DACA recipients. As organizations dedicated to supporting children and promoting their well-being, amici are deeply concerned about the immediate and long-term effects of ending the DACA policy on this population. Since the Trump Administration announced the rescission of DACA, children of DACA recipients live with the fear that their parents will be taken away, and that fear negatively impacts all aspects of their lives, including their health, education, and overall family stability.

Amicus the American Professional Society on the Abuse of Children (APSAC) is the leading national organization for professionals serving children and families affected by child maltreatment. A multidisciplinary group, APSAC achieves its mission through expert training and educational activities, policy leadership and collaboration, and consultation emphasizing theoretically sound, evidence-based principles. For 30 years, APSAC has played a central role in developing guidelines that address child maltreatment. It is qualified to inform the Court about

¹ The parties have consented to the filing of this amicus brief. No counsel for a party authored the brief in whole or in part. No party, counsel for a party, or any person other than amici and their counsel made a monetary contribution intended to fund the preparation or submission of the brief.

the damage that maltreatment can inflict on children's brain development and cognitive ability. APSAC submits this brief to assist the Court in understanding the impact of parental detention and deportation on children's physical, emotional, and mental development.

Amicus the American Academy of Pediatrics (AAP) is a non-profit professional membership organization of 67,000 primary care pediatricians and pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health and well-being of infants, children, adolescents, and young adults. AAP believes that the future prosperity and well-being of the United States depends on the health and vitality of all of its children, without exception. Pediatricians have seen the negative effects that family separation and the threat of deportation have on child health. As such, AAP is uniquely positioned to understand the impact of the rescission of the DACA policy on the health of children.

Amicus the Center for Law and Social Policy (CLASP) is a national, nonpartisan anti-poverty non-profit organization advancing policy solutions for low-income people in the United States. CLASP develops practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing barriers faced by people of color. CLASP has expertise in early care and education, early childhood development, child welfare, mental health, and immigration policy. CLASP recognizes the important role DACA has played in strengthening families and communities, and we are deeply concerned with the harmful impact that rescinding DACA will have on

thousands of young children with DACA parents, including possible separation from parents, weakened economic security, and poor developmental outcomes. CLASP strongly urges the Court to consider the long-term implications for children's health and well-being and uphold DACA protections.

Statements of interest for all other amici are included in the Appendix.

Amici submit this brief to assist the Court in its review by providing key facts about how DACA status and its rescission might impact the children of DACA recipients. The rescission of DACA plunges recipients into immediate uncertainty and stress. Recipients are at risk of immediate detention and deportation when their current protection expires. Even the threat of separation from their parents can cause children to suffer significant physiological stress that threatens their mental and physical health and their overall development, not to mention the harm to them caused by the actual detention and deportation of their parents.

The Executive Branch's long-standing recognition of its legal and moral responsibility to avoid inflicting harm on children is nowhere apparent in its arbitrary and capricious decision to end DACA. In explaining the Department of Homeland Security's decision to rescind DACA, then-Secretary Nielsen stated that "neither any individual's reliance on the expected continuation of the DACA policy nor the sympathetic circumstances of DACA recipients as a class" outweigh the reasons to end the policy. *Regents* Pet. App. 125a. Amici disagree.

The DACA policy was created to protect young people brought to this country as children. Rescinding the policy will harm not only those whom DACA initially sought to help, but also will harm hundreds of thousands of their U.S. citizen children by triggering short- and long-term health impacts during their critically important developmental years. This human toll must be considered.

SUMMARY OF ARGUMENT

The September 2017 Memorandum on Rescission of Deferred Action for Childhood Arrivals (Rescission Memo) issued by the Department of Homeland Security (DHS) arbitrarily and capriciously ignores the human impact of ending DACA protections. The Rescission Memo does not even consider the detrimental impact this action will have both on DACA recipients and their children. *See* Pet. Br. 7-8, citing *Regents* Pet. App. 111a-119a. In listing the factors underlying its decision to rescind the policy, DHS considered only the relevant litigation, not the immense personal impact on hundreds of thousands of people. The district court noted this failure in finding the rescission arbitrary and capricious:

In terminating DACA, the administrative record failed to address the 689,800 young people who had come to rely on DACA to live and to work in this country. These individuals had submitted substantial personal identifying information to the government, paid hefty fees, and planned their lives according to the dictates of DACA. The administrative record includes no consideration to the disruption a

rescission would have on the lives of DACA recipients, let alone their families, employers and employees, schools and communities.

Regents of the Univ. of Cal. v. U.S. Dep't of Homeland Sec., 279 F. Supp. 3d 1011, 1045 (N.D. Cal. 2018).

Amici focus here on the most vulnerable class of affected persons disregarded by the Rescission Memo: the hundreds of thousands of children of DACA recipients. Because DACA recipients are at immediate risk of detention and deportation if DACA is rescinded, the danger to their children also is immediate.

Indeed, these children are endangered not only by the actual detention and deportation of their parents, but also the looming fear of deportation. The imminent threat of losing DACA protection places children at risk of losing parental nurturance, as well losing income, food security, housing, access to health care, educational opportunities, and the sense of safety and security that is the foundation of healthy child development.

The mental health benefits to children whose mothers are protected by DACA, and therefore protected from the fear of deportation, are large and clinically significant. Jens Hainmueller et al., *Protecting unauthorized immigrant mothers improves their children's mental health*, 357 Science 1041-44 (2017), <https://tinyurl.com/y46cf7be>. Children who did not live in fear that their parent might be detained and deported saw significantly decreased adjustment and anxiety disorder diagnoses. *Id.* Conversely, exposure to immigration enforcement actions, such as raids,

negatively impacts birth outcomes. Infants born to Latina mothers had a 24% greater risk of low birth-weight after an immigration raid when compared with the same period one year earlier. Nicole L. Novak et al., *Change in birth outcomes among infants born to Latina mothers after a major immigration raid*, 46 Int'l J. Epidemiology 839 (2017), <https://tinyurl.com/y5ehbjs7>.

In addition to the children of DACA recipients, children of other immigrant parents and in affected school communities also suffer increased stress. DACA recipients live in households with an average of four members, often of different immigration statuses, and within larger communities. The effects of deportation touch neighbors, friends, and family. Children who witness arrests often share their stories with friends and classmates. “[F]or every two adults deported, one citizen-child is directly affected.” Luis H. Zayas & Laurie Cook Heffron, *Disrupting young lives: How detention and deportation affect US-born children of immigrants*, Am. Psych. Ass’n (Nov. 2016), <https://tinyurl.com/l6ro2ql>.

As the American Academy of Pediatrics recently explained, “[t]he immigration status of children and their parents relates directly to their subsequent access to and use of health care, perceived health status, and health outcomes. Family immigration status is intertwined with other social determinants of health, including poverty, food insecurity, housing instability, discrimination, and health literacy.” Julie M. Linton et al., *Providing Care for Children in Immigrant Families*, 144 Pediatrics 1, 4 (Sept. 2019), <https://tinyurl.com/y6ghwfkf>.

ARGUMENT

I. Rescinding DACA Places Children At Risk Of Immediate Harm.

The Rescission Memo reaches far into the homes, schools, churches, and communities of hundreds of thousands of children across the country. Although the nearly 700,000 DACA recipients arrived in the United States as children, many of them are now adults and have children of their own. According to recent estimates, more than 250,000 U.S.-born children have at least one parent who is a DACA recipient, and about 1.5 million people in the United States live with a DACA recipient. Nicole Prchal Svajlenka, *What We Know About DACA Recipients in the United States*, Ctr. for Am. Progress (Sept. 5, 2019), <https://tinyurl.com/y4xc6sf4>.

