



Samantha Deshommes
Chief, Regulatory Coordination Division,
Office of Policy and Strategy,
U.S. Citizenship and Immigration Services,
Department of Homeland Security,
20 Massachusetts Avenue NW,
Washington, DC 20529-2140.

RE: DHS Docket No. USCIS-2010-0012

Dear Ms. Deshommes:

The Wisconsin Board for People with Developmental Disabilities (BPDD) opposes the proposed modifications to the Public Charge rule (DHS Docket No. USCIS-2010-0012). We find that the proposed changes are inherently discriminatory to families and people with disabilities, implies and in fact embeds in public policy the idea that the presence of a disability reduces the value of the individual, and fails to recognize the contributions that people with disabilities make to their communities.

The rule changes how chronic health conditions—including disability—are considered, and clearly weights a disability or chronic health condition as a “negative” factor when applying the public charge test. People with chronic health conditions or disabilities that do not have private insurance that covers all medical costs associated with their condition would be considered to have “a heavily weighted” negative factor. It appears this policy is designed to target and prevent individuals with a disability and their families from successfully completing the immigration process.

Considering “any physical or mental condition” as part of the individual’s health is overly broad and open to interpretation, and we fear an ever-growing list of conditions and disabilities that could be used as a mechanism to deny immigration. It is unknown what evidence will be used to assess these subjective conditions, and we find it unlikely that staff charged with evaluating physical or mental conditions will be sufficiently familiar with the lived-experiences of people who have them to determine their significance. Requiring staff to determine whether physical and mental conditions will impact the individual’s future capability of self-care, educational attainment, obtaining employment, and potential future health care costs, weights the process toward reliance of outdated stereotypes and prejudice.

This policy assumes that the presence of a physical or mental condition is a financial risk to the state and fails to recognize the significant contributions that people with chronic health and other conditions can and do make as professionals and community members.

Expanding the list of benefits—particularly Medicaid—that count in the “public charge” test will disproportionately and negatively impact people with disabilities and families who have a member with a disability. Wisconsin has a robust package of Medicaid services that wisely recognizes the return on investment that results from good access to health care for low income people. Many important community-based services, therapies, treatments, drugs, and other health care services are only

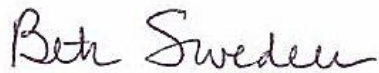
available through Medicaid and are not covered by private insurance. People with chronic health conditions and disabilities live productive lives and contribute back to society; they should neither be penalized for conditions they were born with or that have been acquired through injury or age, nor punished for an insurance industry that is insufficient to meet their needs. Medicaid has long subsidized care for people who need community-based supports and other services that the private sector as inadequately covered.

It is unclear to us how people who are already on a pathway to citizenship who either acquire a condition/disability or have U.S. born children with a disability will be impacted by this policy. It can take many years to go through an immigration process. With the passage of time it becomes more likely that some member of the family will be born with a condition or acquire one through injury or age. It appears that the negative weighting would impact entire families, perhaps forcing families to either abandon disabled members to come to this country or abandon the immigration process to take care of family members. This seems particularly short-sighted and unnecessarily cruel.

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities.

Our role is to seek continuous improvement across all systems—education, transportation, health care, employment, etc.—that touch the lives of people with disabilities. Our work requires us to have a long-term vision of public policy that not only sees current systems as they are, but how these systems could be made better for current and future generations of people with disabilities.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Beth Swedeen".

Beth Swedeen, Executive Director, Wisconsin Board for People with Developmental Disabilities