

# Attempts to Cancel DACA Produce Negative Effects on Health

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A joint publication from Berkeley Interdisciplinary Migration Initiative & Haas Institute for a Fair and Inclusive Society

Undocumented immigrants have poorer physical and mental health relative to their documented counterparts. The precarity of their immigration status poses a risk on its own, putting them in a position where they are more vulnerable to poverty, violence, unstable relationships, workplace hazards, and discrimination. Furthermore, due to the stigma and shame associated with being undocumented, studies have shown that they are more likely to have low self-esteem, depression, and anxiety. These physical and mental conditions can lead to higher rates of stress-related chronic illnesses. Undocumented immigrants face significant barriers to accessing health care, which compounds their chances of having negative health outcomes. Federal law excludes undocumented immigrants from accessing governmental health care unless it is emergency care, leaving states and localities to fill this gap and provide free or reduced access to medical services. Even in places where undocumented immigrants are eligible for health services, however, studies show that they avoid them because they are afraid that their personal information may get into the hands of Immigration and Customs Enforcement (ICE).

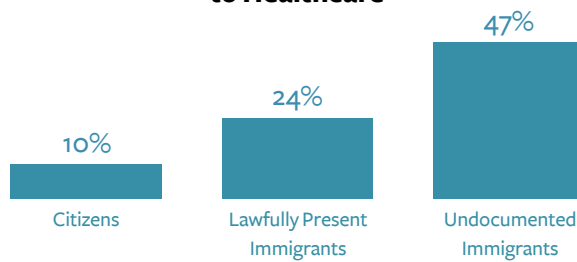
Given these conditions, the provisional relief program Deferred Action for Childhood Arrivals (DACA) is shown to have improved the physical and mental health of its recipients despite its temporary nature. DACA began in 2012 under the Obama Administration as a stopgap response to the push for comprehensive immigration reform by immigration activists and advocates across the country. Through DACA around 800,000 undocumented young people in their late teens to their early 30s were able to access

For more, see Mallet, M. and L. García Bedolla. 2019. "Transitory Legality: The Health Implications of Ending DACA." *California Journal of Politics and Policy* 11(2): 1-25.

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work permits, driver's licenses, higher education, and health care. DACA status opened up access to health coverage through jobs or higher education institutions, allowing them to get treatment without fear, seek preventative care, and relieve some of the anxiety around the threat of deportation (Siemons 2016; Venkataramani 2017; Gonzales et al 2013).

## Immigration Status Impacts Access to Healthcare



Uninsured Rates among Nonelderly Adults by Immigration Status, 2017.

Source: Kaiser Family Foundation analysis of 2017 American Community Survey.

Marie Mallet (Sorbonne) and BIMl affiliate Lisa García Bedolla illuminate the power of changes in immigration status by examining the health of DACA beneficiaries after the announcement of its repeal in 2017. They find that these undocumented youth and young adults experienced negative, and for some, worse health outcomes after the announcement of its repeal, especially when it comes to their mental and psychological health. Drawing on interviews with Latinx DACAmented young people in California, they show that going in and out of protected immigration status -- what they call "transitory legality" -- can potentially be more



detrimental to health than a constant, unchanging state of undocumented status. Most notably, among the 43 individuals they interviewed, 74% of them reported feeling higher stress levels at the time of interview than before they received DACA benefits. If DACA provided a sense of security and ease for its recipients, the rescission announcement negated these positive mental health gains. The vast majority of respondents reported feeling “extremely sad” or “depressed” since it was announced that DACA would be rescinded.

Mallet and García Bedolla find that two main factors contribute to the worsening mental health of DACA recipients after the rescission. The first stems from knowing that the U.S. Citizenship and Immigration Services (USCIS) now has all of their personal information. Having had to reveal comprehensive personal details including their residential address in their DACA application, they now feel they are more vulnerable than ever to the threat of deportation. Despite the protection that DACA status affords them, ICE has detained a number of DACA recipients over the past couple years. While the documentation status of DACA has a 2-year renewable term, as long as they have active DACA status, they should not be detained as the program grants them reprieve from removal. As the researchers argue, however, “even if USCIS does not share information regarding DACA recipients with ICE, a policy change could make DACA recipients vulnerable, as ICE could hypothetically order all recipients to be removed.” Their fears, therefore, are certainly warranted.