Once DACA protections are rescinded, these children's parents will be eligible for detention and deportation, and they will also be forced out of the lawful labor market. DHS's position is clear: "Recipients of DACA are currently unlawfully present in the U.S. with their removal deferred. When their period of deferred action expires or is terminated, their removal will no longer be deferred and they will no longer be eligible for lawful employment." U.S. Dep't of Homeland Security, *Frequently Asked Questions: Rescission of Deferred Action for Childhood Arrivals (DACA)*, <https://tinyurl.com/y9ptpepg> (last visited Oct. 2, 2019).

In its opening brief, the government states that “a decision to abandon an existing nonenforcement policy will not, by itself, bring to bear the agency’s coercive power over any individual; that will occur only if any resulting enforcement proceeding leads to a final adverse order.” Pet. Br. 19. This is an empty assurance for DACA recipients and their children, for several reasons.

To begin, DHS holds extensive identifying information for every DACA recipient. While DHS states that for the time being it will not “proactively” use this information for deportation purposes, U.S. Dep’t of Homeland Security, *Frequently Asked Questions*, *supra*, reports of recent detentions suggest otherwise. See, e.g., Carlos Ballesteros, *She’s a DACA recipient. ICE agents still arrested her. Then they went after her parents*, Chicago Sun Times (May 21, 2019), <https://tinyurl.com/y2x3x7cd>; Reis Thebault, *How a flight attendant from Texas ended up in an ICE detention center for six weeks*, Washington Post (Mar. 23, 2019), <https://tinyurl.com/yxar27pu>.

Moreover, although DHS does not keep robust data on DACA revocations and does not track DACA detentions, advocates report that numerous DACA recipients have been detained and issued Notices to Appear. DHS officials have then asserted that these Notices to Appear automatically cancel DACA status, even though advocates argue that this contradicts the government’s own rules. Rep. Marc Veasey (D-Texas), who has called for an investigation of the Administration’s enforcement actions against DACA recipients, reported that post-rescission, many of his DACA constituents began living in fear and had been held at

border checkpoints for prolonged periods. Nicole Rodriguez, *Trump Administration Has Illegally Attempted to Deport DACA Recipients, Advocates Say*, Newsweek (Dec. 2, 2017), <https://tinyurl.com/y69w92ya>.

Given the Administration's current immigration priorities, it appears likely these detention and deportation efforts will intensify. On January 25, 2017, President Trump issued an Executive Order expanding the priority list of noncitizens subject to deportation to anyone charged with even minor criminal offenses and to anyone who may have misrepresented their status to obtain work. Exec. Order No. 13768, *Enhancing Public Safety in the Interior of the United States*, 82 Fed. Reg. 8799 (Jan. 30, 2017). A July 2019 analysis of Immigration and Customs Enforcement (ICE) data by the American Immigration Council shows that ICE has cast a wider deportation net under the current administration than under previous administrations. Rather than prioritizing individuals who may present a threat to public safety, "the administration has issued policies that treat all infractions of the law as equally deserving of enforcement action." Guillermo Cantor et al., *Changing Patterns of Interior Immigration Enforcement in the United States, 2016-2018*, Am. Immigration Council (July 1, 2019), <https://tinyurl.com/y6ccpqwk>. As a result, "[i]ncreasingly, individuals with no criminal records have been apprehended, regardless of their social and economic ties to U.S. families, communities, and employers." *Id.*

The Administration is also taking steps to deport unauthorized immigrants faster, stoking widespread

fear in immigrant communities. In July 2019, it announced that it would expedite the removal of undocumented immigrants who cannot prove that they have been in the United States continuously for two years or more. “The change dramatically expands the ability of the Department of Homeland Security to quickly deport certain immigrants without any of the due-process protections granted to most other people, including the right to an attorney and to a hearing before a judge ... and is the latest escalation of the Trump administration’s immigration crackdown.” Vanessa Romo, *Trump Administration Moves To Speed Up Deportations With Expedited Removal Expansion*, NPR (July 22, 2019), <https://tinyurl.com/y4lrblfm>.

The Administration has also increased the number of major raids targeting undocumented immigrants. In July 2019, for example, immigration officials targeted more than 2,000 people who were in the United States illegally in widely publicized raids (called Operation Border Resolve) that took place in over a dozen U.S. cities. Caitlin Dickerson & Zolan Kanno-Youngs, *Thousands Are Targeted as ICE Prepares to Raid Undocumented Migrant Families*, N.Y. Times (July 11, 2019), <https://tinyurl.com/y5nggr9p>. And in August 2019, more than 600 Latino workers were detained at poultry plants in Mississippi. Lauren Camera, *ICE Raids Send Schools Scrambling*, U.S. News & World Report (Aug. 8, 2019), <https://tinyurl.com/yymuf33f>. This raid followed other large-scale immigration raids that took place last year in Ohio and Tennessee. John Minchillo & Elliot Spagat, *Immigration agents arrest 114 at Ohio landscaper*, AP (June 5, 2018), <https://tinyurl.com/y5pwduhb>.

In sum, whether DACA recipients are detained immediately, sometime in the future, or not at all, the Rescission Memo inflicts fear and anxiety not only on the recipients, but also their children, at significant cost to their long-term health and well-being. Loss of DACA protection also subjects recipients to immediate job loss and the risk factors associated with unauthorized status, potentially impacting parents' ability to provide and care for their children.

II. Ending DACA Protection Will Likely Damage Children's Mental And Physical Health.

A. Even the threat of detention and deportation can cause children to suffer symptoms of traumatic stress and post-traumatic stress disorder and impacts birth outcomes.

The deportation of a parent is devastating for a child and can cause severe trauma. As a result, children may experience anxiety, depression, and insomnia, and exhibit signs of fear. They also may suffer from social isolation, self-stigma, and aggression, and may experience separation anxiety, attachment disorders, and post-traumatic stress disorders. Zayas & Heffron, *supra*, at 3. For young children, these impacts are even greater because they are more physically and emotionally dependent on their caregivers and because they are at a crucial developmental stage where interactions with their primary caregiver provide the framework for health and well-being. See Ajay Chaudry et al., *Facing Our Future: Children in the Aftermath of Immigration Enforcement*, Urban

Inst. (Feb. 2010), <https://tinyurl.com/y2vv8aro>; Randy Capps et al., *Implications of Immigration Enforcement Activities for the Well-Being of Children in Immigrant Families: A Review of the Literature*, Migration Policy Inst. (Sept. 2015), <https://tinyurl.com/ybm62mqa>.

“[T]he children of the unauthorized live under constant threat that their parents might be arrested and deported, leaving them vulnerable to family separation, instability, economic hardship, dramatic changes in their life courses, and potentially severe psychological and behavioral impacts.” Chaudry, *supra*, at 1. The arrest, detention, and deportation of a parent often accumulates on top of children’s other stress and can “detrimentally impact their mental health.” Zayas & Heffron, *supra*, at 1. And these children will likely suffer from depression, negative self-esteem, and anxiety, whether they accompany their parents out of the country or stay behind in the United States. *Id.* at 3.

