



April 16, 2019

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: Public Comment Opposing Form G-1530: USCIS Tip Form
OMB Control Number 1615-NEW
Docket ID USCIS-2019-0001

Dear Ms. Deshommes:

I write on behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO) and our 33 community-based health care organizations, 29 of which are Federally Qualified Health Centers (FQHCs), to express our deep concerns with the Department of Homeland Security (DHS), United States Citizenship and Immigration Services (USCIS) proposal to implement the new Form G-1530: USCIS Tip Form, OMB Control Number 1615 - NEW, Docket ID USCIS-2019-0001, published in the Federal Register on February 15, 2019. This form will exacerbate the climate of fear and confusion that already exists among our patients, and immigrant families generally. It is duplicative and will add no value to fraud prevention.

AAPCHO members serve more than 630,000 patients annually and are dedicated to promoting the health status of medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) in the U.S., its territories, and the Freely Associated States. Asian Americans and Pacific Islanders (AAPIs) are our nation's fastest growing minority population,¹ with approximately 12.8 million AAPI immigrants residing in the U.S.²

Our members serve large populations of low-income AANHPI patients and communities who rely on supports to maintain their health and wellbeing. 27.4 million immigrants are employed in the U.S., comprising 17.1 percent of the U.S. total labor force, with Asians accounting for 25.2 percent of this immigrant labor force.³ Immigrants often fill low-wage jobs that lack health benefits and are often not pursued by U.S. citizens. AAPI immigrants rely on community health centers for health care and in order to positively contribute to their community, the workforce, and the economy.

AAPCHO members help fill the gap in services for our patients by providing services that are uniquely appropriate to their patient populations including: comprehensive primary medical care, culturally and linguistically appropriate health care services, and non-clinical enabling services

¹ Fastest Growing Population, APIAVote <http://www.apiavote.org/why-aapi#fastest-growing-population>

² Asian Immigrants in the United States, Migration Policy Institute <https://www.migrationpolicy.org/article/asian-immigrants-united-states/>

³ Foreign-Born Workers: Labor Force Characteristics—2017, U.S. Department of Labor, Bureau of Labor Statistics <https://www.bls.gov/news.release/pdf/forbrn.pdf>

such as interpretation and case management. On average, AAPCHO's health centers have a higher percentage of patients age 65+ than other health centers (10% vs. 7%). Our members also have a much higher rate of patients who are Limited English Proficient (LEP) (50% vs. 23%), with some health centers serving as many as 99% LEP individuals. AAPCHO members also provide a higher average number of enabling service encounters (9274 vs. 4953) than other health centers in response to the needs of our patients.

In serving our patients, many of whom are themselves or family members of immigrants, AAPCHO members are acutely attuned to the fear, anxiety, and confusion of anti-immigrant sentiments and policies. The Federal Bureau of Investigation has reported a rise of racially, ethnically, or religiously motivated hate crimes,⁴ and media reports of deportations, family separation, or ICE raids have become more frequent. People of color and immigrant communities are often the victims of such crimes, and Muslim, Arab, Iranian, Middle Eastern, and South Asian communities face targeted harassment and violence at alarming rates. Recent reports from the FBI show that Muslim, Arab, Iranian, Middle Eastern, and South Asian Americans are facing heightened levels of harassment and violence, and these numbers are severely underreported by the FBI's own admission.⁵ These incidents are also underreported, due to an increased fear of reporting racially motivated crimes and incidents to law enforcement.⁶

Furthermore, immigrant families, regardless of immigration or citizenship status, are adversely affected by uncertainty in public policies enacted or proposed by the Administration. For example, the Administration's proposed public charge rule, while not final, is already causing fear, confusion, and significant harm to the health and wellbeing of immigrants and their families, some of whom have naturalized and are entitled to public benefits. The combination of fear and confusion, known as chilling effect, is already causing people to disenroll from programs or forgo benefits to which they are eligible. As individuals and families disenroll from food and housing assistance and health insurance, their overall health and well-being decrease. Health centers see first-hand the impact that loss of health coverage, food insecurity and housing insecurity/homelessness have on our patients, especially children and the elderly. A lack of preventive and timely medical care results in individuals delaying or forgoing care—resulting in sicker patients and more expensive health care treatment.

The proposed USCIS Tip Form adds to this culture of fear and confusion. Worse still, it will add no value to USCIS which already has a robust fraud collection process.

With this environment in mind, AAPCHO strongly opposes the USCIS Tip Form because it is unnecessary and encourages the presumption of fraud in the immigration benefits process. USCIS already has existing mechanisms in place to collect information about fraud, e.g. through the Homeland Security Investigations (HSI) Tip Line. The proposed form creates a new avenue for individuals to submit unsubstantiated reports of fraud about individuals who appear to be immigrants, whether or not they are U.S. citizens. The form's failure to require identification of

⁴ Uniform Crime Reporting Program 2017 Hate Crimes Statistics, Federal Bureau of Investigation <https://ucr.fbi.gov/hate-crime/2017/topic-pages/incidents-and-offenses>

⁵ John Eligon, Hate Crimes Increase for the Third Consecutive Year, F.B.I. Reports, New York Times (November 13, 2018) <https://www.nytimes.com/2018/11/13/us/hate-crimes-fbi-2017.html>

⁶ Brendan Campbell, Angel Mendoza and Tessa Diestel, Rising hate drives Latinos and immigrants into silence, News21 (August 22, 2018) <https://www.philly.com/philly/living/rising-hate-drives-latinos-and-immigrants-into-silence-20180822.html>

submitters or collection of corroboration of claims not only creates unnecessary redundancies but may also lead to reporting abuse that would cause significant harm to immigrant communities.

What is more, the USCIS Tip Form is broad and vague. USCIS fails to set any criteria for reporting fraud and there is no requirement that an allegation be made in connection with a pending application for benefits. The form also provides no definition of “fraud,” which has a complex definition under the Immigration Act and in case law. Additionally, it is unclear how the information collected through the USCIS Tip Form will be used in adjudications.

The implementation of the USCIS Tip Form permits unsubstantiated reporting to USCIS. The proposed USCIS Tip Form requests that individuals provide their name and contact information but does not require it to make a report. Thus, USCIS has no formal mechanism to follow up on allegations, and applicants for benefits have no opportunity to learn about derogatory information lodged against them or refute any allegations. But the reported individuals face increased scrutiny, surveillance, and potential loss of benefits without any due process that could enable them to refute allegations of fraud.

USCIS has not provided any information on how it will handle and respond to these anonymous tips. It is unknown what mechanisms are in place for USCIS to determine the validity of information provided by anonymous tips and to accurately assess whether they are impermissibly motivated. Without this information, it is unclear whether reported individuals will have any access to due process or any recourse against false reports.

Furthermore, the failure to collect information from the person completing the form creates a likelihood that those targeting individuals based upon racism and bigotry will have the option of submitting numerous baseless claims with no accountability.

AAPCHO opposes the publication of the USCIS Tip Form as it creates additional hardship for immigrant families and the AANHPI communities our members serve. We urge USCIS to withdraw the USCIS Tip Form immediately and instead work on developing policies that do not threaten immigrant communities, waste resources, or undermine due process and access to critical benefits.

Sincerely,



Adam P. Carbullido

Director of Policy and Advocacy