



Mayor's Office of
Immigrant Affairs
Bitta Mostofi
Commissioner

November 15, 2018

Testimony of Commissioner Bitta Mostofi
NYC Mayor's Office of Immigrant Affairs

Before a hearing of the New York City Council Committees on General Welfare, Health, and
Immigration:

“Oversight: The Impact of the Proposed ‘Public Charge’ Rule on NYC”



Thank you to the Speaker, Chair Levin, Chair Levine, and Chair Menchaca, and the members of the Committees on General Welfare, Health, and Immigration. My name is Bitta Mostofi and I am the Commissioner of the Mayor's Office of Immigrant Affairs (MOIA). I am joined today by my colleagues from the Department of Health and Mental Hygiene (DOHMH) and the Department of Social Services (DSS), who are happy to answer questions. Thank you very much for calling a hearing on this important topic.

The foundation of a fair and just society is the moral responsibility we carry to help those in need. That responsibility underlies the work that City agencies do every day. Whether we are providing medical care to pregnant women, helping families get the food they need, or assisting tenants to afford their rent, ultimately we are doing so because we understand that helping those in need is the right thing to do.

The proposed rule on "Inadmissibility on Public Charge Grounds," by contrast, is an un-American and immoral attack on hard-working immigrant members of our society, one that is cruelly designed to inflict harm. As I will describe shortly, the proposed rule would have devastating effects in New York City if it is finalized. One of the most insidious aspects of this proposal is that it has already created widespread confusion and fear, even though no change has taken effect. I want to emphasize to the community that the City's services are still available, and will remain available even if the proposed rule is finalized. Moreover, the proposed rule is still only in the proposal phase and its provisions are not yet in effect.

Starting from when the proposed rule was still a rumor, the Administration has worked with our City agencies and local, state, and national partners to counteract fear and misinformation. We have worked to educate and inform the community, helped people access one-on-one help, and facilitated opportunities for concerned New Yorkers to make their voices heard.

In my testimony today, I will give a brief overview of the proposed public charge rule and the harms it would inflict on New York City and New Yorkers. I will then describe what steps the City has taken since the proposed rule was published and our plan for opposing the rule moving forward.

Overview of the proposed rule

What the proposed rule would do

Existing immigration laws provide that an applicant for admission to the United States who is or is likely to become a "public charge" can be denied a green card or visa. For the past 20 or so years, pursuant to guidance issued by the federal government, this analysis was limited to considering receipt of cash assistance for income maintenance or government-supported institutionalization for long-term care. This limitation was intended to end the damaging confusion and fear about who would face negative immigration consequences due to the public

charge language, and to alleviate dangerous public health and nutrition problems caused by that fear.¹

Despite this longstanding policy, on October 10, the federal government published a proposed rule that would create a much broader definition of “public charge.” The proposed rule would do this by (1) expanding the list of public benefit utilization that would be considered, and (2) changing the way immigration authorities determine whether someone is likely to become a public charge.

If the proposed rule were adopted, the list of public benefits to be considered would be much broader than just cash assistance and institutionalization for long-term care, as is the practice now. The proposal would also consider:

- Supplemental Nutrition Assistance Program (SNAP, also called “food stamps”);
- Non-emergency Medicaid;²
- Low Income Subsidies for Medicare Part D (for prescription drugs); and
- Public housing and Section 8 vouchers and rental assistance.

In addition, the proposed rule would change the way immigration authorities consider the likelihood that someone will become a public charge. Under current law and policy, the government weighs factors including age, health, household size, education, financial status, and skills to determine whether someone will become a public charge. But under current guidance, someone who presents an affidavit of support is generally not considered likely to become a public charge, regardless of other factors. The proposed rule, by contrast, would require each factor to be considered separately. This would make it much more likely that immigrants would be considered likely to become a public charge, even if they have never been eligible for benefits or ever used benefits, and even if they have an affidavit of support.

Taken together, this proposed rule represents a dramatic departure from existing federal policy that will harm low- and middle-income immigrant families.

What the proposed rule would not do

Because of the great degree of misinformation and anxiety that has surrounded this proposed rule, I want to address a number of things that this rule would *not* do. Notably, the published proposed rule is more limited than some leaked drafts, and does not reach as far as some rumors have suggested.

First, the only public benefits that the proposed rule would treat as negative factors would be those expressly listed. There are many benefits that are not enumerated in the proposed rule. For example, the proposed rule would not consider receipt of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits as a negative factor in the public

¹ Inadmissibility and Deportability on Public Charge Grounds, 64 FR 28676, 28680 (1999).

² Certain disability and school-based Medicaid services, and Medicaid use by children of U.S. citizens who are likely to become U.S. citizens themselves, would not be covered benefits.

charge analysis. Similarly, reduced-price or free school lunches, emergency medical assistance, discounted health care services for the uninsured (including through the NYC Health + Hospitals Options fee scale), foster care and adoption, Head Start, and other benefits, would not be counted against an applicant for a green card or visa. The use of benefits not listed in the proposed rule would not affect an application.

Second, the proposed rule would only apply to benefits after the rule is finalized. It is not proposed to be retroactive. An individual's receipt of benefits today would not be considered in a public charge determination.³

Third, the proposed rule would only consider an applicant's own benefits use when making a public charge determination. Benefits used by a child, a spouse, family or household members, or other dependents would not be considered as a negative factor concerning an application.

Last, the proposed rule exempts broad categories of immigrants from its scope, based on the immigration laws. Public charge inadmissibility does not apply to applicants for citizenship. The rule excludes refugees and asylees, applicants and re-registrants for Temporary Protected Status, Special Immigrant Juveniles, self-petitioners under the Violence Against Women Act (VAWA), U visa holders, and others.

The harms of the proposed rule

The proposed rule has not gone into effect. But, if finalized, the proposed rule would harm hundreds of thousands of New Yorkers. As written, the proposed rule would force many immigrants to choose between access to crucial public benefits and regularizing their immigration status. This impossible choice has already created anxiety and confusion that existing federal policy was meant to prevent. We have heard disturbing reports about immigrants withdrawing from public services due to confusion about what benefits use will affect their immigration status. We are deeply concerned about such reports, and we are committed to monitoring and combating this fear.

These harms are not unintended side-effects: this proposed rule appears to be designed to hurt hard-working immigrant families in the name of "self-sufficiency." The City wants New Yorkers, including immigrants, to access our benefits and services, because these services help people get the assistance they need to get back on their feet. New York City knows that immigrants make us stronger. We reject the lie that immigrants are a drain on our resources. As just one example, in 2017 immigrants contributed an estimated \$195 billion to the city's Gross Domestic Product (GDP), or about 22% of the city's total GDP.⁴

³ The current use of long-term care and cash assistance, which are both considered in the current public charge rule, will continue to be problematic under the new public charge rule.

⁴ NYC OMB estimate based on the April 2017 Executive Budget Forecast. City GDP measures the value of the goods and services produced by the New York City economy in a given time period.

If it goes into effect, this proposed rule will have grave effects on public health and the general well-being of New Yorkers. I want to highlight the broad harms that the proposed rule could cause. If the proposed rule is finalized, we estimate up to 475,000 immigrant New Yorkers could be directly harmed, including many low- and middle-income immigrants who have never used public benefits. Up to 75,000 of those immigrants are currently eligible for crucial benefits and may be forced to choose between receiving those benefits and future adverse immigration consequences. But the bulk of those who would be directly harmed, some 400,000 immigrants, are those who are not eligible for benefits but who could be deemed public charges simply because of their age, health, education and employment history, or income and assets, among other factors.

Additionally, we fear that hundreds of thousands more New Yorkers—including U.S. citizens and immigrants who are not subject to the proposed rule—may withdraw from or reduce their use of benefits. We are already working to combat this large-scale chilling effect, but the complexity of the proposed rule and fear it has engendered mean that this effect is particularly difficult to counteract.

Lastly, the proposed rule would hurt the City's economy. If finalized, we estimate that the City's economy would lose at least \$420 million annually in public benefits support and economic activity.

Timeline

It is crucial that New Yorkers understand that this proposed rule has not gone into effect. It remains possible that the proposed rule will not go into effect. Moreover, even if the proposed rule goes into effect, it would not change eligibility requirements for public benefits programs.

This proposed rule is exactly that: a proposal that must face public scrutiny and comment. The public can weigh in on the proposed rule until December 10, 2018.

The City's response

The City has been tracking this issue closely since the first days of the Trump Administration, when a leaked draft executive order revealed that the Trump Administration intended to target immigrant use of public benefits. Our focus throughout this process has been ensuring that the community and stakeholders have the information they needed, encouraging them to make their voices heard about the federal proposal, and providing avenues for New Yorkers to get more information and the help they need.

Community education and stakeholder engagement

Once the leaked draft regulations appeared in the media in early 2018, MOIA immediately began working with our sister agencies to ensure that New York City's immigrant communities and other cities were well-informed about the public charge issue. The City briefed agency heads and City leadership in the spring, and dedicated a session to this issue at the Cities for Action (C4A) conference in May.



After the Department of Homeland Security posted the draft language of the proposed rule on September 22, the Administration immediately began working to analyze the proposed rule and formulate a response. Shortly after, we produced talking points for agency staff and a public-facing information flyer. The flyer has also been made available online in all of the citywide Local Law 30 languages: Arabic, Bengali, Chinese, French, Haitian Creole, Korean, Polish, Russian, Spanish, and Urdu.

Through this interagency collaboration with DOHMH, DSS, NYC Health + Hospitals, and other agencies, we were able to distribute information about the public charge rule to thousands of front-line staff. Commissioner Banks sent a letter to DSS/HRA staff noting that no policies had changed on the federal or City-wide level, and Dr. Katz sent a similar letter to NYC Health + Hospitals staff. NYC Health + Hospitals also published a "Public Charge 101" column in its all-staff weekly newsletter, and hosted a webinar open to all staff, led by the New York Legal Assistance Group.

During this time, the City also worked with Catholic Charities, Hispanic Federation, New York Immigration Coalition, Univision, the Office of New Americans and El Diario to organize a phone bank and Facebook Live event to help provide accurate and important information to the public. Over 40 volunteers answered about 800 calls and made over 1,200 referrals to services during the phone bank, and we reached more than 14,000 people during the Facebook Live event. We heard firsthand from community members about the confusion that the proposed rule had already created. Many of the calls to the phone bank were from lawful permanent residents concerned about accessing benefits. Many of the Facebook Live questions were from immigrants concerned that their usage of public benefits would impact their ability to petition for family members in the U.S. and abroad.

The Administration hosted a community and ethnic media roundtable on public charge and the 2020 Census as part of City Hall in Your Borough in Queens, where I spoke alongside Deputy Mayor Thompson, Commissioner Banks, HRA Administrator Bonilla, and Elmhurst Hospital CEO Israel Rocha. We provided information about the scope of the rule, the harms to immigrant New Yorkers, and emphasized that services remain available to all, regardless of immigration status. The City is continuing to organize Know-Your-Rights events across the city and for different communities to circulate accurate information about the scope of the proposed rule and how individuals can get the help they need.

These efforts to provide accurate information are a crucial part of our effort to mitigate the fear that we already saw building in our immigrant communities. The City and its services remain open to all, regardless of immigration status. New Yorkers who are afraid or need help should connect with ActionNYC by calling 311 and saying "ActionNYC."

We have also held multiple briefings for different advocates and elected representatives. In October, we worked with the Council to hold briefings for members of the City Council. We also held briefings for state and federal elected officials, the Borough Presidents, poverty advocates,



faith leaders, and multiple consulates. Our goal has been to make sure that our many partners across the City are educated on this issue, so that they can integrate this issue into their work and weigh in on the proposed rule.