Moreover, research shows that this trauma is not limited to children whose parents are ultimately deported. Even the *threat* of deportation is highly traumatic for children. “As parents’ risk of deportation rises, so too does the stress of their children. The lingering possibility of deportation of parents leaves children with constant anxiety and vigilance about the potential becoming real.” *Id.* at 2 (citations omitted). A 2013 study of family unity and health among mixed-status families (families with at least one undocumented parent and at least one U.S.-citizen child) found that almost 75% of undocumented par-

ents reported signs of PTSD in their children, compared with 40% of documented parents. Sara Satinsky et al., *Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families* 2, 8 (2013), <https://tinyurl.com/y437qu3s>. A 2017 study across six states found that children as young as three years old are expressing fear about losing a parent to deportation and demonstrating those fears through words and troubling behaviors. Wendy Cervantes et al., *Our Children's Fear: Immigration Policy's Effects on Young Children*, CLASP 8 (Mar. 2018), <https://tinyurl.com/yas57ql2>.

High levels of anxiety and stress experienced by young children during the early formative years can have serious and lasting effects on their physical and emotional development. Persistent and substantial exposure to fear and anxiety—sometimes called “toxic stress”—can do immense damage to children’s health. This level of stress can interfere with young children’s physical brain development, altering how they learn and their ability to manage their emotions. It can also lead to physical and mental health problems that last into adulthood. See Jack P. Shonkoff & Andrew S. Garner et al., *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, 129 *Pediatrics* e232-46 (Jan. 2012), <https://tinyurl.com/y38kyr9y>; Nat’l Sci. Council on the Developing Child, *Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development* (Feb. 2010), <https://tinyurl.com/y2lw82qa>.

A child's earliest years are a critical period for influencing their healthy development, with implications for lifelong physical and emotional well-being. Experiences during a child's earliest years affect the development of their brain—including the cognitive, linguistic, social, and emotional abilities—and build a healthy foundation for life. The well-being of the parents has an important impact on children's social-emotional, physical, and economic well-being. See Shonkoff & Garner, *supra*; Nat'l Sci. Council on the Developing Child, *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do* (Jan. 2007), <https://tinyurl.com/y3x43yvr>.

A key reason why even the threat of rescission damages child health is because family instability and parental stress can undermine parent-child attachment and child well-being. Further, if families experience increased housing and economic instability due to avoidance of immigration enforcement actions, children can suffer great harm to their developing minds and bodies. Sharon H. Bzostek & Audry N. Beck, *Familial instability and young children's physical health*, 73 Soc. Sci. & Med. 282-92 (July 2011). Children's mental health and social-emotional development is inextricably linked to that of their parents and caregivers, and their parents' stress has a collateral impact on them. There is "strong consensus on the central importance of child-caregiver relationships," and "[e]motional problems such as depression, economic stress, and marital conflict can interfere with sensitive and responsive parenting, be disruptive of secure attachments, and constitute a significant source of instability over time in attachment

security.” Nat’l Research Council & Inst. of Med., *From Neurons to Neighborhoods: The Science of Early Childhood Development* 234, 353 (Jack P. Shonkoff & Deborah A. Phillips eds., Nat’l Acad. Press 2000).

The fear of deportation and exposure to immigration raids negatively impacts birth outcomes, putting babies at risk for adverse health outcomes. In one study, infants born to Latina mothers had a 24 percent greater risk of low birthweight after an immigration raid when compared with the same period one year earlier, Novak, *supra*, increasing the risk for subnormal growth, illnesses, and neurodevelopmental problems. Maureen Hack et al., *Long-Term Developmental Outcomes of Low Birth Weight Infants*, 5 *The Future of Children* 176-96 (1995). In another study of women in New York City pre- and post-inauguration in 2017, the relative risk of preterm birth among Hispanic women increased 1.15% due to severe sociopolitical stressors such as heightened fear of deportation. Nancy Krieger et al., *Severe sociopolitical stressors and preterm births in New York City: 1 September 2015 to 31 August 2017*, 72 *J. Epidemiology & Cmty. Health* 1147 (2018), <https://tinyurl.com/y5gv7mxk>.

B. DACA rescission will likely cause income and food insecurity.

Without DACA protection, recipients will lose their work authorizations, which means that they will no longer be able to work legally and likely will lose income from employment. As a result, their children and families will face poverty and food insecurity.

Poverty has a significantly corrosive impact on child development and well-being. It causes negative outcomes across numerous health, mental health, and other indicators during childhood, as well as lower educational attainment and earnings into adulthood. Nat'l Acad. of Scis., Eng'g, & Med., *A Roadmap to Reducing Child Poverty* 20 (Greg Duncan & Suzanne Le Menestrel eds.), Nat'l Acads. Press 2019, <https://tinyurl.com/yyvwcu9z>. Poverty also affects children by stressing their parents, which impairs their ability to effectively parent their children. Caroline Ratcliffe & Signe-Mary McKernan, *Child Poverty and Its Lasting Consequence*, Urban Inst. (Sept. 2012), <https://tinyurl.com/y254aa6x>.

“Regardless of legal status, children of undocumented immigrants more often suffer from food insecurity than children of US citizens.” Zayas & Heffron, *supra*, at 2. Unauthorized immigrant parents “also may not use social services and public programs such as food stamps and child care subsidies, for which their citizen-children are eligible.” *Id.* Moreover, the actual detention of a family member can leave a household without enough food. According to one study, more than 80% of households ran out of food six months after the detention of a family member and did not have the money to get more. Satinsky, *supra*, at 32-33.

Unauthorized parents often experience poor or exploitative work conditions, such as extended work hours without overtime pay, pay below the minimum wage, and little-to-no benefits, such as paid sick leave—all conditions that could negatively impact their children’s lives. Research has found that the

above conditions result in high levels of parental stress and increased economic insecurity. Children living in households under these stresses often experience poor cognitive development, which can be seen as early as age two. Hirokazu Yoshikawa, *Immigrants Raising Citizens: Undocumented Parents and Their Young Children* (Russell Sage Found. 2011).

C. DACA rescission threatens to cut off access to reliable health care.

Access to reliable health care is critical to child health and development. Although unauthorized immigrants, including DACA recipients, are not eligible for Affordable Care Act coverage, many DACA recipients have obtained health insurance through their employers or through college or university health plans. One survey found that about 60% of individuals eligible for DACA had health insurance, mostly through their employers. Kaiser Family Found., *Key Facts on Individuals Eligible for the Deferred Action for Childhood Arrivals (DACA) Program 2* (Feb. 2018), <https://tinyurl.com/yxtnmxwr>. Rescinding DACA will cut off much of this access to health insurance—former recipients will no longer be authorized to work, and their access to higher education will be significantly reduced. “Employers would likely terminate individuals as they lose work authorization, leading to job loss along with loss of health coverage. Job losses may also result in coverage losses for their children, who are often U.S.-born citizens.” *Id.* at 3.

In addition to losing health insurance coverage, parents no longer protected by DACA may be too fear-

ful of deportation to seek medical care for their children. “In spite of the fact that citizen-children have the right to health care, their parents may avoid encounters with providers for fear of discovery.” Zayas & Heffron, *supra*, at 2. As a result, “undocumented immigrants make fewer visits to health care providers than citizens with authorized immigrant status.” *Id.* “Increased fears about the use of public programs and immigration status has deterred immigrants from accessing programs regardless of eligibility. In addition, immigration enforcement activities that occur at or near sensitive locations, such as hospitals, may prevent families from accessing needed medical care.” Linton, *supra*, at 8. Indeed, one study found that one-seventh of all adults in immigrant families reported avoiding non-cash public benefits during the past year because of fear that their legal immigration status would be harmed. Hamutal Bernstein et al., *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, Urban Inst. 2 (May 2019), <https://tinyurl.com/y2fhwgg3>. Low-income members of immigrant families reported even higher rates of avoidance. *Id.* Of this group that avoided benefits, 46% avoided nutrition benefits (SNAP), 42% avoided medical benefits (Medicaid and CHIP), and 33% avoided public housing subsidies. *Id.* at 8.

