



March 18, 2020

The Honorable Chad F. Wolf
Acting Secretary of Homeland Security
U.S. Department of Homeland Security
245 Murray Lane, S.W.
Washington, D.C. 20528

RE: Removing Barriers to Care During the Novel Coronavirus (COVID-19) Global Pandemic

Dear Acting Secretary Wolf:

On behalf of the U.S. Conference of Catholic Bishops' Committee on Migration (USCCB/COM), Catholic Health Association of the United States (CHA), Catholic Charities USA (CCUSA), and the Catholic Legal Immigration Network, Inc. (CLINIC), we write to urge DHS and its components to remove barriers to healthcare access so that immigrants may safely comply with government recommendations during this global pandemic health crisis. Specifically, we ask that DHS review all immigration enforcement activities and operations, particularly suspending activities at sensitive locations, and broadly release explicit guidance that the public charge rule does not apply during this COVID-19 outbreak. We strongly urge your agency and its components to take these additional measures in the interest of slowing the virus's spread and protecting human life.

The Catholic Church's deep concern for people seeking safety and access to healthcare during the COVID-19 pandemic is grounded in Catholic social teaching and our collective experience serving people in need. The core tenet of our faith is the belief that every human life is sacred. In promotion of that belief, we advocate and provide service for all, but especially the most vulnerable: the unborn, the poor, the homeless, immigrants and refugees, the elderly and the mentally and physically infirm. As reflected in Catholic teachings, the right to life extends to life-saving protection and the right to seek safety and to care for one's family.

During this global pandemic and national emergency, access to treatment and care for immigrants, including undocumented individuals, is critical to tracking and responding to the crisis. Removing barriers to testing and treatment not only saves lives but keeps all Americans safer.

In this context, we make the following recommendations to help ensure that no human life is placed unnecessarily at risk at this time:

1. DHS Should Ensure No Immigration Enforcement Actions Occur at Sensitive Locations and Robustly Communicate This Policy

The U.S. and Immigration and Customs Enforcement (ICE) and U.S. Customs and Border Protection (CBP) "Enforcement Actions at or Focused on Sensitive Locations" memo includes, but is not limited to, hospitals as a sensitive location.¹ DHS has communicated that "ICE does not conduct operations at healthcare

¹ "Enforcement Actions at or Focused on Sensitive Locations," U.S. Immigration and Customs Enforcement Memorandum, 24 October 2011, available at: <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>.

facilities. Anyone in need of medical care should seek care[.]”² This suggests that DHS is appropriately clarifying the understanding of sensitive locations apply to **all** healthcare facilities during this global pandemic. Continuing to update, revise and publicize this guidance as testing facilities are potentially implemented at non-traditional healthcare locations, will be critical to removing barriers to testing.

Unfortunately, there are recent news reports of ICE agents following an undocumented immigrant to a Scranton, Pennsylvania, area hospital.³ Should more reports of ICE agents conducting operations at healthcare facilities emerge throughout the country, a chilling effect on immigrants seeking medical assistance is all but inevitable. While we note that the ICE and CBP Sensitive Locations memorandum describes exceptions for enforcement due to “exigent circumstances,”⁴ at this time we urge you to cease any enforcement at sensitive locations due to the heightened public health needs.

Additionally, DHS and the U.S. Citizenship and Immigration Services (USCIS) should share this information through a robust public messaging campaign that is accessible in multiple languages and includes visual graphics for those who may be illiterate. Healthcare facilities, places of worship, and other agencies should not be linked to immigration enforcement activities. People must feel safe to access critical services such as testing and treatment for the virus, pastoral care, and legal and social services.

2. DHS Should Issue and Broadly Distribute Explicit Guidance that the Public Charge Rule Does Not Apply During this COVID-19 Outbreak and Provide Necessary Protections and Extensions to Immigrants Affected by USCIS Closures

USCIS recently posted an update to its public charge webpage⁵ with information about how it will consider health issues related to the COVID-19 contagion in the context of public charge, stating that it will not consider testing, treatment, or preventative care (including vaccines, if a vaccine becomes available) related to COVID-19 as part of a public charge inadmissibility determination. As of the date of this writing, USCIS has not shared this information broadly through its email lists or social media feeds. DHS should issue an additional statement clarifying explicitly that the public charge rule does not apply during this COVID-19 outbreak. Further, DHS and USCIS should continue to share this information through a robust public messaging campaign that is accessible in multiple languages.

We also note the closures of the USCIS offices as a public health precaution. In response to the USCIS office closures we request extensions for certain visa categories, including DACA renewals, given the substantial impact and harm the closures could pose.

3. DHS Should Review All Immigration Enforcement Activities and Operations

While we acknowledge the important initial steps of ensuring no enforcement activities at sensitive healthcare facility locations and issuing clarified public charge information, DHS should reconsider all

² @SpoxDHS, (Heather Swift). “Dishonest fear mongering is dangerous to the immigrant community. The disinformation campaign pushes a false narrative when people are looking to elected officials for info. ICE does not conduct operations at healthcare facilities. Anyone in need of medical care should seek care.” 5 March 2020, 9:46 PM: <https://twitter.com/SpoxDHS/status/1235758584073465857>.

³ “ICE criticized for arrest at Scranton hospital,” Hall, Peter. *The Morning Call*, 16 March 2020, available at: <https://www.mcall.com/news/pennsylvania/mc-nws-pa-ice-immigrant-arrest-hospital-scranton-coronavirus-20200316-3itqa24pdfau3kijnkm62jcdsai-story.html>.

⁴ Supra at Note 1.

⁵ “Public Charge - Alert,” U.S. Citizenship and Immigration Services (USCIS), 17 March 2020, available at: <https://www.uscis.gov/greencard/public-charge>.

deportations, immigration arrests, mass raids, detentions and enforcement actions and give priority to removing barriers to testing, treatment, and protecting public health. An effective community-based response to COVID-19 requires all people living within our borders to contribute to the common good. Barriers to treatment or testing, as well as causing fear to stay home to care for children, will undermine ongoing healthcare efforts. Therefore, we urge DHS to review all of its practices and give the highest priority to preserving life and safety.

We remain grateful for your vigilant efforts to respond to this global crisis and request your constant consideration of the vulnerable communities we serve.

Regards,



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President & CEO
Catholic Charities USA



Most Rev. Mario E. Dorsonville
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