Advocacy

We have consistently and publicly denounced the Trump Administration's proposal to punish immigrants and their families for seeking the help they need.

MOIA and our sister agencies are currently working with other cities to develop comments on the proposed rule. We are also working to activate community members, advocates, and community-based organizations to weigh in and communicate their views to the Trump Administration.

All New Yorkers are welcome and encouraged to make their voices heard on this important issue. New Yorkers can go to nyc.gov/PublicCharge to read about the public charge rule and submit comments to the federal government.

Legal services

The public charge proposed rule has shown why it is so vital for the City to provide immigration legal services. The best way for New Yorkers to understand how the proposed rule might affect them is by seeking immigration legal services. With the historic investments in immigration legal services from the Mayor and the City Council, MOIA has been able to work with other City agencies, legal service providers, and community partners to provide high-quality immigration legal services and help community providers build their capacity. ActionNYC providers have been trained on public charge, and are ready and able to provide individual guidance to immigrant New Yorkers. We have also worked with the Office for New Americans hotline, operated by Catholic Charities, to ensure community members can reach reliable information and referrals.

Conclusion

I want to thank the Committee Chairs for calling this important hearing. The Trump Administration's proposed rule on public charge is a hateful and draconian attack on immigrants working to make ends meet and keep food on the table, and it is vitally important for us to share accurate information and make sure that all New Yorkers know how to make their voices heard. We are gravely concerned both by the anti-immigrant sentiment behind the proposed rule and by the havoc it will wreak on our neighbors, family members, and communities. The de Blasio Administration knows that the contribution of immigrant New Yorkers are a central part of what makes this City and country great. I am proud to stand alongside my colleagues in the City Council to fight this proposed rule and work to ensure that all New Yorkers feel safe and welcome getting the help that they need.



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**Testimony of Arab-American Family Support Center Before the New York City Council
Committees on Immigrants, General Welfare, and Health**

Thursday, November 15, 2018

**Kerry Sesil, Director of Development and Communications, Arab-American Family Support
Center**

Thank you to the New York City Council for taking the time to understand the vast implications proposed changes to Public Charge have on our community members. My name is Kerry Sesil, Director of Development and Communications at the Arab-American Family Support Center, and I am honored to be here today to testify on behalf of the marginalized and under-resourced immigrant and refugee families throughout New York City.

At the Arab-American Family Support Center, we have strengthened immigrant and refugee families since 1994 by promoting wellbeing, preventing violence, getting families ready to learn, work, and succeed, and amplifying the voices of marginalized populations. Our organization serves anyone who is in need, but over our nearly 25 years of experience, we have gained cultural and linguistic competency serving the growing population of Arab, Middle Eastern, Muslim, and South Asian communities.

The U.S. Department of Homeland Security's proposed change to public charge threatens the health, safety, and livelihoods of immigrants and refugees, and in so doing, the very core of our nation. Our services are critical – families rely on us to access health insurance, sign up for Supplemental Nutrition Assistance Program, learn English, guide their children with academic and leadership support, receive mental health services, and so much more.

In light of the ongoing threats to public charge and the resulting fear of deportation, we have already seen our community members give up needed social services, jeopardizing the safety of themselves and their children, even in situations when they may not be directly impacted. Children and the elderly are at heightened risk. Further, new immigrants who are facing trauma or attempting to reunite with family members may be prevented from entering the United States. We cannot stand idly by as these discriminatory rules which disregard the humanity in all of us, are enacted.

According to the Mayor's Office of Immigrant Affairs, there are 3.1 million immigrants living in New York City. 75,000 NYC residents currently qualify for social services and have an immigration status that would force them to make a choice between safety, food, and their health, and a pathway to permanent residency. These are not the choices questions immigrants and refugees, many of whom have already suffered immense trauma, should be asking.

We urge you to stand with us and community based organizations and the immigrants and refugees we represent.

Join us by taking the following steps.

- Say No to the Proposed Changes: There is still time to comment on the public register and let the federal government know that New York City does not condone this discriminatory, xenophobic policy.
- Commit to supporting immigrants and refugees with trainings and additional resources in light of the circumstances. The Arab-American Family Support Center is already working to educate community members about the implications of public charge, but with your support, we can amplify our impact.
- Work with community based organizations, like the Arab-American Family Support Center, that offer services to ensure that we can find alternatives in situations where families are too afraid to use their names to enroll in social support systems. We will need to find alternative ways to provide food, medicine, health insurance, and more.

As always, the Arab-American Family Support Center stands ready to work with you in ensuring the most vulnerable among us thrive.



A division of HUNGER FREE AMERICA

**Testimony of Miguelina Diaz,
Director of Benefits Access, Hunger Free New York City**

**Before New York City Council
Joint Hearing
of Committee of General Welfare and Committee and Health
November 15, 2018**

Oversight - The Impact of the Proposed "Public Charge" Rule on NYC

I am Miguelina Diaz, Director of Benefits Access, Hunger Free New York City, a division of Hunger Free America. Our CEO, Joel Berg, feels passionately about this issue, and he is very sorry that he cannot testify himself today because he is on work travel outside of New York City. I am glad to represent the organization today.

Thank you so much to both committees for having this vital hearing today.

Hunger Free American fervently opposes the Trump Administration's proposed "public charge" administrative rule, that proposal would force legal immigrant families to make a profound choice: either turn down temporary food, housing, and health care aid that their family needs to avoid hunger, homelessness, or unnecessary disease or risk losing a path to citizenship that could keep their family together.

Make no mistake about it – if this proposal is implemented as proposed, it will increase poverty – and the worst symptoms of poverty such as hunger, homelessness, and early deaths – in New York City and nationwide.

Hard-working legal immigrant families would lose key assistance for health care, housing, and food. Not only would such a policy be an immoral rejection of America's welcoming philosophy (under which most of our families entered this country), it would be economically counter-productive.

While new immigrants have higher rates of poverty and lower median incomes than native-born Americans, immigrants who have become naturalized citizens have lower rates of poverty and higher median incomes than native-born Americans. Therefore, making it harder for new immigrants to obtain the temporary benefits they need to lift themselves out of poverty as they work will only hamper their ability to enter the economic mainstream of society.

If enacted, the rule would also slam the economy in other, broader ways. Even the proposed rule admits that, if enforced, this cruel new guideline would also harm hospitals, landlords, grocery stores, and farmers by limiting immigrants' use of Medicaid, nutrition benefits, and federally-funded housing.

President Trump's Administration has implied that, if the rule is implemented, non-profit groups such as the one I work for, Hunger Free America, will be able to pick up the slack. That's nonsense. Many Americans – particularly middle and low-income ones – already donate very generously to fund anti-poverty work, but if this rule is implemented as proposed, all the charitable efforts in the nation won't be able to come even close, and we won't be able to fill the vast gap left by government.

This nation has historically welcomed immigrants. Now it's all our jobs to ensure that we continue to welcome those seeking safety, health, and freedom.

Testimony from the Community Health Care Association of NYS

Rose Duhan, President & CEO

Committee on General Welfare, Committee on Immigration, and the Committee on Health

Oversight Hearing: The Impact of the Proposed “Public Charge” Rule on NYC

November 15, 2018 at 1:00 pm

Thank you for the opportunity to provide testimony on *the Impact of the Proposed “Public Charge” Rule on NYC*. My name is Rose Duhan, and I am the President and Chief Executive Officer of the Community Health Care Association of New York State (CHCANYS), New York State’s Primary Care Association for federally qualified health centers (FQHCs), also known as community health centers or simply, health centers.

CHCANYS operates as an advocate and voice for community health centers across New York State, with over 430 sites serving 1.2 million patients annually in New York City alone. FQHCs are non-profit, community run centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. For those patients who experience difficulties paying for services, all FQHCs are mandated to provide a sliding fee scale to people with incomes below 200% of the federal poverty limit. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In New York City, 89% of FQHC patients live at or below 200% of the federal poverty line, 14% are uninsured, 95,000 are aged 65 and above, 385,000 are under age 18, 163,000 live in public housing, 70,000 are homeless, and 382,000 are best served in a language other than English. In short, FQHCs are New York City’s primary care safety net providers - keeping all individuals in the community healthy and providing them with comprehensive primary care.

An Overview of Public Charge

Public charge is a term used by the Department of Homeland Security (DHS) to refer to a person who receives public cash assistance, income maintenance, or institutionalization for long-term care at the government’s expense. A person who is considered to be a public charge may be denied admission to the US or lawful permanent resident (green card) status.ⁱ On October 10, 2018, the Trump Administration published a notice of proposed rulemaking (NPRM)ⁱⁱ that would expand benefits considered in determining who is likely to become a public charge. Programs targeted include: non-emergency Medicaid, supplemental nutrition assistance program (SNAP), Medicare Part D Low Income Subsidy, and housing assistance (including public housing, Section 8 housing vouchers, and rental assistance), among other new and expanded standards. Additionally, DHS is looking for comments on the inclusion of Children’s Health Insurance Program into public charge consideration. The proposed rule does not include the Special Supplemental Program for Women, Infants, and Children (WIC) or FQHCs’ sliding fee

scale in the new determination test.ⁱⁱⁱ Many advocates, including CHCANYS, fear such changes to public charge determination will have a chilling effect on the application for much-needed benefits, even for benefits not explicitly called out in the proposed rule and among immigrant groups not affected by the rule.

The Proposed Public Charge Rule is a Threat to the Health of Immigrants and their Families

CHCANYS is very concerned that the proposed public charge rule will disincentivize many immigrants and their families from applying to necessary public benefits for which they qualify. In fact, the mere publication of the proposed rule in and of itself may discourage some individuals from gaining access to key preventive health care and public benefits. Enrollment in Medicaid for more than 12 months over a three-year period would be used as a public charge determination. This includes Medicaid coverage of pregnant women for the duration of their pregnancy. The proposed changes disincentivize enrollment other than for emergency coverage^{iv} – a notion that is contrary to the widespread understanding throughout the healthcare system of the importance of regular and preventive primary care.

It is estimated that about 20% of NYS Medicaid enrollees live in a family with at least one non-citizen. An estimated 20% of NYS residents in families with at least one noncitizen will disenroll from Medicaid, and in one year it is possible that New York State health centers will see over 50,000 former Medicaid enrollees become uninsured. In New York City we estimate that over 35,000 former Medicaid enrollees may become uninsured as a result of new public charge rules. The implications for disenrollment are far-reaching, and it is possible that NYC will experience increased emergency department utilization and increased rates of preventable disease, likely due to decreased vaccination rates, among other consequences.

Impacts to FQHCs Across NYS and NYC

In a recent CHCANYS survey, over half of health center respondents indicated that they have already seen an increase in the number of individuals who are eligible but not enrolling in Medicaid, SNAP, Section 8 Housing, and WIC due to concerns over deportation, inability to attain a green card, or inability to sponsor a loved one to attain legal permanent status. Some health centers reported that parents have refused benefits for their citizen children, fearing their own ability to gain legal permanent status or the ability for other children in the family to gain legal permanent status. Additionally, NYS health centers have reported that since the beginning of 2018, concerns over accessing Medicaid benefits among immigrants and their families has resulted in decreases in early access to prenatal care among expecting mothers and decreased medication adherence rates, including among high need populations, such as individuals with human immunodeficiency virus, or HIV. Fears over deportation associated with accessing public benefits have led to increased behavioral health needs and corresponding difficulties, including poor performance in school among children, food insecurity, and housing instability.

Regardless of the outcome of the Administration's push to publish a final rule, the over 430 health center sites located throughout the five boroughs will continue providing primary and preventive care to anyone who needs it, regardless of income, insurance, or immigration status, while providing sliding fee discounts for low income New Yorkers.