Even though doctors and health care providers are required by law to protect patient information, many people in immigrant communities avoid visiting clinics or hospitals for fear of being reported to immigration officials. In a 2018 survey of health care providers in California, for example, 67% noted an increase in parents’ concerns about enrolling their

children in public health and nutritional programs, and 42% reported an increase in skipped scheduled health care appointments. The Children’s P’ship, *California Children in Immigrant Families: The Health Provider Perspective* (2018), <https://tinyurl.com/y2rdf4fp>. As one policy analyst explained, “[m]any undocumented immigrants ‘say fear of deportation for themselves or family members is a barrier in terms of signing up for coverage and accessing healthcare services.’” Lisa Zamosky, *Health care options for undocumented immigrants*, L.A. Times (Apr. 27, 2014), <https://tinyurl.com/huvcp1j>.

In fact, the number of children without health insurance increased to 5.5% in 2018, an increase of 0.6% from the previous year, largely because of a decline in children’s Medicaid and CHIP coverage rates. Edward R. Berchick et al., *Health Insurance Coverage in the United States: 2018*, U.S. Census Bureau 2-3 (Sept. 2019), <https://tinyurl.com/y53cpsvt>. “Hispanic children were more likely to be uninsured than children from other races and non-Hispanic origin groups,” and “the uninsured rate increased 1.0 percentage point for Hispanic children” between 2017 and 2018. *Id.* at 9.

In addition, “a political climate that tolerates migration criminalization rhetoric has served to create what’s been called a *chilling effect*—reduction, due to fear rather than eligibility changes, in the number of undocumented immigrants willing to interact with staff at public agencies or enroll themselves or their children in health plans or other benefits.” Isha Marina Di Bartolo, *Immigration, DACA, and Health*

Care, 21 AMA J. of Ethics 1, E4 (Jan. 2019), <https://tinyurl.com/y394f85p>.

Children will lose health coverage—whether due to chilling effects or their households being directly affected by the rescission of DACA—to potentially disastrous effects. Michael Karpman & Genevieve M. Kenney, *Health Insurance Coverage for Children and Parents: Changes Between 2013 and 2017*, Urban Inst. (Sept. 7, 2017), <https://tinyurl.com/yy2xn87s>. One study found that disenrollment of children in need of medical care would likely contribute to child deaths and future disability. Leah Zallman et al., *Implications of Changing Public Charge Immigration Rules for Children Who Need Medical Care*, 173 JAMA Pediatrics E4-E5 (July 1, 2019). Foregoing regular treatment for such children will likely lead to increased health care costs and disastrous outcomes. See *id.* For these vulnerable children, the loss of health coverage would be catastrophic.

While the loss of health coverage by parents has a significant negative impact on their children's health coverage, the converse is also true. When parents gain access to health coverage, their children also gain access to health coverage. Julie L. Hudson & Asako S. Moriya, *Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On their Children*, 36 Health Affairs 1643-51 (Sept. 2017). When parents have health insurance coverage, children are more likely to access routine and preventative health care. Maya Venkataramani et al., *Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services*, 140 Pediatrics 1, 6 (Dec. 2017), <https://tinyurl.com/yxwv5v2x>.

D. DACA rescission puts children at risk of parental separation and reduced access to educational opportunities.

Of course, parental separation itself causes significant psychological and emotional harm to children. Separations are especially difficult for children when they do not know where their parents are, whether they are safe, or when they will return. “Chronic separation from a caregiver can be extremely overwhelming to a child. Depending on the circumstances and their significance, the child can experience these separations as traumatic. They may be sudden, unexpected, and prolonged, and can be accompanied by additional cumulative stressful events.” Nat’l Child Traumatic Stress Network, *Children with Traumatic Separation: Information for Professionals* 1 (2016), <https://tinyurl.com/y2k2sqg7>.

With DACA rescinded, the children of recipients will also face more barriers to educational opportunities as the result of prolonged exposure to highly stressful situations without the buffering support of a parent, also known as toxic stress. The anxiety, depression, and other symptoms that children will experience interfere with cognitive ability and focus, and behavioral issues like aggression that results from experiencing trauma can interfere with concentration and attendance. “Children in families under the threat of detention or deportation will achieve *fewer years of education* than children of citizens, and they face challenges in focusing on schoolwork, potentially translating into less income as adults.” Satinsky, *supra*, at 17.

Finally, children face additional risks from the revived practice of large-scale immigration raids, including worksite raids. In August 2019, on the first day of school for children in Mississippi’s Scott County, U.S. immigration officials raided seven Mississippi chicken processing plants and arrested 680 workers. Camera, *supra*. The superintendent for the Scott County School District said that some longtime teachers told him that the raid in their community “was by far the worst day they have ever spent as educators.” Jeff Amy & Rogelio V. Solis, *Immigration raids to have long-term effects on poultry towns*, *Journal Gazette* (Aug. 9, 2019), <https://tinyurl.com/yx9x4gjl>. The raids affected 15 families and about 30 to 35 students in Scott County. “[T]he overall chilling effect of the event meant 150 students were absent from school” the next day. Camera, *supra*; see also, e.g., Minchillo & Spagat, *supra* (immigration raid of a landscaping company in northern Ohio and a meatpacking plant in eastern Tennessee).

These immigration raids have an effect throughout communities, including on children’s education. “Immigration policies create a climate of fear that affects children’s academic performance, even if their family is not directly impacted by detention and deportation.” Satinsky, *supra*, at 16. One study of immigration raids in six different locations found that about 20% of children had difficulty keeping up in school after the raids. *Id.*

Moreover, although ICE currently maintains a policy of avoiding enforcement actions at “sensitive locations,” such as schools, churches, and hospitals, see U.S. Imm. & Customs Enforcement, *FAQ on Sensitive*

Locations and Courthouse Arrests, <https://tinyurl.com/y9ul6mfo> (last visited Oct. 2, 2019), parents have been arrested while taking their children to school. See, e.g., Gary Klein, *Marin man arrested in ICE bust while dropping off child at school*, Marin Indep. J. (Mar. 15, 2018), <https://tinyurl.com/y38xje2n>; Amy B. Wang, *US immigration authorities arrest chemistry professor after he finishes getting his children ready for school*, The Independent (Feb. 5, 2018), <https://tinyurl.com/y38dzfeu>; Andrea Castillo, *Immigrant arrested by ICE after dropping daughter off at school, sending shockwaves through neighborhood*, L.A. Times (Mar. 3, 2017), <https://tinyurl.com/j26ws wx>.

In a 2010 study of immigration-related parental arrests, researchers found that “[i]n the short term, six months or less after a raid or other arrest, about two-thirds of children experienced changes in eating and sleeping habits.” Chaudry, *supra*, at ix. “More than half of children in our study cried more often and were more afraid, and more than a third were more anxious, withdrawn, clingy, angry, or aggressive. A majority of children experienced four or more of these behavior changes.” *Id.* “Younger children experienced greater difficulties eating and sleeping, excessive crying, and clinging to parents, while aggressive and withdrawn behavior was more common among the older children.” *Id.*

E. DACA rescission puts children at risk of traumatic stress, causing immediate and long-term damage.

As described above, the risk of parental detention and deportation puts children at serious risk of harm, including increased risk to their mental and physical health, income and food security, and separation from their parents. Each of these experiences contributes to the development of child traumatic stress. Beginning with a landmark study published by Kaiser Permanente and the Centers for Disease Control and Prevention in 1998, numerous studies have confirmed that “adverse childhood experiences” can significantly impact physical and mental health well into the adult years, especially when the stress is chronic. *See* Centers for Disease Control & Prevention, *Adverse Childhood Experiences*, <https://tinyurl.com/y8fc6qok>.

