

# Ending DACA could have dire public health consequences

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President Obama signed an executive order in 2012 protecting undocumented immigrants who were brought to the United States as children, and studies suggest that this order, known as Deferred Action for Childhood Arrivals (DACA), markedly improved measures of mental health among its beneficiaries and their families. The pending termination of DACA may reverse these mental health benefits for the 800,000 DACA beneficiaries, and trigger a public health crisis, according to an essay in the *New England Journal of Medicine*, co-authored by Atheendar. S. Venkataramani, MD, PhD, an assistant professor of medical ethics and health policy at Perelman School of Medicine at the University of Pennsylvania.

"DACA was not a public [health](#) program by design," Venkataramani said, "but numerous studies have shown that implementing it had positive effects on mental health that truly rival those from large-scale health policies."

DACA is meant to cover undocumented immigrants who were born after June 15, 1981, were brought to the U.S. before turning 16, and have lived in the U.S. continuously since 2007. It provides legal access to work permits, which can be renewed every two years, and confers freedom from deportation. Eligible applicants must provide evidence of current school attendance, completion of high school or GED certification, or U.S. military service, and must not have serious criminal records.

Several recent studies, including one by Venkataramani and essay co-author Alexander Tsai, MD, PhD, an assistant professor of Psychiatry at Massachusetts General Hospital, have indicated that measures of psychological stress and mental illness among DACA-eligible immigrants fell dramatically after the policy began. Another study, which used data from the Emergency Medicaid program in Oregon, suggested that DACA's mental health benefits may have extended even to the children of DACA-eligible mothers—among whom rates of adjustment and anxiety disorders fell by more than half after DACA started.

Given that DACA improved mental health for beneficiaries and their families, its termination is expected to have the opposite effect. That termination will occur in March 2018 if no DACA-preserving legislation is passed by Congress and signed into law by the President.

"Health care and public health professionals now have a limited window of opportunity to engage policymakers about protecting Dreamers through legislative action, with an emphasis on the potentially dire mental health consequences of failing to enact a definitive legal remedy," Venkataramani said.

If such efforts fail and DACA does expire next year, the [health care](#) profession will face a serious challenge, he added. Many former DACA beneficiaries, in the absence of the law's protections, will not only experience adverse effects on mental health and psychological well being, but will also be less likely—because of their status as deportable illegals—to seek help from health care professionals.

Venkataramani and Tsai argue that if DACA expires, health care and [public health](#) organizations will need to proactively reach out to [undocumented immigrants](#), to reassure them of continued access to quality health care and to provide them with information about public

[mental health](#) care resources.

"On a broader systems level, tracking health care utilization and health outcomes will help organizations monitor health at the population level and provide hard data to policymakers seeking to implement other supportive remedies," they note.

Provided by Perelman School of Medicine at the University of Pennsylvania

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