CHCANYS has been working with national, state and city-based advocacy groups to educate health centers and patients about the impact of the proposed rule and to submit comments to DHS opposing the rule. We recently worked with NYC Health + Hospitals and the Mayor's office to ensure that information about ongoing access to community health centers is included in city educational materials. We look forward to the opportunity to work with the New York City Council to educate New Yorkers about the factual scope of the rule, potential impacts of the rule and ongoing availability of community based primary care services at community health centers across the City.

CHCANYS asks the NYC Council to commit to protecting the health of immigrants and their families by:

- providing financial support to community health centers city-wide that are likely to see an increase in the number of uninsured patients presenting for care,
- publicizing community health centers as a safe resource for immigrants and their families that will provide care regardless of insurance status or ability to pay without reporting immigration status, and;
- submitting comments on the Federal Register detailing the extreme negative consequences of the proposed public charge rule before the comment period deadline on December 10, 2018.

Thank you for the opportunity to testify here today. I look forward to answering any questions you may have.

ⁱ US Citizenship and Immigration Services. "Public Charge Fact Sheet." Retrieved November 14, 2018 at: <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>.

ⁱⁱ US Office of the Federal Register. *Inadmissibility on Public Charge Grounds* Proposed Rule by the Homeland Security Department on 10/10/2018. Retrieved November 14, 2018 at: <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>.

ⁱⁱⁱ Protecting Immigrant Families. "Proposed Changes to Public Charge: Analysis and Frequently Asked Questions." (October 10, 2018). Retrieved November 14, 2018 at: <https://docs.google.com/document/d/1FMcQYbV4DWPa9bPQn63oQVJkbkRqxe5dRmjjVFi0lfg/edit>.

^{iv} Rosenbaum, S. *A New "Public Charge" Rule Affecting Immigrants Has Major Implications for Medicaid*. The Commonwealth Fund. (October 16, 2018). Retrieved November 14, 2018 at: <https://www.commonwealthfund.org/blog/2018/new-public-charge-rule-affecting-immigrants-has-major-implications-medicaid>.



Make the Road New York Testimony on The Impact of the Proposed “Public Charge” Rule on NYC

November 15, 2018

New York City Council, Committee on Immigration jointly with the Committee on General Welfare
and the Committee on Health

Good morning, Council Members and members of the Committees on Immigration, General Welfare, and Health. My name is Sienna Fontaine and I am the co-legal director at Make the Road New York (MRNY). Thank you for the opportunity to share this testimony regarding the Department of Homeland Security’s proposed rule published to the Federal Register on October 10, 2018, detailing changes to the definition and the criteria of what will be taken into consideration to make someone deemed a “public charge” for immigration purposes.

Make the Road New York is a non-profit community-based membership organization with over 23,000 low-income members dedicated to building the power of immigrant and working class communities to achieve dignity and justice through organizing, policy innovation, transformative education, and survival services. We operate five community centers in Brooklyn, Queens, Staten Island, Long Island, and Westchester County.

MRNY’s services teams, which includes legal, health, and adult education, serves thousands of immigrants each year to assist their ability to thrive in their communities. We provide direct legal representation, case management, and facilitated enrollment into public health insurance programs, training, and strategic support for members and organizing campaigns.

Specifically, our legal team represents thousands of immigrants in various cases each year, including affirmative applications for relief, removal defense, working with youth eligible for juvenile visas, with survivors of violence, and assisting legal permanent residents to naturalize. We respond in real time to news of ICE raids and provide support to impacted families.

Our health team promotes the health and well-being of our community members. They advocate for improved access to healthcare for immigrants and provide health services to community members. The health department combines one-on-one assistance, helping individuals and families navigate the health system and apply for health insurance and also runs a promotora program, training

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community members to do outreach and screening for food stamps (SNAP) and health insurance benefits and refers eligible families to apply.

Our adult education department offers ESOL, Citizenship preparation, and computer literacy, and in-school and after-school youth programs.

Since the Department of Homeland Security published its proposed notice of rulemaking, MRNY has engaged in a huge effort to understand the proposed changes, their potential reach, and the impact they will have on not just immigrants seeking to obtain a green card, but the entire immigrant population at large. Given the work that our collective services team engages in related to immigration, enrollment in public benefits, and ESOL and other education programs, we are highly concerned about the impact these changes will have. Since the proposed rule was published, we have seen hundreds of individuals coming into our offices with questions or concerns about how this rule could impact them.

We urge the City to submit comments opposing the proposed rule for the following reasons, as we believe the rule change, if adopted, will have the following negative impacts on NYC and its immigrant communities:

- 1. This rule will have a detrimental impact on families otherwise eligible for benefits who will not avail themselves of those benefits, even if they would not be directly impacted by the rule changes themselves.**
- 2. This rule will require localities to increase alternative services needed by families experiencing additional hunger, suffering from untreated medical conditions, and who are at risk of falling into deeper poverty if traditional forms of benefits are not being accessed.**
- 3. The rule's introduction of "heavily weighted negative factors" has the potential to perpetuate discrimination against certain categories of immigrants and will increase the already elevated fear of being targeted for immigration enforcement.**

As mentioned, our offices have already been receiving hundreds of community members with questions about public charge. For example, a MRNY member recently came to our offices concerned about the potential public charge changes. Rosa¹ is a 53-year-old woman who came to the United States from Mexico 20 years ago with her oldest son who was 4 years old at the time. Rosa and her husband have 3 U.S. citizen children, one of whom has Down Syndrome. He is in therapy 3 days a week, and Rosa is his primary care taker. He would not be alive today if it wasn't for treatment provided by Medicaid, and food assistance provided by SNAP, which has allowed the family to eat healthy. Without those benefits, the family would not be able to cover all of the costs of living, including rent, food and therapy. Despite her U.S. Citizen children being fully eligible to receive those benefits, Rosa came to a MRNY office extremely worried and scared when she heard about the potential public charge changes, thinking it would impact her children's ability to receive SNAP and Medicaid benefits. She told one of our advocates, with tears in her eyes, that if the rule goes into effect, she and her husband will not have the resources to help her daughter pay for school or to pay for physical therapy and additional health needs for her son. Luckily, our advocate was

¹ Her name has been changed to protect her identity.

briefed on the proposed changes and explained to Rosa that the rule would not affect her son since he is already a U.S. citizen. As demonstrated here, this proposed rule has caused a lot of fear and confusion among immigrant families, even for those who will not be directly impacted.

MRNY urges the New York City Council to explore all potential avenues of support to address what we anticipate to be significant, additional obstacles to immigrant populations hoping to obtain their green card while also availing themselves of critical benefits to support their families. We also anticipate a need for services for families who decide not to enroll or use benefits they are eligible for, even if they are not impacted by the proposed changes. The support from NYC must include the following:

- Provide funding for community based organizations working closely with impacted individuals to do outreach and education
- Increase immigration and benefits legal services
- Increased support for benefit enrollment programs
- Work in concerted effort with City and State agencies to submit comments and resist the efforts of this administration to unjustly target immigrant communities
- Develop programs such as reviving Action Health NYC, to provide essential health services to immigrants who are not eligible for or receiving health insurance
- Expand food pantry and safety net services in NYC
- Work with the State to develop policy solutions for those individuals who are scared to receive certain benefits.

We look forward to working with the City as it develops its strategic response to these proposed changes. Thank you for the opportunity to testify before you today.



**NEW YORK CITY COUNCIL
COMMITTEE ON IMMIGRATION,
COMMITTEE ON GENERAL WELFARE,
& COMMITTEE ON HEALTH**

**OVERSIGHT:
THE IMPACT OF THE PROPOSED “PUBLIC CHARGE” RULE ON NYC**

**TESTIMONY OF CATHOLIC CHARITIES COMMUNITY SERVICES
DIVISION OF IMMIGRANT AND REFUGEE SERVICES
ARCHDIOCESE OF NEW YORK**

NOVEMBER 15, 2018

I. INTRODUCTION AND OVERVIEW

Good afternoon, Honorable Chairperson and committee members. My name is Raluca Oncioiu and I am the Director of Immigration Legal and Hotline Services for Catholic Charities Community Services. This testimony is being offered on behalf of the agency’s Division of Immigrant and Refugee Services and our Case Management Department. Thank you for the opportunity to testify about the impact the proposed “public charge” change has had on our communities.

Since 1949, Catholic Charities Community Services (CCCS) has been the direct service provider of The Catholic Charities of the Archdiocese of New York, serving over 100,000 individuals annually. CCCS provides high quality human services to all New Yorkers in need, including: information and referral on immigration and social service needs; immigration legal services; refugee resettlement; ESOL classes; case management services to help people resolve financial, emotional and family issues; eviction and homelessness prevention services; relief from hunger through a network of emergency food programs; employment readiness training, placement and support; specialized assistance to the blind and visually impaired; after-school and youth employment programs; and supported housing for adults with severe mental illness.

The proposed federal regulations on “public charge”, which are the subject of today’s hearing, significantly alter the eligibility landscape, create confusion and uncertainty, and strip away at a structured and reasoned application of law. To say the least, they are significant, troubling, and deeply misguided. Immigrants—documented and undocumented alike—are already experiencing

confusion and anxiety and have been thrown into a sea of misinformation. We would like to share with you some of what we are seeing on the ground and what we believe can be responses.

II. WHAT CASE MANAGEMENT IS SEEING

Case Management that is offered through Catholic Charities serves a wide population and can respond to multiple problems that touch almost every human need. Last year Case Managers through our Feed Our Neighbor Department screened 662 immigrants for SNAP; 240 applications for SNAP were filed; and 110 were found eligible for SNAP benefits. Bronx-based Community Outreach Workers assisted 406 Day Laborers and provided 931 referrals to services including food pantry, SNAP, access to housing and medical care.

It is through our Case Management Department that we encounter individuals and families who do not qualify for services through specific programs. While we do not identify these clients by immigration status, it is through this work that we frequently meet immigrants who fall between the cracks of service delivery. Last year we responded to 13,717 callers seeking assistance. We served 2,229 new clients; 1,778 received Intensive Case Management.

The Immigrants we serve fall into categories around legal status; each poses its own particular challenge as we seek to understand and discuss the potential impact of the proposed changes in the public charge rule.

Undocumented Individuals and Families: This population may be receiving health related assistance that is not subject to the proposed change in the public charge rule (EG. Emergency Medicaid). However, there is fear that any use of benefits places them at risk of deportation and they may choose to dis-enroll from much needed life-sustaining benefits.

Undocumented Individuals with United States Citizen (USC) children or family members: These mixed status households have family members who are eligible for services, but fear exposure and vulnerability to deportation. This group worries about the break-up of their families and would prefer to live in dire poverty than run that risk. A few examples of recent intakes:

- Mr. M is a day laborer. He resides with his wife and three USC children. The family cobble together income from various employment sources, much of which is seasonal and unpredictable. After much encouragement, his wife applied for SNAP for the children. Upon learning about the proposed change in the public charge rule, Mr. M. closed the case. "All I want to do is work and take care of my family by myself. I'm a good worker. I can get another job." Mr. M. already works two jobs. When his Case Manager reminded him of his access to our food pantries, which are of no consequence to the public charge rule, Mr. M. respectfully declined.
- Ms. L. resides with her mother and her three USC children. After 20 months of living in a shelter, the children became eligible for a housing subsidy. The family has been stable for over 1 year. Ms. L. makes sure to pay her rent on time and she envisions that her children will one day become professionals. She does everything she can to ensure this. They are well cared for and are thriving in school. Ms. L's fear of being separated from her children heightened when she heard about the proposed changes in the public charge rule

involving public housing. Although she considered leaving her apartment to live with her brother and his family, she carefully evaluated the benefit versus the risk, sought help to best understand the facts, and decided to remain in the apartment.