As the American Academy of Pediatrics explained in response to executive orders calling for tougher immigration enforcement:

Far too many children in this country already live in constant fear that their parents will be taken into custody or deported, and the message these children received today from the highest levels of our federal government exacerbates that fear and anxiety. No child should ever live in fear. When children are scared, it can impact their health and development. Indeed, fear and stress, particularly prolonged exposure to serious stress—known as toxic stress—can harm the developing brain and

negatively impact short- and long-term health.

Am. Academy of Pediatrics, *AAP Statement on Protecting Immigrant Children* (Jan. 25, 2017), <https://tinyurl.com/y526he2n>.

Without a network of supportive relationships, toxic stress can disrupt normal development and negatively affect the immune system and other biological functions in children—potentially for life. Pediatrician Alan Shapiro notes the amplified effect of toxic stress for children with unauthorized immigrant parents: “In this bio-ecological framework, parental deportation becomes a double whammy for children, compounding the negative effect on a child’s health and well-being by increasing their risk for exposure to stressors and removing a key buffer to that stress, their parent.” Alan Shapiro, *Immigration: deporting parents negatively affects kids’ health*, The Hill (May 13, 2016), <https://tinyurl.com/y5np9s83>.

The long-term, disruptive effects of toxic stress on the developing brains of children are particularly concerning. “Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health.” Center on the Developing Child at Harvard University, *InBrief: The Science of Early Childhood Development*, <https://tinyurl.com/y6n3g894>. The stress is cumulative, such that “[t]he more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems.” Center on the Developing Child at Harvard University, *InBrief: The*

Impact of Early Adversity on Children's Development, <https://tinyurl.com/yyjxt72b>.

Children who experience toxic stress are at significant risk for negative consequences that can last a lifetime. Rescinding DACA will cause the children of recipients unrelenting fear of losing either their country or their parents and will also create additional hardships for their economic and social well-being. And the cumulative effect of that fear and additional hardships can lead to worse health outcomes, lower productivity, and less quality of life for hundreds of thousands of American children.

F. DACA protection benefits children's health.

While DACA rescission has devastating consequences for children, DACA protection affirmatively helps them. Recent evidence demonstrates the health-promoting effects of DACA protection. For example, a 2016 survey of immigrant young adults showed that DACA status predicted psychological wellness. Caitlin Patler & Whitney Laster Pirtle, *From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among latino immigrant young adults?*, 199 Soc. Sci. & Med. 39 (2017), <https://tinyurl.com/y6f85wdm>. DACA lowered the likelihood of psychological distress, and recipients reported “better health” and “reduced fear.” *Id.* at 44. Specifically, “[r]eceiving DACA reduced the odds of distress, negative emotions, and worry about self-deportation by 76-87%, compared to respondents without DACA.” *Id.*

Likewise, a 2017 study found significant mental health benefits among DACA-eligible individuals. Atheendar S. Venkataramani et al., *Health consequences of the US Deferred Action for Childhood Arrivals (DACA) immigration programme: a quasi-experimental study*, 2 Lancet Public Health e175 (Apr. 2017), <https://tinyurl.com/yyj5nhgk>. Researchers found that the “effects on mental health were large and clinically significant, with the DACA programme significantly reducing the odds of individuals reporting moderate or worse psychological distress.” *Id.* at e179. The authors further noted that these results should be expected, given other studies that show an increase in anxiety and depression symptoms when immigration policies raise the risk of deportation. *Id.* The American Academy of Pediatrics agrees: “Policies that offer protection from deportation, such as DACA, may confer large mental health benefits for youth and for the children of parenting youth.” Linton, *supra*, at 8.

Another recent study showed that the DACA eligibility of mothers had a positive impact on the physical and mental health of their children. By evaluating their health information, researchers found that adjustment and anxiety disorders were significantly reduced among the children of DACA-eligible mothers. Hainmueller, *supra*, at 1041. The authors chose to study mental health disorders because the effects were immediately observable after DACA was established. “Moreover, examining mental health disorders that originate in childhood is important because they are associated with long-term health issues, low education, and welfare dependence,

which generate considerable private and social costs.” *Id.* at 1042.

In sum, “favorable immigration policies can have a ‘warming effect’ on vulnerable children’s access of critical social services,” and “rolling back DACA or instituting policies which raise the threat of deportation could result in a ‘chilling effect’ that could adversely affect child health.” Rebecka Rosenquist, *The ‘Warming Effect’ of DACA on American Children*, Penn LDI, Leonard Davis Inst. of Health Econ. 2 (June 4, 2018), <https://tinyurl.com/yys7sbj7>.

III. It Is In Society’s Interest To Protect Children From Harm.

As the Court has recognized, it is in “the interests of society to protect the welfare of children.” *Prince v. Massachusetts*, 321 U.S. 158, 165 (1944). “It is the interest of youth itself, and of the whole community, that children be both safeguarded from abuses and given opportunities for growth into free and independent well-developed men and citizens.” *Id.*; see generally *Brown v. Board of Educ. of Topeka, Shawnee Cty., Kan.*, 347 U.S. 483, 494 (1954) (holding that racial segregation in schools deprived children of equal educational opportunities); *Ginsberg v. New York*, 390 U.S. 629, 640 (1968) (“The State also has an independent interest in the well-being of its youth.”); *Brown v. Entm’t Merchants Ass’n*, 564 U.S. 786, 794 (2011) (recognizing that a state “possesses legitimate power to protect children from harm”).

The Court has also recognized the importance of family. “Our decisions establish that the Constitution

protects the sanctity of the family precisely because the institution of the family is deeply rooted in this Nation's history and tradition. It is through the family that we inculcate and pass down many of our most cherished values, moral and cultural." *Moore v. East Cleveland*, 431 U.S. 494, 503-04 (1977).

Indeed, these principles of family unity and child protection have animated laws across the United States that make family preservation a priority of child welfare agencies. The U.S. Department of Health and Human Services notes that laws in all states "require that child welfare agencies make reasonable efforts to provide services that will help families remedy the conditions that brought the child and family into the child welfare system ... [such as] accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable homes for their children." U.S. Dep't of Health and Human Servs., *Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children* 1 (Mar. 2016), <https://tinyurl.com/y4xgdygj>.

Acknowledging the vital importance of family unity, on February 9, 2018, President Trump signed into law the Family First Prevention Services Act, as part of Division E in the Bipartisan Budget Act of 2018. P.L. 115-123 (H.R. 1892). This law makes comprehensive changes to child welfare laws in an effort to keep families together: "The purpose of this subtitle is to enable States to use Federal funds ... to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and

treatment services, in-home parent skill-based programs, and kinship navigator services.” P.L. 115-123. As one of cosponsors of the legislation explained, “this new law has the power to better the lives of hundreds of thousands of children and their families. It will for the first time allow States to invest Federal foster care dollars in evidence-based services, like substance use treatment and mental health and parenting programs, to prevent the need for foster care by keeping families safely together.” 164 Cong. Rec. S1731 (daily ed. Mar. 14, 2018) (statement of Sen. Wyden). Family First represents an intentional shift to a more upstream system that can prevent unnecessary foster care through services for vulnerable families. The strain on child welfare systems resulting from DACA rescission will come at a time when those systems are moving toward an evidence-based model even more incongruous with addressing the needs of children of DACA recipients.

