Welcoming DREAMers
Why it’s right to enable eligible undocumented immigrants to apply for a medical education

Overview
Loyola University Chicago Stritch School of Medicine is the first medical school in the United States to announce that it is accepting applications for admission from undocumented immigrants.

Commonly called “DREAMers” (after proposed federal legislation known as the DREAM Act, for “Development, Relief, and Education for Alien Minors”), these young people were brought to the U.S. as children and have lived in this country for more than five years. Stritch is accepting applications only from DREAMers who qualify for the federal Deferred Action for Childhood Arrivals (DACA) program, which is administered by the United States Citizenship and Immigration Services.

The ethical and pragmatic reasons for the school to take the lead in this approach are outlined in this FAQs document for Stritch School of Medicine faculty and staff.

What is DACA status?
On June 15, 2012, President Obama announced the creation of the Deferred Action for Childhood Arrivals (DACA) program. Pending passage of the DREAM Act, it enables qualified “undocumented immigrants” to receive a two-year, renewable authorization to remain and work in the United States.

To obtain DACA status, DREAMers must meet certain criteria. These include arrival at the United States before age 16, current age under 31, specified levels of education or military service, and an absence of a felony conviction or problematic record of misdemeanors. A full list of criteria is posted at http://tinyurl.com/daca-criteria.

With DACA status, students receive an Employment Authorization Document (work permit) and can apply for a Social Security number.

Why has the Stritch School of Medicine made DACA DREAMers eligible for admission?
Loyola University Chicago’s Catholic and Jesuit values clearly require the Stritch School of Medicine to open the admissions process to these young people. The dignity and worth of persons calls us to steward the talents of qualified applicants rather than reject their contributions for arbitrary, arcane, or political reasons. Social justice requires that we foster the conditions for full participation in the community by all members of our community. DREAMers who meet criteria for DACA status already are woven into the fabric of our society and have a basic right to contribute to the fullest extent of their abilities. This ethical approach continues a tradition articulated by the U.S. Conference of Catholic Bishops. See http://tinyurl.com/usccb-migrant.

This approach makes pragmatic sense, as well. The United States is facing a significant shortage of physicians. In addition, large portions of the U.S. population are underserved by the current distribution and demographic profile of physicians. DREAMers represent a previously untapped source of qualified and diverse talent that will enrich the medical education environment, the medical profession, and the lives of patients. DREAMers generally are bicultural, bilingual, and possess insight into the immigrant experience.
In a nation with a large recent immigrant population, DREAMers can increase the capacity of the physician workforce to treat the array of patients encountered in clinical practices.

**Upon completion of MD degrees, can DREAMers get a license, a residency, and practice medicine?**
Yes. With the conferral of DACA status, medical school graduates become eligible for medical licenses and residency training.

**Are DREAMers’ applications treated preferentially in regard to selection for admission?**
No. DREAMers do not receive special treatment in the Stritch School of Medicine selection process. They must compete on the same level required of all applicants for admission. Many DREAMer applicants have outstanding qualifications and we expect they will contribute to the competitive nature of the applicant pool.

**Do DREAMers take away admissions slots from other applicants?**
No. The Stritch School of Medicine does not dedicate spots to any category of applicant. Consistent with that long-standing policy, no adjustment has been made to the number of admission slots available to accommodate DREAMers. Stritch has gradually been increasing the number of admission slots in recent years. However, this is part of a national effort to expand the physician workforce. According to the Association of American Medical Colleges Center for Workforce Studies, medical schools will be graduating 30 percent more students in the coming years to address the national physician shortage.

**Are these students treated preferentially in regard to financial aid?**
No. It’s important to note that financing a medical education presents a substantial obstacle for DREAMers because they are ineligible for federally guaranteed student loans. Such loans usually compose an important part of a financial aid package. As a result, students with DACA status cannot obtain financial aid available to students who are U.S. citizens.

To address this iniquity, the Stritch School of Medicine utilizes several financing options for students with DACA status. Such packages may combine school-based aid with a new type of targeted loan for DACA-status students available from the Illinois Finance Authority (IFA), the state’s infrastructure bank.

The IFA DACA loans are available for tuition and require that the borrower provide service in a designated medically underserved area in Illinois after the completion of medical training. Most borrowers will provide four years of service, i.e., one year of service for each year of their loan. The loan is interest-free with completion of the service obligation but substantial interest penalties are assessed for failure to provide the required service. *The IFA receives no appropriated funding from the state and operates at no cost to the taxpayer.* See [http://www.il-fa.com/about](http://www.il-fa.com/about)

**What obstacles remain for DREAMers?**
The remaining long-term concern is the stability of the deferred action program. DACA status was created by the executive branch of government and thereby subject to change in a new Presidential administration. As a two-year renewable status, it cannot provide the long-term security that comes with a path to citizenship. However, using this concern to deny opportunities for a medical education only perpetuates existing injustices. That approach falls short of Loyola University Chicago’s Jesuit, Catholic values. It also denies the Stritch School of Medicine the opportunity to attract the students who are particularly well qualified to meet the future health needs of a changing world.

For additional and updated information, visit [www.stritch.LUC.edu/daca](http://www.stritch.LUC.edu/daca).

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