While Ms. L. is making informed decisions, she reports that she feels like she has been living in a constant state of terror. She weeps a little as she speaks and then pulls herself together. She recollects the reasons why she left her country of origin, her journey to the US and her early years as a young mom in a troubled relationship. She is reminded of what she has lived through and assures herself that she will get through this. She has mastered the ability to “whistle in the dark.”

Although the proposed change in the public charge rule will not jeopardize every immigrant family, those that believe it does are making life altering decisions that further entrench them in poverty. Others like Ms. L. will seek information, take pause, and draw on their resilience. It is critically important that families be able to continue to utilize benefits as temporary and transitional measures toward stabilization.

Undocumented Individuals and Families in the process of adjusting status: This population is among those who are most vulnerable to the proposed change in the public charge rule. The below case dramatically illustrates how an individual was living with a supportive family member while seeking to adjust status, this situation changed, but health care needs prompted a life changing decision.

- Mr. R. is a 9/11 responder who developed a debilitating chronic illness. He receives regular medical care at a local hospital and is described as a hard worker, kindly man, and someone who is very rule abiding. Mr. R. is in the process of adjusting his status to become a legal permanent resident and has been represented by an attorney. Several years ago Mr. R. let his work permit lapse as he was informed that he could not both adjust his status and renew his work permit simultaneously; there was some catch that he did not quite understand, but nevertheless he abided. Mr. R. was also cautioned against applying for any public benefits. During most of this time frame, Mr. R lived with his brother who supported him through this process, but last year his brother’s failing health prompted him to relocate out of state to be with his children. Mr. R. remained in NYC but was unable to maintain the apartment. Unable to work nor pursue public assistance, Mr. R. eventually had no recourse but to enter the shelter system, but managed to make the best of it. It was always his intention to resume employment upon resolving his legal status. Recently, Mr. R. appeared uncharacteristically unkempt, and when his nurse took his vitals, it was clear his health was deteriorating. It was then that Mr. R. relayed that he left the shelter due to the proposed change in the public charge rule, has been staying in various coffee shops during the day, and sleeping in a 24/7 store at night. He is eating in soup kitchens, and gathering recyclables to redeem for cash. He walked to his appointment on an empty stomach from Brooklyn to Manhattan. Mr. R. relayed that he was raised to believe that if you live a truthful life, work hard, and follow the rules, you will be rewarded. He still believes this.

Individuals and Families with Legal Permanent Residency (EG. Green Card): Although this group is not subject to the public charge rule, many fear they may lose their status and workers report they are discontinuing benefits. This is yet another illustration of how immigrants are choosing to live in increased conditions of poverty rather than jeopardize their legal status.

Many of the above examples exemplify multiple trauma stories. The proposed change in the public charge rule is a traumatic experience. Re-traumatization is a real threat to all who fear deportation, family separation, or are reminded of their “less than” status. Our mental health system must brace for the impact.

Front line staff themselves can be challenged by the fear that is circulating and describe feeling in conflict about how they best inform families. A community organizer working with Day Laborers stated, “I wonder if I was doing the right thing all these years, advocating for people to become accepting of public benefits. So much of my work has been about de-stigmatizing. All they ever wanted from me was a job. But the jobs they got didn’t provide them a living wage, and so I tried to help them support their low wages with benefits.” Others describe that no matter how informed they become, families remain suspicious and workers are conflicted about how far to go in trying to change their minds. A SNAP Case Manager explained that she has seen a decline in SNAP applicants, as well as people asking to close their cases. “I’ve been diligent about learning the nuances of who this change will impact. No matter, many immigrants regardless of status, don’t want anything to do with this benefit. I inform them that nothing has gone into effect just yet and urge them to wait until we know more. I give people the best information I can, but at this point in time they would rather be safe than sorry.”

Decision making for many families is ambiguous and contradictory. A medical professional told us about an undocumented immigrant family residing in a shelter with a terminally ill child. “They are seeking an adjustment of status but are now fearful that by being in shelter they will become subject to public charge. Failure to adjust their status will affect the families’ ability to stay in the US and receive the lifesaving care for their child. Leaving the shelter will expose their child to life threatening living conditions. The dad’s anxiety is off the charts. My job is to help them make the least bad decision. But I am so confused as to what that is.”

Providers who identify the need as weighing on the legal side understandably send a cautious message; those who interact around basic need recognize that they must become better informed of the legal implications as they assist families to decide their futures.

It is incumbent upon all of us to help families evaluate their circumstances while looking at the whole picture. Legal and Social Service community partners must continue to tighten and strengthen our relationships.

II. THE NEW AMERICANS HOTLINE

Since 2001, CCCS has operated a statewide information and referral hotline, funded by New York State – currently through the Office for New Americans (ONA) – to provide free,

multilingual, confidential, and reliable information about immigration benefits¹ and connect callers with available services.² The New Americans Hotline, which can be accessed at 1-800-566-7636, operates from 9 a.m. until 8 p.m. on weekdays, and can expand its operations and work with media partners to offer broader, live coverage when needed. Hotline operators speak English, Spanish, French, Portuguese, Mandarin, Hindi, Urdu, and Punjabi. Additionally, through the use of a language service line, we can answer calls in up to 200 languages. Any given year, the Hotline answers between 27,000 to 35,000 calls and provides between 47,000 and 66,000 referrals.

Leveraging its in-house expertise on immigration and naturalization laws, CCCS has successfully operated the Hotline for more than 17 years, developing a comprehensive statewide directory of agencies that serve immigrants, refining call and referral processes and procedures, training and updating staff on programmatic and legal developments, and expanding services to respond to ever greater needs for information, outreach, coordination, and communication related to issues of interest to immigrants. Operating the Hotline in conjunction with CCCS' immigration legal services creates synergy: highly experienced CCCS immigration attorneys provide timely legal updates and collaborate on protocols for answering calls about legal developments that affect immigrants, conduct in-house trainings, and generally serve as an accessible and reliable resource for the Hotline counselors. Legal and practice updates – as well as updates about services provided by other agencies that work with immigrants – are regularly shared and discussed at mandatory monthly staff meetings.

The New Americans Hotline creates a more informed immigrant community, combating *notario* fraud by consistently providing immigrants with correct and current information about immigration benefits and eligibility. Since July 2014, the New Americans Hotline has been mandated by the Immigrant Assistance Service Enforcement Act (IASEA), a New York State law that creates new protections for immigrants seeking legal assistance in immigration matters and new penalties and restrictions against those who seek to defraud them, to take caller complaints against *notarios* and unscrupulous practitioners and forward them to local law enforcement agencies. Our partnership with local law enforcement has expanded over the years and now includes the offices of the Manhattan, Queens, Bronx, Brooklyn, Nassau, Westchester,

¹ The Hotline's main mission is to provide general information – not legal advice – on a broad range of issues including eligibility requirements for immigration benefits, documentation requirements for immigration applications, waiting periods, clarification on immigration procedures, fees, status inquiries, and information about new laws and programs. Hotline Counselors respond to these questions based on the law and eligibility requirements for specific programs and services, but only to provide general information and not specific legal advice. Constant updates by the Department Director and other CCCS attorneys, supplemented by trainings and e-mail alerts, ensure that counselors stay current on the latest developments in immigration law and policy.

² Almost every call end with one or more referrals to non-profit legal service providers with whom callers can discuss their concerns. Using the caller's zip code, counselors make referrals to up to three agencies that provide the needed services and are closest to the caller's location. This method ensures that referrals are made impartially, based on geographic proximity. Over 17 years, the Hotline has developed a comprehensive referral database that contains more than 1,000 providers statewide, including city and state agencies and programs for refugees and immigrants, non-profits providing legal and social services, other hotlines, federal agencies that provide and adjudicate immigration benefits, foreign consulates, passport agencies, overseas United States consular posts, and other agencies that provide services to immigrants. This database is constantly updated through feedback from callers and other agencies, information culled from list serves and lawhelp.org, and online research.

Rockland and Orange District Attorneys, the New York State Attorney General's Office, the New York City Department of Consumer Affairs, and the Federal Trade Commission.

The New Americans Hotline regularly partners with the media (Univision, *El Diario*, Radio WADO, Telemundo), the New York Immigration Coalition, and attorneys from other non-profits that provide immigration legal services (such as The Legal Aid Society, MFY Legal Services, etc.) to set up large-scale informational phone banks in response to developments that affect immigrant communities. The format of the phone bank is usually 2-3 consecutive days, for about 3 hours, from 5 pm to 8 pm; during this time, CCCS staff and volunteers from partner agencies answer hundreds of calls, providing accurate information and referrals to non-profit legal service providers. In addition to answering calls, CCCS is able to reach a much wider audience through this media partnership: during phone banks, CCCS attorneys give live interviews related to immigration policies and developments; the broadcast also features interviews with our legal staff that are pre-recorded in anticipation of the event; some phone banks culminate with a Facebook Live panel of experts answering questions posed online. According to Univision, NY's WXTV Channel 41 claims the most-watched evening local newscast in the country among 18 to 49 year-olds and a total daily viewership of 1.6 million.

The Hotline currently tracks volume of calls, country of origin, language spoken, type of inquiry and specific need identified, etc. This statistical data allows CCCS to monitor and analyze trends, and to add new variables to be tracked.

III. HOTLINE RESPONSE TO PROPOSED CHANGES

Months before the Department of Homeland Security (DHS) published proposed changes to the "public charge" regulations, the Hotline joined a group of local government agencies, other non-profits, and community-based organizations to formulate a plan of action once the federal government announced changes to "public charge" implementation. Part of the plan agreed upon was to produce materials that would direct community members to the Hotline to access basic information and receive referrals to group presentations and personalized consultations about "public charge," as well as work with ethnic media to set up a phone bank to answer initial questions from the community. As a result, when the proposed regulations were posted on DHS' website on September 22nd, the Hotline was prepared to respond. First, staff was updated and provided with talking points on September 24th; then, with the assistance of the New York Immigration Coalition partners at other agencies, including Legal Aid, MOIA, ONA and Univision and *El Diario*, the Hotline hosted a "public charge" phone bank on the evenings of October 2nd and October 3rd followed by a Facebook Live panel of experts on October 4th.

With the assistance of 20 volunteers on October 2nd and 25 volunteers on October 3rd, the Hotline answered more than 830 calls in about 6 hours and provided more than 1,230 referrals to callers. The Facebook Live one-hour segment, during which three experienced attorneys answered questions about the proposed changes, reached more than 14,100 people and got more than 4,100 views.

During the phone bank, we tracked basic information about each call: the caller's city and state, country of origin, language and concern(s). The calls we answered illustrated a high level of

confusion and panic over the proposed changes. About 40% of the calls were from legal permanent residents worried that receipt of public benefits would affect their eligibility to naturalize, travel outside the United States, or renew their green cards. Some were also worried that the proposed changes would render them ineligible for Section 8 housing, Medicaid and food stamps. Approximately 14 % of the calls were from United States citizens concerned about the effect receipt of public benefits would have on their ability to successfully petition for their family members and wondering if they should disenroll. Another 10% of the calls were from people with pending green card applications, pending or approved provisional waivers, or intending to apply for green cards, worried because their family members had received benefits. And another 6% of the calls were from asylees and asylum applicants, U visa holders and applicants, and people with TPS receiving Medicaid and/or food stamps for themselves or their children. About 6% of the calls were about benefits that would not factor in the “public charge” determination under the proposed changes, including WIC, emergency Medicaid, health insurance under the Affordable Care Act, and unemployment benefits. Approximately 13% of the callers reported receiving Medicaid, 10% food stamps, and 5% subsidized housing.