The United States is also a signatory to the United Nations Convention on the Rights of the Child. Although the United States has not ratified the Convention, its signature “creates an obligation to refrain, in good faith, from acts that would defeat the object and the purpose of the treaty.” United Nations, *What is the difference between signing, ratification and accession of UN treaties?* (citing Arts. 10 and 18, Vienna Convention on the Law of Treaties 1969), <https://tinyurl.com/y3j2c84l>. The Convention emphasizes the importance of protecting child safety and family unity and establishes that a child has “the right to know and be cared for by his or her parents.” Convention on the Rights of the Child, Arts. 7, 18. It also requires parties to “ensure that a child shall not

be separated from his or her parents against their will.” *Id.*, Art. 9.

The well-being of children and the importance of family preservation are fundamental values in our society. DACA recipients were brought here as children and given no other choice of home. Many of these recipients are now parents of U.S.-born children. Rescinding DACA puts these children at immediate risk and threatens their families with forced separation, in direct contravention of our nation’s core commitment to protect children. At a minimum, the government should weigh these concerns carefully in considering whether to rescind DACA.

CONCLUSION

For the foregoing reasons, the Court should affirm the orders and judgments of the Ninth Circuit and the District Courts for the District of Columbia and the Eastern District of New York.

Respectfully submitted,

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October 4, 2019

**APPENDIX – STATEMENTS OF INTEREST
FOR ALL OTHER AMICI**

The **Academy on Violence and Abuse** is a national organization of health care professionals whose mission is to advance health education and research on the recognition, treatment, and prevention of the health effects of violence and abuse across the lifespan. AVA is dedicated to the research and advancement of trauma-informed care in its work. A global interprofessional association, AVA joins this brief as amicus curiae in recognition of the corrosive harm done to children by the threat and potential reality of DACA rescission.

Advocates for Children of New Jersey (ACNJ) is the independent, trusted voice for children in New Jersey. ACNJ's vision is that every child in New Jersey has the chance to grow up safe, healthy and educated, able to reach his or her full potential. This includes the estimated 16,830 DACA recipients brought to New Jersey as young children, and their 5,200 U.S. born children. ACNJ's mission is to advocate for better policies and programs for children on the local, state and national levels. ACNJ conducts research, collects and analyzes data and communicates effectively on the challenges facing NJ children in order to educate policymakers, empower stakeholders and engage the public to advocate on behalf of children. ACNJ supports upholding protections for DACA recipients and their children.

The **American Academy of Child and Adolescent Psychiatry (AACAP)** is a medical membership association established by child and

adolescent psychiatrists in 1953. Now over 9,500+ members strong, AACAP is the leading national medical association dedicated to treating and improving the quality of life for the estimated 7-15 million American youth under 18 years of age who are affected by emotional, behavioral, developmental and mental disorders. AACAP's members actively research, evaluate, diagnose, and treat psychiatric disorders, and pride themselves on giving direction to and responding quickly to new developments in addressing the health care needs of children and their families.

The **American Academy of Pediatrics, California** is a nonprofit association committed to promoting and protecting the health and well-being of children in California. The organization represents California pediatricians across practice settings and in training, with more than 5,000 members statewide. After medical school, pediatricians spend an additional three years exclusively acquiring knowledge about child health, including what is needed for children to develop fully and thrive. The separation of children and youth from their parents creates severe stress and trauma, disrupting that development and resulting in both immediate and long-term mental, behavioral and physical health consequences. With more than 188,000 DACA recipients and more than 72,600 US-born children with a DACA parent in California (over 50% more than the next closest state in numbers), it is core to our mission to provide pediatric expertise in support of the fundamental needs of these children and their parents.

The **American Nurses Association (ANA)** represents the interests of the nation's approximately 4 million registered nurses. ANA's membership consists of both individual members and organizational members, which include over 35 affiliate member specialty nursing organizations and 50 state or constituent nursing associations. Together, ANA and its members work to find solutions to issues that face the nursing profession, improve the nursing profession and improve healthcare for all. ANA believes that ethics, human rights, and nursing converge as a formidable instrument for social justice, and human rights must be diligently protected and promoted. ANA has unique interest and expertise in patient-centered and holistic health care, and joins this brief to support its advocacy for child and adolescent health.

The **Arizona Chapter of the American Academy of Pediatrics (AzAAP)** represents approximately 1,100 Arizona pediatricians and other child health specialists. The AzAAP is committed to improving the health and wellness of all Arizona children and we are joining this brief as amicus because of this commitment. If finalized, the proposed rule on eliminating DACA protection would directly and negatively affect the well-being of our patients who are DACA recipients and their US Citizen children. There are 24,700 DACA recipients and 12,200 US citizen children of DACA recipients residing in Arizona. These families live in fear of separation because of this proposed rule. These fears are causing toxic stress for their children that damages their physical and mental health. Thus, we strongly oppose rescinding DACA protection for these families.

Warren Binford is an internationally recognized children's rights scholar and advocate who has published over 60 academic articles, essays, book chapters, and op-eds and provided expertise and support to the UK's Independent Inquiry on Child Sex Abuse, Save the Children, the International Red Cross, the International Criminal Court, the Japan Red Cross, the Croatia Red Cross, and the Dutch National Rapporteur on Human Trafficking and Sexual Violence against Children, among many others. Professor Binford has served as a licensed foster parent, Court Appointed Special Advocate for abused and neglected children, and inner city teacher in South Central Los Angeles, Boston, and London. Professor Binford was both a Fulbright Scholar in 2012 and inaugural Fulbright Canada-Palix Foundation Distinguished Visiting Chair in Brain Science and Child and Family Health and Wellness in 2015.

The **Center for Youth Wellness** is a pediatric health care and advocacy organization dedicated to improving the health of children and adolescents exposed to early adversity and toxic stress by advancing public awareness of, medical research on, and treatment practices for Adverse Childhood Experiences, or ACEs. Founded by Dr. Nadine Burke Harris in 2012, CYW is a national leader in ACEs research and its translation into practice. CYW is highly qualified to comment on the potential toxic stress-related damage done to children of parents with DACA protection by the threat and reality of DACA rescission.

Dr. Priscilla Chan, Co-Founder and Board Chair of The Primary School, is a pediatrician and an

education entrepreneur. In particular, she is interested in integrating her work in health and education through designing and implementing interventions addressing adverse childhood experiences. Prior to entering medical school, she ran an afterschool program in Boston and taught 4th and 5th grade science at the Harker School. Priscilla earned her BA in Biology with Spanish Citation at Harvard University and her MD at University of California, San Francisco (UCSF). She also completed her pediatrics training in the UCSF/PLUS Pediatrics Residency. Priscilla is also the co-founder of the Chan Zuckerberg Initiative.

The Child Welfare League of America (CWLA) is a coalition of hundreds of private and public agencies that, since 1920, has worked to serve children and families. Our expertise, leadership and innovation on policies, programs, and practices help improve the lives of millions of children across the country. Our focus is children and youth who may have experienced abuse, neglect, family disruption, or a range of other factors that jeopardize their safety, permanence, or well-being. CWLA's National Blueprint for Excellence encourages communities to identify and remove systematic barriers to participation and access to appropriate services and supports and the repeal of DACA will harm countless families and children running counter to our practices and standards.

Children Now is a nonpartisan whole-child research, policy development, communications, and advocacy organization working on all key kids' issues, and is dedicated to promoting children's health, education and well-being in California. We support

upholding protections for DACA recipients and their children because California is home to over 25% of the nation's nearly 700,000 DACA recipients, and over 72,000 kids in our state are children of DACA recipients. When a parent loses DACA protections, they also lose their ability to work, support their families, and contribute fully to their communities; but most importantly, they become vulnerable to detention or deportation that could separate them from their children. Children whose parents are deported face hardships that are associated with reduced school achievement, greater difficulty maintaining relationships, and lower earnings as adults. When parents are no longer afraid of being detained or deported, children can thrive.