One interview respondent Soledad, a 25-year-old Latina from California, shared: “It [my status] runs out in a few months and I am not sure I will renew it. It’s expensive [\$495] and they might end it [DACA] anyways; I mean, we lose either way: if you fight, they lock you up, if you try to hide, they lock you up. I don’t [have] the energy for this; I don’t want to put my family through this.”

These cases of detained DACA recipients coupled with their personal data being in the hands of the government have increased stress, compromising their overall mental health.

Second, the opportunities and dreams that seemed within reach with DACA were now an abstract reality. More than half of DACA recipients are in full-time employment, and most of those who are not in the labor market are in school. One out of three DACA recipients are attending school and working at the

same time, similar to the broader U.S. young adult population (Zong et al 2017). Having been able to start taking steps toward achieving their academic and professional aspirations, the DACA rescission has been a source of insecurity and hopelessness for many.

Mallet and García Bedolla show that undocumented youth and young adults have been experiencing negative physical health as well. Having lost faith in the government and feeling the need to be particularly cautious, some individuals they interviewed had begun avoiding health care facilities despite having insurance and active DACA status. Avoiding medical providers or other people who could support them may have a detrimental effect on their overall physical and mental well-being.

These findings suggest the importance of implementing policies and programs at various institutional levels that would address the unique needs of DACAmented individuals and their families. Given that the current presidential administration is threatening to target immigrants who use government benefits such as food stamps, WIC, Medicaid, and Head Start, anxieties are only escalating among low-income undocumented communities. With these growing barriers, there must be a more concerted effort to secure health and other social safety net resources for undocumented immigrants through state and local level institutions. For example, municipal initiatives that tackle barriers to healthcare have been introduced in places like San Francisco and New York City. Healthy San Francisco offers health care to all SF residents who are ineligible for Medicare or Medi-Cal and cannot afford private insurance, including those living with undocumented immigration status. New York City has also begun plans to guarantee comprehensive health care through a new program called NYC Care. Other states should study and adapt these models with the support and expertise of foundations, health care providers, advocacy organizations, and service agencies. On the federal level, any immigration reform initiatives must incorporate medical care explicitly, having the option, for instance, to purchase low-cost enrollment plans under the Affordable Care Act. Practitioners interfacing with undocumented immigrants in the education system, the health care industry, and the labor market must consider developing safety net initiatives that can support the psychological and physical well-being of their students, clients, and employees, respectively, without increasing their legal precarity and subsequently, their health.



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# This brief is a joint publication from the Berkeley Interdisciplinary Migration Initiative & Haas Institute for a Fair and Inclusive Society

## Citation

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Esther Yoona Cho (2019). Attempts to Cancel DACA Produce Negative Effects on Health. BIMI-HIFIS. Policy Brief series.

## Design & Layout

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Esther Yoona Cho is a Ph.D. candidate in Sociology at the University of California, Berkeley and Graduate Fellow at the UC Berkeley Institute for the Study of Societal Issues. Prior to joining the doctoral program, she worked on education research at the Social Science Research Council and the Organisation of Economic Cooperation and Development. She holds a B.A. in International Comparative Studies from Duke University and a Ed.M. from the Harvard Graduate School of Education. Her intellectual journey has been motivated by her passion for understanding and eradicating stratification structures that disenfranchise immigrant and refugee populations. As a scholar, her broad research agenda centers on invisible stigmas and intersectional identities. Her current project, as such, explores intersections of race and illegality by examining the camouflaged community of Asian undocumented immigrants. Her published work has been featured in the *Russell Sage Foundation Journal of Social Sciences*, the *Asian American Law Journal*, and the *New York Times*.