In October, the Hotline answered 337 other calls about public charge in addition to the 837 calls received during the phone bank, for a total of 1,174 calls. By comparison, the Hotline only answered 34 calls about public charge in September and 16 in August. Most of these calls came in between October 2nd and October 12th. Similar to the phone bank, close to 40% of the calls were from legal permanent residents worried about losing benefits, or not being able to naturalize or renew their green cards because of past or current receipt of benefits. Another 23% of calls concerned receipt of public benefits by United States citizens, including children, how that would affect family members applying for green cards or visas, and whether a ‘safer’ option would be to disenroll. About 17% of the callers were undocumented, some with pending green card applications. Approximately 38% of the callers reported receiving Medicaid, 33% food stamps, 17% subsidized housing, and 8% SSI. Approximately 17% of the calls concerned WIC or other benefits that would not be included in the public charge determination under the proposed rule. Two of the calls were from United States citizens afraid they could be denaturalized for taking public benefits.

The Hotline gave callers basic information about the proposed public charge changes – including that the proposal was not yet in effect, and that it would not affect a legal permanent resident’s eligibility to naturalize – and provided referrals to non-profits that could offer individualized advice.

V. THE HOTLINE WILL CONTINUE TO ASSIST

CCCS will continue to work with our partners to direct questions about “public charge” to the Hotline, where our operators can provide basic information about who could be affected by the proposed regulations, what benefits would count towards a “public charge” determination, and where to get more information either at a live presentation or through one-on-one legal consultations. Hotline phone banks, broadcast on local television stations, are a streamlined and efficient way to make information and referrals available to the community. As the public charge phone bank demonstrated, the relationships and protocols the Hotline developed over the years can be quickly activated to facilitate similar events.

We urge city agencies to continue to promote the Hotline's toll-free number as the number to call with questions about public charge. In addition, CCCS will continue to promote the Hotline at community events and through affiliated agencies and parishes. As the direct services arm of the Catholic Charities of the Archdiocese of New York, CCCS is part of a unique network of over 90 affiliated and sponsored social service agencies in New York City and the seven counties of the Lower Hudson Valley. Through this network of agencies as well as through hundreds of Roman Catholic parishes, CCCS has unparalleled access to many immigrant communities and can reach out to respond to community concerns.

We thank the New York City Council and the Mayor's Office of Immigrant Affairs for their leadership and support of immigrant communities in these turbulent times.

Testimony of the CUNY Urban Food Policy Institute before
The Committee on Immigration, jointly with the Committee on General Welfare and the Committee
on Health

The Impact of the Proposed “Public Charge” Rule on NYC, November 15, 2018

Good afternoon. I am Nicholas Freudenberg, Distinguished Professor of Public Health at the City University of New York Graduate School of Public Health and Health Policy and the Director of the CUNY Urban Food Policy Institute. Our Institute provides evidence, policy analysis and advocacy and assistance to other organizations to help solve urban food problems. I am honored to testify today at this oversight hearing convened by the Committees on Health, Immigration, and General Welfare to assess the impact of the proposed change in rules regarding the “public charge” determination for non-citizens.

While the proposed change in rules has the potential to produce a variety of negative health, social and economic consequences, my testimony will focus on its potential impact on food security for immigrant families and communities in New York City.

And while this hearing is focused on the proposed change in the public charge rule, it is important to note that the White House and Congressional Republicans have enacted or proposed other changes that could worsen food insecurity here in New York City. These include proposed cuts in SNAP funding, new work requirements for SNAP beneficiaries, more aggressive enforcement of immigration rules, and a concerted campaign to raise the level of fear among immigrants. Because each of these changes has the potential to exacerbate the negative impact of the others, in my testimony today, I will discuss the cumulative consequences of this cascade of proposed changes rather than only those of the public charge rule.

Why is food security important to New York City? A robust body of public health evidence demonstrates the negative consequences of food insecurity and hunger on children, families and communities. Compared to food secure individuals, those experiencing food insecurity are at higher risk of behavioral and cognitive problems, coronary heart diseases, diabetes, hypertension, depression, physical inactivity and poor health status. Food insecurity is also associated with overweight and obesity since those with inadequate resources for food are more likely to choose less expensive calorie dense but nutrient poor foods. Food insecure learners of all ages, from preschool to college, are less likely to achieve academic success than their food-secure peers. The health and social consequences of these food-insecurity related conditions impose human, economic and social costs on our city and our society. Food insecurity is also a moral problem. It is one of the most dire and traumatic consequences of poverty and a daily reminder of inequality.

A study the CUNY Urban Food Policy Institute published last June, *Expanding Immigrant Access to Food Benefits in New York City: Defining Roles for City and State Government*, based

on a survey of frontline staff and interviews with leaders of food security and immigrant serving organizations in New York City, found widespread belief that the many policy changes on immigration and food benefits were leading immigrants to disenroll or avoid participation in food benefit programs for which they were eligible. These changes led some immigrant families to stop coming to food pantries or SNAP (and even WIC, which is not part of the proposed changes) enrollment centers for fear of encountering immigration agents. Even before the proposed public charge rule was officially announced, many immigrants were deciding to forego food benefits. Since about one million New York City immigrants live in so called mixed-status households, where some family members are citizens and others are not, these fears extend to US citizens.

In the last century, the United States has created several public programs that helped the country move from being a nation where hunger and food insecurity were seen as inevitable consequences of poverty, even justified punishment for lack of hard work, to one where preventing hunger was a worthy and attainable goal. In the last three years, New York City has made progress in reducing the number of food insecure individuals, due in part to municipal and state policy changes and in part to the strong economy of the last three years. But with the proposed changes in public charge rules and other cuts to immigrant food benefits, New York City now risks seeing a rise in food insecurity. Considering that foreign-born New Yorkers now contribute more than twenty percent of the city's total GDP, increase in food insecurity among this population will also have adverse consequences for the city's economy and prosperity.

As a longtime New York City resident, I remember well the early 1980s when President Reagan ended federal support for creating new affordable housing. Prior to that time, homelessness was a modest problem affecting mostly older men with drug and alcohol problems. Afterwards, homelessness spread to women and children, families, young people and the numbers continued to grow. In some ways, the decision to end federal support for affordable housing was a fundamental cause of four decades of an affordable housing crisis. This crisis contributed to the city's epidemics of tuberculosis and crack cocaine and it made it more difficult to control the spread of HIV. The long shadows of federal policy decisions and the inability of the city and state to devise solutions at a scale needed to reverse the problem has cost the city billions of dollars, buckets of tears, and untold pain and suffering.

In my opinion, New York City now faces a comparable crisis. An increase of food insecurity and hunger, whether due to changes in food or immigration policy, loss of federal funding for other safety net programs, or further increases in income inequality, could precipitate a surge of health and social problems. To reduce this risk, New York City and State legislators can embrace what we in public health call the "precautionary principle", the belief that it is better to act with compelling albeit uncertain evidence than to wait for the bodies to pile up. City and state legislators can develop local and state responses to reduce food insecurity and its federal policy-induced rise now—or they can wait until we see the health, educational and social consequences of rising food insecurity and leave it to our children and grandchildren to pay the costs.

In the coming weeks, our Institute, in consultation with several food security and immigrant serving organizations, will propose a set of policy and funding recommendations that will enable an immediate response to the threat of growing food insecurity. Possible policy options include:

1. Add incentives or discounts for healthy foods to IDNYC, the New York City municipal identification card
2. Increase the number of trusted community sites (e.g., churches, schools, community agencies) where immigrant and others food insecure families can pick up food
3. Expand support for emergency food programs to use mobile technology to schedule visits or deliver food to users' homes to allay immigrants' fears about frequenting public places
4. Strengthen the infrastructure for distributing and storing healthy food in programs that serve food to vulnerable populations
5. Enable community organizations to expand education and outreach to ensure that all New Yorkers know about the food programs for which they are eligible, including School Food, WIC and other food programs not restricted by immigration status
6. Launch educational campaigns against stigmatization of the food insecure or immigrants
7. Support providers serving immigrant populations to supplement federally-supported benefits for non-citizen family members (e.g., Summer meals to the parents and older and younger siblings of school children eligible for this federal program).

As the city's immigrant population becomes more vulnerable and afraid of using public benefits, city and state officials can strengthen and enforce vigorously other policies that support their economic well-being — from enforcement of wage laws to access to affordable housing — that will also enable immigrants to feed their households.

Ultimately, New York City government – and the civil society groups, health professionals and researchers in this room today – face an important choice. We can together acknowledge that NYC faces a potential food security crisis and commit to making the funding, policy and programmatic practice decisions that will avert that crisis. Or we can decide that the evidence of a crisis is not yet strong enough, delay action, hope for solutions from Washington or Albany – and risk contributing to a decade of growing food insecurity and hunger in New York City. I urge you to make the right choice and we commit the resources of our Institute to help make the informed decisions that will avert that outcome.

Nicholas Freudenberg is Distinguished Professor of Public Health and Director of the CUNY Urban Food Policy Institute. He can be reached at Nick.Freudenberg@sph.cuny.edu.

FOR THE RECORD



**Testimony of Kelly Sabatino, MSc
Manager of Public Policy
Community Healthcare Network**

Hearing before the New York City Council Committees on Health, Immigration, & General Welfare

RE: Oversight – The Impact of the Proposed “Public Charge” Rule on NYC

New York City Council Chambers

Thursday, November 15, 2018

Community Healthcare Network (CHN) is pleased to provide testimony in response to “Oversight – The Impact of the Proposed ‘Public Charge’ Rule on NYC.”

CHN is a not-for-profit network of 12 federally-qualified health centers (FQHC), two school-based health centers, and a fleet of medical mobile vans. We offer high-quality, affordable primary care to 85,000 New Yorkers annually in underserved communities throughout Brooklyn, Queens, Manhattan, and the Bronx. As a certified Patient-Centered Medical Home, we offer patients a specialized care team, including primary care physicians, nurse practitioners, nurses, nutritionists, dentists, gynecologists, psychiatrists, mental health therapists, social workers, podiatrists, and health educators.

CHN’s origins trace back to the late 1960s when a number of community-based clinics opened throughout New York City. Since that time, CHN has served as a leader in comprehensive and unbiased healthcare for underserved communities. In 1992, CHN received national attention for providing critical HIV services to Haitian refugees being held at Guantanamo Bay. To this day, CHN continues to seek out ways to serve immigrant populations – from delivering high-quality care to connecting patients to legal and social services.

As an FQHC with decades of experience serving immigrant communities, we are deeply concerned that the policies and practices stated in the proposed ‘public charge’ rule will have dire consequences for immigrant communities. There is strong evidence that the policy will make – and has already made – immigrants afraid to utilize programs supporting their basic needs, including essential healthcare, nutritious food, and secure housing. People are afraid.

As a healthcare provider, we are concerned that the rule creates a strong incentive for immigrants to avoid clinical services until their conditions become serious. Not only will this pattern exacerbate health system costs via greater hospital and emergency room use, but it will increase the risk of spreading communicable diseases such as HIV. Many public health crises in New York City – including unintended teen pregnancy, maternal mortality, and opioid abuse – would intensify under this rule. The inclusion of SNAP and housing subsidies in the list of benefits rendering someone a public charge also means that many immigrants would avoid critical services related to social determinants of health.

While the Notice of Proposed Rulemaking directly acknowledges the harms posed by expanding the public charge definition (e.g. “increased use of emergency rooms and emergency care as a method of primary care,” “increased prevalence of obesity and malnutrition”), it does not meaningfully assess the magnitude of - nor identify a solution for - these issues.