Children's Action Alliance (CAA) is an independent voice for Arizona children at the state capitol and in the community. CAA works toward a future in which all children have health insurance, no child is raised in poverty and hunger, every child enters school ready to learn and succeed, no child endures the ravages of abuse and neglect, every child has a place to call home, and struggling teens have the support they need to become responsible adults. Arriving as children, an estimated 24,700 DACA recipients live in Arizona. They have deep-rooted ties to Arizona communities, and are students, parents, employees, employers, neighbors and friends. For the health, safety and security of Arizona's children and their families, CAA urges the court to uphold the DACA injunction.

The **Children's Defense Fund** is a national non-profit child advocacy organization that has its

headquarters in Washington, DC and six state offices—including California and Texas, where nearly half of all Deferred Action for Childhood Arrivals (DACA) recipients live. The Children’s Defense Fund has worked relentlessly for more than 40 years to ensure a level playing field for all children and champions policies that lift children out of poverty, protect them from abuse and neglect, and ensure their access to health care, quality education, and a moral and spiritual foundation. The Children’s Defense Fund believes the rescission of DACA would cause immediate uncertainty, stress and fear that would threaten the health, development and well-being of children as well as the future prosperity of the United States, which depends on the vitality of all of our children.

Children’s Defense Fund-Texas has been working diligently for more than 20 years to ensure that all the children of Texas have a good start in life and a successful passage to adulthood with the help of caring families and communities. We have offices and programs in Austin, Houston, East Texas and the Rio Grande Valley, where we: advocate for policies that will make a positive difference in our children’s future; lead programs to serve and empower children, families, and communities; and, provide tools and opportunities to the public to better empower them to advocate for a better future for themselves. We support upholding protections for DACA recipients and their children (of whom there are 46,700 living in Texas) because all children deserve a safe and healthy start in life, regardless of where or to whom they were born.

Children's Institute is a statewide, non-profit, early childhood advocacy and policy organization that supports cost-effective investments in health, education, and social services for young children and their families from the prenatal stage to eight years old. Oregon's population includes 9,910 DACA recipients, including children with an average arrival age of six—among the youngest in the country—and another 5,500 U.S. born children of DACA recipients. Immigrant children in Oregon and elsewhere, raised under the threat of separation, detention, or deportation of their parents and family members, lack the safe and stable care environments that we know are critical to healthy development and learning. Understanding that the hearts and minds of our children hold the greatest promise for our nation's future demands that we protect DACA policies which keep families together, effectively and appropriately prioritizing the needs of our youngest.

Colorado Children's Campaign is the leading voice for Colorado's children. We advocate for the development and implementation of data-driven public policy that improves child well-being, with a focus on health, education and early childhood. We partner with organizations and communities to advance child well-being. We support ensuring the continuation of the protection that DACA has provided to nearly 15,000 fellow Coloradans who, on average, have lived in our state for over 20 years. These are fellow community members who are making positive contributions to our state, educating, caring for and raising children, and who deserve to continue to build opportunity for themselves and their families. We

oppose the administration's efforts to end this vital policy for Colorado's children and families.

First Focus on Children is a bipartisan advocacy organization dedicated to making children and families the priority in federal policy and budget decisions. One of First Focus on Children's priority issues is to ensure that federal policies, including immigration policies, promote the health, safety and well-being of children in immigrant families. First Focus on Children and its partner organization, the First Focus Campaign for Children, have been advocating for both legislative and administrative solutions to keep families together and minimize the harm of immigration enforcement policies on children. First Focus on Children believes the decision to rescind the DACA program continues to cause trauma and stress for both DACA recipients and their children who rightfully fear their parents may be deported in the near future.

The **Florida Chapter of the American Academy of Pediatrics (FCAAP)** represents more than 2,600 pediatricians in the State of Florida. The FCAAP is committed to promoting the health & welfare of Florida's newborns, infants, children, and adolescents, no matter where they or their parents were born. We are joining this brief as amicus because, if finalized, the proposed rule on eliminating DACA protection would directly and negatively impact the lives of 25,500 Florida DACA recipients and would put 7,200 Florida US citizen children, whose parents are currently DACA recipients, in severe jeopardy. Breaking up Florida families based on faulty immigration policy is antithetical to good pediatric

care. We strongly oppose any change to DACA protection other than making the status permanent.

Lisa R. Fortuna, MD, MPH, M.Div., is the Director of Child and Adolescent Psychiatry at Boston Medical Center, Boston University School of Medicine. She is a co-founder of the Refugee and Immigrant Assistance Center Community Counseling program, which offers mental health care integrated within a refugee and immigrant services agency in Boston. She has been an investigator on several international epidemiological and clinical studies on the topic of immigrant mental health and traumatic stress. She currently serves as a member of the American Academy of Child and Adolescent Psychiatry Resource Group on Youth at the Border and has been a member of the Physicians for Human Rights Asylum Network since 2007.

For 50 years, **Illinois Action for Children** has championed the cause of high-quality, accessible early care and education in Illinois. Getting an early start in life is more than just access to early learning opportunities—it means access to health care and food, as well as the feeling of safety and comfort in your community. Ending—or even threatening to end—Deferred Action on Childhood Arrivals (DACA) adds uncertainty to the lives of 85,000 people in Illinois living in DACA households, including 15,200 U.S.-born children. This uncertainty places children’s growth, health, and educational development at risk—with harmful impacts that may last well into adulthood.

The **Illinois Chapter, American Academy of Pediatrics (ICAAP)** is a non-profit professional

organization of more than 2,000 Illinois primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. ICAAP's mission is to promote and advocate for optimal child, youth, and family well-being and quality healthcare. DACA recipients and their children are deeply embedded in Illinois communities, with approximately 72,600 U.S. born children of DACA recipients calling the state home, the third highest total in the nation. As child health experts, ICAAP's member pediatricians provide medical care for these children every day in their local practices. Pediatricians in our state are managing the many negative health impacts of trauma in children of DACA recipients experiencing or at risk of experiencing family separation, including anxiety, depression, suicidal ideation, chest pain, and a whole host of other issues. ICAAP supports upholding protections for DACA recipients and their children, recognizing that these serious health consequences would only worsen if they were rescinded.

March of Dimes is a nonprofit organization that leads the fight for the health of all mothers and babies. Ensuring that pregnant women and children have access to timely, affordable, and high-quality healthcare is essential to achieving its goals. We firmly believe that families must remain together. March of Dimes is joining this amicus brief because if DACA is rescinded there will be irreparable harm to the health and well-being of families, including women and children. We know family separation has a direct negative impact on access health insurance coverage and other public benefit programs that families depend on to maintain for their health and well-being. Evidence suggests that the fear of deportation and

related stressors leads to poor birth outcomes such as low birthweight and greater risk of preterm birth. As the leader in ensuring the health of all moms and babies, we stand firm on keeping moms and babies healthy and safe — regardless of their citizenship status.