Since publication of the first leaked draft, health and welfare programs have already seen a drop in enrollment throughout the country. This chilling effect extends to programs that are no longer included in the current draft and among immigrants who are not directly targeted by the proposed rule change. While CHN has sought to educate and counsel its patients on this issue, staff continue to encounter patients contemplating disenrollment from critical welfare programs. These conversations are not unique to CHN. In a recent survey conducted by the Community Health Center Association of New York State

(CHCANYS), FQHCs throughout the state reported instances of parents refusing to enroll citizen children in welfare programs for fear of public charge designation, despite exclusion of this provision in the current draft.

In addition to harsh and dangerous consequences for New York's immigrant communities, the proposed rule also aims a financial dagger at safety net health care providers, including CHN and the City's Health & Hospitals. CHN is committed to turning no patient away, whether insured or not. We work with many of our uninsured patients to enroll them in insurance, enhancing our patients' overall access to care and allowing CHN to draw insurance revenue for the care delivered. Many patients in dire need of health care will be frightened to apply for the insurance, such as Medicaid and CHIP (Children's Health Insurance Program), to which they are entitled under the proposed rule.

The implications of the proposed rule are far-reaching and devastating. By forcing immigrants to choose between basic welfare programs and a path to citizenship, the federal government has signaled a willingness to forget our nation's roots and endanger millions of lives.

Community Healthcare Network vehemently opposes changes to the public charge rule and joins the City Council and other community-based organizations in calling upon federal lawmakers to withdraw the regulation. We thank the Council Committees on Health, Immigration, and General Welfare for this opportunity to testify.

FOR THE RECORD



LENOX HILL NEIGHBORHOOD HOUSE
SINCE 1894

Testimony of Lenox Hill Neighborhood House

**Before the New York City Council
Committee on Immigration, Committee on General Welfare & Committee on Health**

Oversight: The Impact of the Proposed "Public Charge" Rule on NYC

**Submitted by Alexandra Brandes, Esq., MPH, Supervising Attorney
November 14, 2018**

Thank you Council Member Stephen Levin for the opportunity to testify at this City Council Committee on the Impact of the Proposed "Public Charge" Rule on New York City. My name is Alexandra Brandes and I am the Supervising Attorney of the Health Care Access Project in the Legal Advocacy Department at Lenox Hill Neighborhood House. As advocates on the front-line of public benefit applications, adjustments and renewals, we applaud the City Council's decision to hold these hearings and to examine their impact on the immigrant community. These public benefits program are a lifeline for immigrants throughout New York City and we look forward to working collaboratively to support them.

I. Lenox Hill Neighborhood House

Lenox Hill Neighborhood House ("the Neighborhood House") is a 124-year-old settlement house widely recognized as one of New York's premier human services providers. Founded in 1894 as a

kindergarten for immigrant children, the Neighborhood House now serves 15,000 individuals in need each year through a wide array of effective and integrated services—social, educational, legal, housing, health, mental health, nutritional and fitness. The Neighborhood House's clients range in age from 3 to 103, represent the full diversity of our city and "live, work, go to school or access services" on the East Side from 14th Street to 143rd Street. They include indigent families and the working-poor who live in the East Side's housing projects and tenements or who travel to the Upper East Side to work in low-wage jobs such as cashiers, housekeepers, nannies and laborers; 10,000 seniors; and hundreds of homeless and formerly homeless adults living with mental illness. More than 25% of our clients are non-citizens.

II. Public Benefits are Critically Important for Immigrants' Economic and Health Stability

The Legal Advocacy Department at the Neighborhood House provides comprehensive civil legal services to low-income individuals and families in Manhattan. Our attorneys, advocates, and volunteers assist thousands of immigrant New Yorkers with applications, adjustments, renewals and appeals related to public benefits each year. We enable hundreds of immigrants every year to access and maximize SNAP benefits, helping them maintain access to adequate nutrition. We help hundreds of immigrants receive necessary medical care through insurance enrollment in Medicare, Medicaid, Essential Plan, and/or Qualified Health Plan; assist with applications to reduce out-of-pocket medical costs (the Medicare Savings Program, the Elderly Prescription Insurance Coverage (EPIC), etc.); arrange Pooled Income Supplemental Needs Trusts to receive home health care services that allow people to live independently in the community; and receive disability benefits to which they are entitled such as Supplemental Security Income, Social Security Disability Insurance, and the New York State Supplemental Program. In addition to representing hundreds of immigrant tenants facing eviction in

housing court, our Housing Attorneys help hundreds of immigrants receive and maintain benefits, such as the Senior Citizens Rent Increase Exemption (SCRIE), the Disability Rent Increase Exemption (DRIE), or Section 8 that allow them to remain in their homes. Furthermore, we provide educational workshops about these programs and other legal issues to immigrant community members and service providers throughout New York City. We have seen first-hand how these important benefits stabilize families, improve lives and lift up communities.

III. Opposition of Public Charge

We oppose the federal proposal to expand the definition of public charge. We believe that immigrants who cannot access benefits such as Medicaid, SNAP, and Section 8 will experience adverse health outcomes, increased food insecurity, and higher rates of homelessness. In consequence, their rates of poverty will also increase. Further, the public health of the community will be at-risk due to even higher rates of pre-term births among immigrant women from stress, a rise in unvaccinated children from fear, an increase in people living with HIV not accessing their anti-retroviral medication from loss of insurance, decreased medication adherence among seniors due to increased cost, and the negative health impacts of substandard housing and lack of nutritious food. We believe this proposal would have a devastating negative effect on immigrant communities and New York City as a whole, and already has shown to have a chilling effect on immigrants' accessing benefits to which they are entitled.

IV. Oversight: Strategies for Mitigating the Negative Impacts of Public Charge

With regard to strategies for mitigating the harm to immigrants and the community, I would like to highlight several areas where legislative intervention would be beneficial:

1) Promote Dissemination of Accurate Information

a. Reduce Benefit Termination/Lapses

- i. Many immigrants will terminate or intentionally fail to renew their benefits if they are afraid of the negative consequences of being deemed a “public charge.” To ensure that immigrants have accurate information about how public charge may impact their household, the Human Resources Administration and other agencies that provide public benefits in New York City should be required to include information about public charge in renewal and termination notices. This information should include which immigrants are subject to public charge and which are exempt, what benefits are included, and referrals for immigration attorneys for free advice and counselling.
- ii. Additionally, immigrants who fail to timely renew out of fear or misinformation for public benefits should be given a good cause opportunity to retroactively reinstate their benefits.

b. Promote Access to Immigration Attorneys

- i. In addition to providing referrals in the notices, as mentioned above, free access to immigration organizations and immigration attorneys should be expanded to prevent immigrants from making decisions based on inaccurate information or being charged money for services they could receive at no charge.

c. Educate the Community

- i. It is important that immigrants know which benefits are not included in the public charge proposal. Specifically, immigrants who utilize or may qualify

for benefits such as WIC and Early Childhood Centers should be encouraged to engage with these resources if they remain outside of the public charge rule.

2) Provide Alternative Access to Vital Services

- a. Immigrants who are impacted by public charge should be educated about other means of accessing necessary medical care through HHCs, FQHCs, hospital patient financial assistance, and EPIC.
- b. Similarly, immigrants should be given information about alternative access to nutritious food for their household through meals on wheels, food pantries, soup kitchens, etc.
- c. Additionally, housing programs and subsidies provided by the city should be significantly increased to provide access to shelter for immigrants who will lose their homes.

Conclusion

We oppose proposed public charge based on our extensive experience working with immigrants since our founding. We appreciate the Council's investigation of these pressing matters and are hopeful that with action by the Council, the concerns which we have described can be addressed.



**BROOKLYN
DEFENDER
SERVICES**

TESTIMONY OF:

Nyasa Hickey – Immigration Practice

BROOKLYN DEFENDER SERVICES

**Presented before
The New York City Council
Committee on Immigration
Committee on Health and
Committee on General Welfare**

Oversight Hearing: The Impact of the Proposed “Public Charge” Rule on NYC

November 15, 2018

My name is Nyasa Hickey and I am Immigration Counsel at Brooklyn Defender Services (BDS). Our organization provides multi-disciplinary and client-centered criminal defense, family defense, immigration, civil legal services, social work support and advocacy in nearly 35,000 cases involving indigent Brooklyn residents every year. Since 2009, BDS has counseled, advised or represented more than 10,000 immigrant clients. We are a Board of Immigration Appeals-recognized legal service provider. I thank the New York City Council Committees on Immigration, Health and General Welfare for the opportunity to testify about the impact of the proposed “public charge” rule on New York City residents.

The Proposed Rule Change

As the Council already knows, this proposed rule significantly changes who will be eligible to obtain Lawful Permanent Resident (LPR, aka “green card”) status in the future. The proposed rule directly discriminates against and excludes middle-income, low-income and poor immigrant families from being able to seek long-term stable status in the United States as a lawful permanent resident. Perhaps most importantly, the rule change sends the message that low-

income immigrants are not valuable community members and are not welcome in the United States.¹

The proposed “public charge” rule change, if it goes into effect, will have tremendous negative effect on immigrant communities. We are already seeing the chilling effect of the proposal, as many of our clients are already too scared to apply for benefits that they are legally entitled to, even after we advise them that the rule change will not affect them. This unnecessarily and harmfully puts the health and safety of our immigrant communities.

We believe that the rule change will have the following impact on New Yorkers:

- Prevents immigrant families from accessing benefits they are entitled to and that their tax dollars help to support;
- Prevents people from accessing services that support their health, food, and secure housing situations—when people do not access these necessary services, it not only harms the individual but their family members as well;
- Will create a catch-22 for many immigrants. They will have to make the choice between seeking essential public support services needed now to stabilize their health, nutritional or housing situation now, or maintaining their ability to receive a green card, permanent lawful status, and securing their family unity in the future; and
- Will result in more difficulty for low-income people to immigrate, reunite or remain with their families.

Indeed, we have already seen how the mere proposal of this rule has already made immigrant families afraid to seek out programs and benefits that support their basic needs. We have been inundated with questions from our clients, many or most of whom would not be affected by the proposed rule, but who are terrified nonetheless. Some are refusing to apply for certain benefits even after we advise them that the rule change will not affect them. Furthermore, many of our clients are being told by other people, agencies, unscrupulous lawyers, and the media, that they are ineligible to apply for certain benefits or should withdraw from any benefits immediately or face deportation. This is inaccurate and unnecessarily spreads fear and concern in immigrant communities.

Our clients’ fear is compounded by the misinformation about benefits eligibility that they receive when they seek to enroll in benefits. Our clients have been informed by City benefits navigators and court-mandated program administrators that they are ineligible for benefits as an immigrant. This is factually incorrect and often requires advocacy by BDS attorneys and social workers to write letters, make phone calls, and personally attend benefits enrollment appointments to correct the misinformation and enable our clients to enroll in public benefits and programs they are entitled to receive. In other instances, when enrolling in public benefits, our clients have been questioned by City employees to disclose the details of their immigration status and the basis for their work authorization, even while presenting a valid Employment Authorization Document

¹ This is a helpful FAQ guide: <https://www.momsrising.org/blog/what-you-need-to-know-on-the-public-charge-rule-immigrant-families>

issued by United States Citizenship and Immigration Services (USCIS). This interrogation into the legalities of immigration status, the basis of their work authorization, and the status of someone's social security number is unnecessary and creates more fear and distrust within immigrant communities, especially under the current national anti-immigrant political climate.

Through the proposed rule, the Federal Administration also seeks to broaden the scope of the public charge bar to include an analysis of negative factors. Such factors include a large family size, limited English proficiency, age, medical conditions that impact ability to work or go to school, physical and mental health conditions, and credit scores. BDS represents thousands of non-citizen New Yorkers every year. Most of them live in mixed-status households, meaning that U.S. citizens, LPRs, visa holders and people without documents are living together, working together, and supporting one another. Many of them will be affected if the proposed rule goes into effect.