The **National Association of Hispanic Nurses (NAHN)** is a non-profit professional membership organization of 2,500 nurses and affiliated nursing specialists dedicated to advancing the health in Hispanic communities and to lead, promote and advocate the educational, professional, and leadership opportunities for Hispanic nurses. The National Association of Hispanic Nurses has a long-standing commitment to a diverse and culturally competent health care workforce. The values of diversity, inclusion, and equitable care are central to NAHN's mission. As the only national organization representing Hispanic nurses who provide bilingual and culturally competent care, we are troubled by the mental and physical health effects that ending the policy has on children of DACA recipients. As highly educated nursing professionals, our members are authors of numerous research studies on the myriad challenges to health equity and equality among Hispanics, especially children. The barriers are compounded by this policy and any policy that negatively targets DACA recipients. The forceful separation of children from their families will result in consequences that impact the physical, spiritual, and mental health of individuals, families, and most importantly children. NAHN calls for the continuation of the DACA policy. As a public health crisis, NAHN promotes the equitable treatment of all humans and

urges our policymakers to consider the immediate and long-term consequences of such actions impacting children. Research shows the lasting devastation and negative impacts over generations when childhood trauma occurs and removal of this protection and separation of families will cause such trauma. In addition to supporting DACA, NAHN promotes legislation to allow eligible DACA (Deferred Action for Childhood Arrivals) fair access to licensure in all areas especially nursing, thereby, increasing the diversity of the nursing workforce. The need for a diverse health workforce is linked to increased patient satisfaction, improved health outcomes and well-being, improved communication, and greater healthcare access.

The **National Association of Social Workers (NASW)** is the largest association of professional social workers in the United States, with over 110,000 members in 55 chapters. These chapters represent regions with over 250,000 US-born children of DACA recipients. NASW develops policy statements on issues of importance to the social work profession. Consistent with those statements, NASW supports efforts to ensure that children from immigrant families, regardless of citizenship status, are provided with the same societal protections as children from non-immigrant families. As social work practitioners and proponents of human rights, NASW also supports the U.S. government in providing homeland security and combating terrorism in a manner consistent with human rights, values, and ethics. The struggle to protect human rights remains a vital priority for the social work profession in the twenty-first century.

NC Child is a non-profit organization whose mission is to build a strong North Carolina by advancing policies to ensure that all children — regardless of race, ethnicity, or place of birth — have the opportunity to thrive. NC Child strongly supports upholding protections for DACA recipients and their children. NC Child believes that the implementation of deferred action programs like DACA can help promote the healthy development of the more than 50,000 children of DACA recipients in North Carolina.

New York State American Academy of Pediatrics represents more than 5,500 pediatricians across New York State. NYSAAP is committed to supporting and enhancing the health, safety, and well-being of all infants, children, adolescents, and young adults in New York State, no matter where they or their parents were born. We are joining this brief as amicus because if finalized, the proposed rule on eliminating DACA protection would directly and negatively impact the lives of 29,390 New York State DACA recipients and would put 6,900 New York US citizen children, whose parents are currently DACA recipients in severe jeopardy. Breaking up New York State families based on faulty immigration policy is antithetical to good pediatric care. We strongly oppose any change to DACA protection other than converting the protection to permanent legal status.

The **Ounce of Prevention** is committed to giving children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education for children from birth to age five, including attention to the comprehensive development and well-being of young

children. Adverse childhood experiences, such as separation from family and primary caregivers, as well as lack of adequate shelter, food and health services, decrease the potential for long-term social and academic success in adulthood. The harmful effects of the trauma imposed on children as a result of separation from their family members will have a lasting impact throughout their lifetime. As a large segment of the child population in Illinois and across the country, the experiences, development, and education of children of immigrants are significant and will have effects on our entire nation. Our future is tied to their health and socio-emotional well-being across the lifespan, both personally and professionally.

The **Partnership for America's Children's** mission is to support its network of 52 state and community child advocacy organizations in 41 states that advocate to improve policies for children at the state, local and federal level. Collectively Partnership members represent over 90 percent of the country's children. The Partnership and its members advocate for children from cradle to adulthood across six major policy areas, supporting evidence-based policies using research and data. Members have long been leaders in efforts to secure access to essential benefits and services for children in immigrant families and many have undertaken advocacy to reduce and mitigate trauma for children.

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School and Boston Children's Hospital; and Director of the university-wide Center on the Developing Child at Harvard. He currently chairs the National Scientific Council on the Developing Child, whose mission is to bring credible science to bear on public policy affecting children and families, and The JPB Research Network on Toxic Stress, which is developing new measures of stress effects and resilience in young children. He has authored more than 150 publications and received multiple honors, including elected membership to the National Academy of Medicine, the Aldrich Award in Child Development from the American Academy of Pediatrics, the Award for Distinguished Contributions to Public Policy for Children from the Society for Research in Child Development, and The LEGO Prize.

The Society for Research in Child Development (SRCD) is a professional research organization established in 1933 by the National Research Council of the National Academy of Sciences. With a membership of more than 5700 scientists representing various disciplines and professions, SRCD is a respected source of scientific knowledge about human development. SRCD's core mission is to advance the developmental sciences and promote their use to improve human lives. SRCD concurs with the compelling evidence that termination of DACA poses risks to the health and development of children whose parents are DACA recipients and other immigrant communities. The science unequivocally points to stress, material hardship, and barriers to health care and other necessary social services resulting from the termination of DACA as having negative and long lasting effects on future generations of Americans, particularly children.

The **Texas Pediatric Society (TPS)**, the Texas Chapter of the American Academy of Pediatrics (AAP), represents over 4,200 primary care pediatricians, pediatric medical subspecialists, surgical specialists, and medical students who believe that the most important resource of the State of Texas is its children, and pledges its efforts to promote their health and welfare. The goal of the Society is that all children in the State attain their full potential for physical, emotional, and social health. TPS agrees with the AAP that the future prosperity and well-being of the United States depends on the health and vitality of all of its children, without exception. TPS has consistently and firmly stated that children who are citizens should not be subjected to the separation, or fear of separation from non-citizen parents or their caregivers.

The Children's Partnership (TCP) is a California-based children's advocacy organization committed to improving the lives of underserved children where they live, learn, and play with breakthrough solutions at the intersection of research, policy, and community engagement. TCP works to support children's healthy development, wellbeing and future success. As evidenced by research, this work includes protecting children from the harmful impacts of immigration enforcement, such as detention, deportation or family separation, and promoting stability, safety, and family togetherness. Programs like the Deferred Action for Childhood Arrivals program offer families the opportunity to improve educational, health, and economic outcomes for program recipients and their children. Roughly a quarter of all DACA recipients reside in California, including 72,600 parents, and half of our state's nine

million children are children of immigrants. TCP believes programs like DACA will help ensure the healthy development of thousands of California children and ensure a stronger future for the entire state.

ZERO TO THREE (ZTT) is a national nonprofit, nonpartisan organization founded over 40 years ago to promote the well-being of all infants and toddlers, translating the science of early childhood development for policymakers, practitioners, and parents. ZERO TO THREE is particularly well-situated to comment on the effects of stress and trauma on very young children, including the short- and long-term impacts on their social-emotional development. ZERO TO THREE is an acknowledged leader on infant and early childhood mental health, with a history of work in the field including publishing the DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (as well as its predecessor editions, the DC:0-3 and DC:0-3R) and supporting mental health clinicians and early childhood professionals around the world in advancing developmentally-appropriate services for young children. The work of the organization is guided by a Board of Directors which includes international leaders in this field. Decades of psychological and brain research have demonstrated that adverse experiences during the first three years, including high levels of household stress and instability and separation from parents, can have profound immediate and long-term harm on child development. ZERO TO THREE believes that policies that impact young children must be guided by the science behind healthy development and that the well-being of young children is key to the

future success of our nation. ZERO TO THREE is concerned that separating young adults covered by DACA from the young families they have now formed, or increasing the families' stress levels through the fear of separation and deportation, will inflict immense trauma on the young children as well as their parents.