Here are some categories of people who will be negatively affected by the proposed rule:

- A person who is applying for a green card now or anytime in the future will have to make the choice between seeking immediate and necessary public benefits to support herself and her family against her future ability to get a green card, which would give her work authorization and long-term stable status to remain with her family in the United States. The list of benefits under the proposed rule change is expanded to include Medicaid, housing, SNAP, Medicare Part D, and assistance programs.
- A person who is applying for a green card may be determined ineligible as a public charge because he or she is determined to be “likely to use certain public benefits in the future” because they have a combination of the following factors:
 - a. Earn less than 125% of the federal poverty level;
 - b. Are a child or a senior;
 - c. Have certain health conditions that require extensive treatment or affect the applicant's ability to work, attend school, care for themselves;
 - d. Have limited English ability;
 - e. Have less than a high school education;
 - f. Have a poor credit history; or
 - g. Have obtained a fee waiver in applying for an immigration benefit, such as a fee waiver for employment authorization for Temporary Protected Status.
- Immigrant families who are afraid to access public benefits for themselves or their children because of the stigma associated with public benefits and immigrants. Individuals and families have already been deterred from applying for public benefits and withdrawn from benefits because of fear and misinformation about the proposed public charge rule, even if they will not be subject to a public charge test.
- Green card holders who receive public benefits or have significant health issues, are seniors, children, or unemployed, would not be able to travel abroad for more than six months because they risk being deemed a public charge upon their return to the U.S. For example, someone with a family emergency in their home country would have to

consider very carefully about leaving the US for more than six months because they would be subject to the public charge assessment upon reentry.

The public charge rule harms immigrant families because it requires an analysis of a whole host of factors that are outside an individual person's control in determining whether or not a person may remain in the U.S. The rule clearly seeks to exclude poor people, people with limited English comprehension, children and the elderly from permanent resident. It officially categorizes any person who potentially fits within these categories as undesirable. The rule change is unfair and unjust and anathema to the American dream. But there is much the City can do to combat this xenophobic policy change.

Recommendations

1. *We call on the City Council to pass Resolutions 608-2018 and 609-2018 and submit a comment to the Federal Register on behalf of the City in opposition to the proposed rule change.*

We also urge you to encourage all New Yorkers to submit individual comments to the Federal Register on this important issue.

2. *Continue funding and supporting organizations like BDS that provide direct legal services and advice to immigrant New Yorkers.*

Brooklyn Defender Services attorneys and social workers are on the front lines serving immigrant New Yorkers. However, under the current Administration's enforcement regime, characterized by constantly changing policies, each immigrant client's intake, legal analysis, and risk advisal has become more challenging and nuanced than ever before. In addition, applications that were previously considered to be simple applications, such as Employment Authorization Documents, or applications without complicating factors, no longer exist. Under new Executive Orders and directives issued at the federal level, each application is complex and requires an enormous amount of BDS' resources. Applications are subject to increasing delay times, often require follow up in the forms of a Request for Evidence, and, if denied, put our clients at risk under the new referral Notice to Appear referral to immigration court policy.

Continued and increased funding for immigration legal services is one of the most important tools that the City Council has to ensure that immigrant New Yorkers can remain in their homes with their families.

3. *Improve training for city benefits navigators and other city staff who interact with and advise immigrant New Yorkers*

Some of our clients who are seeking to enroll in benefits have mistakenly been told by navigators that they do not qualify for benefits because they are non-citizens. Other BDS clients have been interrogated by navigators about their immigration status and the basis for their employment authorization. In many of these cases, the navigators are simply uninformed about all of the

complexities in immigration law. We then have to use attorney and social worker resources to advocate with the benefits navigators to ensure that our clients are allowed to apply for the benefits to which they are entitled. We would be happy to work with the City to improve training for navigators and other City staff who interface with immigrant New Yorkers about the public charge and related issues.

Thank you for your time and consideration of this important issue. If you have any questions, please feel free to reach out to Daniel Ball, Communications & Development Coordinator, 718-254-0700 ext. 579 or dball@bds.org.



MAKING THE CASE FOR HUMANITY

TESTIMONY BEFORE THE NEW YORK CITY
COUNCIL COMMITTEE ON IMMIGRATION,
COMMITTEE ON GENERAL WELFARE AND
COMMITTEE ON HEALTH OVERSIGHT
HEARING: THE IMPACT OF THE
PROPOSED “PUBLIC CHARGE” RULE ON NYC

November 15, 2018

Thank you to Speaker Johnson and Chairpersons Menchaca, Levin and Levine for your leadership in working to preserve and enhance New York City's extraordinary reputation as a beacon to immigrants from across the globe and a place committed to protecting all of its residents from the worst ravages of poverty, including homelessness, lack of health care and hunger. The final proposed rule the U.S. Department of Homeland Security (DHS) released on October 10, 2018 on public charge ("Proposed Rule") is a serious threat to low-income, immigrant New Yorkers in particular, and The Legal Aid Society welcomes this opportunity to present to the City Council on our comprehensive work on this issue and make recommendations on what the City can continue to do to continue to fight back.

I. Background - The Legal Aid Society and Defending Immigrants and Preserving and Expanding Access to Benefits

The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City — passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. The Society's unique value is in its ability to go beyond any one case to create more equitable outcomes for individuals, and broader, more powerful systemic changes for society as a whole.

Through three major practice areas—Civil, Criminal, and Juvenile Rights—the Society's more than 2,000 attorneys, paralegal case handlers, support staff and volunteers coordinated by our *Pro Bono* program handles approximately 300,000 cases a year in city, state, and federal courts through a network of borough, neighborhood, and courthouse-based offices in 26 locations in New York City. We provide comprehensive legal services to fulfill our mission that no New Yorker should be denied access to justice because of poverty.

Our commitment to serving immigrants began in 1876, when The Legal Aid Society was founded to defend the individual rights of German immigrants who could not afford to hire a lawyer. Though Legal Aid has broadened its practice, we have remained committed to our original mission: helping low-income immigrant communities. Our Civil Practice represents low-income individuals and families facing a range of civil legal issues, including those affecting immigration, housing and homelessness, health care, government benefits and disability benefits,

family law and domestic violence, aging, HIV/AIDS, tax and consumer, education, and employment. Over the last fiscal year, the Civil Practice worked on approximately 52,500 individual cases and legal matters, benefitting almost 135,000 low-income children and adults. At the same time, the Society's law reform representation benefits millions of low-income families and individuals in New York City, and the landmark rulings in many of these cases have a statewide and national impact.

Most recently, our Immigration Law (ILU), Health Law (HLU) and Law Reform Units (LRU) have joined together in various ways to both defend immigrants from punitive changes to federal policy and preserve the progress we have made over the past 20 years at the state and local levels to expand and maintain access to crucial government benefits that are needed to maintain health and support immigrant families as they seek a foothold in the New York economy. On the immigrant defense side, this work has taken various forms, including but not limited to filing emergency habeas petitions in federal district court to free our clients from ICE detention and allow them to return home to their families and jobs; filing a federal court class action against the US Department of Homeland Security (DHS) for its wrongful denials of Special Immigrant Juvenile Status to young people aged 18 to 21; filing amicus briefs in several matters; and advocating for separated children and families, including obtaining a Temporary Restraining Order (TRO) preventing the government from moving our minor clients out of Office of Refugee Resettlement (ORR) custody without 48 hours' notice and allowing legal consultation with the child/family to enable informed decisions about their legal rights and potential claims. Following the case's transfer to be litigated in the context of a class action brought by the ACLU, we continue to represent and advocate on behalf of approximately 100 New York children in federal district court in San Diego.

When it comes to the Proposed Rule, ILU has been working closely with HLU and LRU to coordinate a response since the first indication, back in January 2017, that the rules would change. We have put into place systems to advise not only those clients referred to us by Action NYC but from other sources through the use of our 5-days a week Immigration Helpline (1-844-955-3425); participated in administrative and legislative advocacy at the City, State and federal level, independently, and with our partners both locally and nationally, as part of the Protecting Immigrant Families campaign; developed a screening tool for use among community service and legal service providers that will help distinguish between those clients who need referral to a lawyer and those who should be able to have their issues addressed by counseling; and examined legal claims that could be used to stop this policy in court should it become final. For more information and updates on Legal Aid's work to fight public charge, including our 6-page practice advisory, visit our website at <https://www.legalaidnyc.org/public-charge>.

Fighting the public charge rule is essential to not only protecting our clients and preserving their immigration options, but also to maintain the progress we have made in securing access for immigrants to basic subsistence benefits, including:

- Using litigation to preserve access to Medicaid for non-citizens in the wake of welfare reform through the *Aliessa* class action;¹
- Advising and advocating with the State on the roll-out of the Affordable Care Act, with particular attention to the impact on non-citizens;
- Monitoring the State and City's compliance with the landmark consent decree on immigrant access to benefits obtained in the *MKB v. Eggleston*² class action;
- Securing continued access to health care for pregnant women who are undocumented, through the *Lewis* litigation and related advocacy.

We cannot afford to let the Trump administration punish our clients and erode this hard-won progress.

II. “Public Charge” and restrictions on immigrants access to benefits

Among the many hostile actions the federal administration has engaged in since taking office, the Proposed Rule will have a devastating impact on immigrant families and is already scaring our eligible clients from accessing benefits.

A. Background on Public Charge

United States immigration law has long been concerned with ensuring that non-citizens seeking to obtain Lawful Permanent Residence (also known as LPR or "green card" status) have the means to support themselves. Under current law, persons seeking to get LPR status can generally meet this burden by having in place a sponsor who ensures that they will not fall into destitution. Persons who lack such support can be denied the ability to adjust based on the risk that they will become a "public charge," which means generally someone who is dependent on the government for subsistence. *See* 8 U.S.C. § 1182(a)(4). Historically, public charge has only been applied to prevent a very small percentage of non-citizens from adjusting, and use of noncash, "in-kind" government benefits and services such as Medicaid, SNAP and federal housing assistance have never triggered public charge concerns.

The Proposed Rule introduced on October 10, 2018 would dramatically change the applicable rules by:

- expanding who is subject to public charge from people seeking admission and adjustment to those seeking to renew and extend non-immigrant visas;

¹ *See Aliessa v. Novello*, 96 N.Y.2d 418 (2001) (expanding access to Medicaid for non-citizens considered PRUCOL who would otherwise have lost access to health care under welfare reform).

² *See M.K.B. v. Eggleston*, 05 Civ. 10446 (challenging the City and State's erroneous denial and discontinuance of Medicaid, Cash Assistance and SNAP to eligible immigrants).

- expanding the benefits that are considered in a public charge analysis to include in-kind benefits, including Medicaid, SNAP, Medicare Part D low-income subsidies and federal housing assistance;
- radically changing the public charge applicability from the current, relatively high threshold of immigrants who are "primarily dependent" on qualifying benefits, to a very low threshold keyed to 15 percent of the already inadequate Federal Poverty Level for a household of one (currently \$1,851) and/or the duration of non-monetary receipt of benefits to a year or less depending on what other benefits the client receives;
- radically changing the applicability of the enumerated statutory factors meant to be considered as part of the totality of the circumstances to bright-line tests that punish people with disabilities, those who are children and/or elderly, and those who have limited English proficiency, while diminishing the importance of having a financially sound sponsor.

At this time, the rules governing public charge have not changed apart from those non-citizens undergoing consular processing abroad. Although we do not know what the final rule will look like, we know that absent a change in the governing statutes, the rule will primarily affect family-based petitioners, and that certain, primarily humanitarian classifications, such as asylees, SIJ beneficiaries, VAWA self-petitioners, and certain victims of violent crimes will remain exempt.

B. Fear in the Immigrant Community

Even before the Proposed Rule was introduced, our clients, including those who are exempt from public charge consideration, have been fearful of accessing benefits that they are eligible for and in some cases that they need desperately to address health concerns, food shortages and housing emergencies.³ We are not alone. Immigrant communities around New York and around the country are reporting the same.⁴ Analysis of the American Community Survey data by Manatt has found that there are 892,093 non-citizens living in New York with incomes under 250 percent of the poverty level, representing households consisting of 1,569,167 people.⁵ Nationwide, they find that there are 13.9 million noncitizens below 250 percent of the

³ See "How Trump's Plan for Immigrants on Welfare Could Hurt a Million New Yorkers," The New York Times, Aug. 13, 2018 (featuring a client of The Legal Aid Society with TPS who fears accessing Medicaid because of the impact on her ability to adjust to LPR status), available at: www.nytimes.com/2018/08/13/nyregion/welfare-immigrants-trump-public-charge-rule.html.

⁴ See, e.g., "City Immigrants Fear Being a Public Charge," WNYC, Nov. 1, 2018, available at: www.wnyc.org/story/city-immigrants-fear-being-public-charge/; "Immigrant families appear to be dropping out of Food Stamps," Politico.com, Nov. 14, 2018 (reporting on study by Children's HealthWatch, looking at mothers with children under the age of 4 in Boston, Baltimore, Philadelphia, Minneapolis and Little Rock, Arkansas), available at: www.politico.com/story/2018/11/14/immigrant-families-dropping-out-of-food-stamps-966256.

⁵ Manatt, Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard, October 11, 2018, available at: <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population#DataDashboard>.

FPL and a total of 25.9 million noncitizens and their family members in this income range.⁶ While not everyone in this income range is subject to public charge, this is the population that is most susceptible to the chilling effect. Even if a small percentage of non-citizens in this income range decided to forego benefits, there would be huge ramifications for the individual families, public health and the economy. At Legal Aid, we have been fielding panicked calls from clients regarding whether they should apply for benefits, or even discontinue benefits for which they or their children are eligible.

C. Recommendations for New York City

The City of New York, through the leadership of the Council and the Mayor's Office of Immigrant Affairs (MOIA), has made extensive efforts to get the message out among New Yorkers affected by the Proposed Rule including where to go for more information and legal assistance, but there is more that can and should be done.

Specifically, we have the following recommendations each of which is expanded upon below: (1) that the Council adopt the proposed resolution (the "Resolution") to oppose the proposed rule and to otherwise push the City to engage in federal advocacy that presses the needs of low-income, immigrant New Yorkers; (2) that the Council continue to provide oversight on the impact of the Proposed Rule, analyze the landscape of legal services available to New Yorkers affected, and propose solutions to address any gaps in services identified; (3) that the Council push the City to coordinate with the State on planning alternative means of support for families who are compelled to forego assistance, so that they can pursue their dreams for life in the U.S.; and (4) that the City continue to work with community partners.

Recommendation 1 - Adopt the Resolution and Engage in Federal Advocacy

First, we encourage the full Council to adopt the Resolution sponsored by the Speaker and Council leaders, opposing the Proposed Rule. Beyond the Resolution, we encourage the Council to continue to play a leadership role in pushing the City to engage in federal advocacy in opposition to the Proposed Rule. Not only can the Speaker provide comments on the rule before the December 10, 2018 deadline, as resolved in Resolution 608, but the Council could encourage the City to ask for a follow-up meeting with the U.S. Office of Management of Budget (OMB) pursuant to federal Executive Order (EO) 12866, 58 FR 51735 (Oct. 4, 1993). In particular, now that DHS has published its proposed new Form I-944, which would be required of all intending immigrants who are subject to public charge and are seeking adjustment and potentially many others, the City has grounds to complain about the extraordinary level of detail the new form requires clients to collect from City agencies that administer benefits, and the extra time it will take legal service providers funded by the City to expend on completing the form. We encourage the Council to engage in its own advocacy efforts and to continue to work in tandem with other cities, municipalities and non-governmental entities to work the full range of advocacy efforts needed to combat the Proposed Rule.

⁶ *Id.*

Recommendation 2 - Monitor Impact and Address Gaps in Legal Services Provided

Through its oversight function, the City Council can play an important role in monitoring the impact of the Proposed Rule.

First, even before the final rule gets published, the City can monitor for marked decreased use of City-administered benefits by eligible, non-citizen New Yorkers, and share the resulting data with interested parties.

Second, the Council can survey the landscape of services available to non-citizens affected by the Proposed Rule, either because they are in the process of adjusting or because they are experiencing a chilling effect. Right now, the City and its agencies are getting the word out that clients with questions can call the Office for New Americans (ONA) hotline for advice and contact ActionNYC for legal referrals.

Third, the Council can determine if this service landscape is enough to meet low-income non-citizens' time-sensitive and emergency need for individualized assessment and advice regarding the possible impact of the proposed public charge rules. Where a client has lost a job and has no money, or has stopped receiving benefits that had previously helped them put food on the table or access health care, the client will often face an emergency hunger or health situation if they are not able or willing to access public benefits. We are concerned that ONA is not affirmatively screening for such emergencies.

Finally, if the Council detects such gaps, we respectfully request that it take ready action to address unmet needs, including by funding more lawyers and paralegals to provide services for cases referred by ActionNYC.

Recommendation 3 - Coordinate with State in Devising Alternative forms of Support for Needy Families

When the Proposed Rule becomes final (possibly as soon as January 2019), there will be a 60-day period before the final rule goes into effect (possibly as soon as March 2019). During that 60-day period, individualized counsel for some clients seeking adjustment will recommend as the soundest course foregoing benefits until the adjustment process is complete. For such clients -- where their need for permanent residence status outweighs the need for benefits, the City and State should prepare alternative forms of support that do not trigger public charge. Given that this need could arise as soon as January 2019, the City and State need to confirm their plans soon in order to meet the needs in time.

Recommendation 4 - Continue working With Community Partners

Finally, we welcome the City Council's continued outreach to the local advocacy and immigrant services community partners so we can all work together to prepare for and address the consequences of this anticipated policy change. We at The Legal Aid Society stand ready to engage with the Council and other parts of City government on these issues to offer technical expertise and discuss outreach and other advocacy strategies.

Conclusion

In conclusion, The Legal Aid Society commends the City Council's efforts to oppose the Proposed Rule and simultaneously address the needs of low-income immigrants who are already being affected, and we thank you for the opportunity to testify today.

Respectfully Submitted:

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FOR THE RECORD

**New York City Council
Committee on Immigration
Committee on Health
Committee on General Welfare**

Joint Hearing on Proposed Public Charge Rule
November 15, 2018

LiveOn NY is a nonprofit membership organization representing 100 community-based organizations serving 300,000 older New Yorkers annually through senior centers, congregate and home-delivered meals, NORCs, affordable senior housing and other services.

LiveOn NY also administers a citywide outreach program that educates thousands of older adults, including those who are homebound, about benefits assistance options, and screens and enrolls those who are eligible for SNAP, SCRIE and other benefits that would be affected by the topic of today's hearing. LiveOn NY also staffs a call hotline with a professional client services team that assists older adults and caregivers with benefits screenings and applications. Through this outreach and through our Rights and Information for Senior Empowerment (RISE) program, our goal is ensure older adults have the information and tools they need to age in their communities.

LiveOn NY thanks the Committees on Immigration, Health, and General Welfare for the opportunity to testify today. **LiveOn NY strongly opposes the proposed Public Charge Rule, and will submit comments voicing this opposition. Further, LiveOn NY supports Res.0608-2018 and Res.0609-2018.**

Public Benefits are Critical to Supporting Health and Independence

The topic of this hearing is important for us, because we know how vital public benefits are for everyone, particularly older adults. In New York City, 50% of the older adult population are immigrants, and we oppose any Rule that would deny or deter access to public benefits based on immigration status to those in need of these supports.

Further, 89% of adults over age 50 say they wish to age in place as long as possible, and the availability of these benefits, coupled with community based services such as those provided through the city Department for the Aging (DFTA), are critical to supporting older New Yorkers to remain healthy and independent in their communities.

That said, we also know that public benefit programs are already disproportionately underutilized by older New Yorkers, in part because of the stigma surrounding them. For example an alarming 56% of eligible older adults in NYC do not receive food stamps. For SCRIE, also known as the Rent Freeze program, according a NYC Department of Finance report, the underutilization rate is even more drastic: only 43 percent of those eligible for SCRIE (approximately 52,000 households out of 121,729) actually are actually enrolled in the program.

The Proposed Public Charge Rule will Have a Drastic Effect on Older Adults

First, the Proposed Rule includes examining usage of critical benefits for older adults such as Medicare Part D, Medicaid home and community based services, the Supplemental Nutrition Program (SNAP) and others. **It cannot be understated that these programs keep older New Yorkers in their homes and communities, and further decrease the need for more costly levels of care.** According to the National Council on Aging (NCOA):

- 4.5 million households with at least one person over the age of 60 receives SNAP.
- About 12 million older adults are enrolled in both Medicare and Medicaid. This population utilizes Medicaid for long-term care, which includes home and community-based services, as well as other services not covered by Medicare.

Second, being over 61 will be considered a “negative” factor, as well as a person’s health status if it is deemed to interfere with their ability to work. All of the considerations noted above will only exacerbate the aforementioned reality that benefit programs are already disproportionately underutilized by older New Yorkers. *In fact, our Benefits Outreach team has already received questions about how an individual could go about canceling their benefits in fear that remaining enrolled in the program would negatively impact the individual or family’s immigration status.*

LiveOn NY’s mission is to make New York a better place to age and strongly believes that we all should have the dignity, support and ability to age well in our communities. Therefore, LiveOn NY strongly oppose these Proposed Public Charge Rule, as it will have negative implications for those who rely on these critical supports. Further, LiveOn NY supports Res.0608-2018 and Res.0609-2018, and thanks Speaker Johnson and cosponsors for their leadership on this issue.

Legal Services NYC (“LSNYC”) is the largest civil legal services provider in New York City and the country. LSNYC has been dedicated to fighting for racial, social, and economic justice for all New Yorkers for over 50 years. LSNYC advocates work to provide income security and stability for many of our vulnerable clients by helping them secure, preserve, or increase access to both State and Federal benefits programs. We have government benefits advocates in all five boroughs of New York City and as an organization handle one of the largest volumes of cases in New York State.

Each year, LSNYC helps thousands of individuals and families access, increase, or maintain their benefits. From 2016 to present, we have assisted a total of 1,924 individuals in the Supplemental Nutrition Assistance Program (“SNAP”). Of those individuals, a total of 427 were eligible non-citizens. In addition, we assisted 4,606 cases involving the Temporary Assistance to Needy Families (“TANF”) program, 760 of which were eligible non-citizens. We also assist hundreds of HIV+ clients access benefits every year, including Medicaid and other public health insurance programs. In total, from 2016 to the present, LSNYC has assisted more than 7,000 individuals and families with government benefits, including over 1,200 of whom were non-citizens eligible to receive those benefits.

The proposed new Public Charge rule’s inclusion of non-cash Medicaid benefits as well as treatment of certain medical conditions and need for subsidized health care as heavily weighed negative factors in the government’s public charge determination will result in: (a) adverse

effects on general public health and increased financial costs on taxpayers; and (b) a *de facto* reinstatement of the HIV entry ban. Further, the proposed new Public Charge rule's inclusion of Supplemental Nutrition Assistance Program ("SNAP") benefits in the Public Charge determination will have harmful effects on U.S. citizen children and negatively impact New York City's economy. In addition, the proposed new Public Charge rule's inclusion of non-cash housing subsidies and other public benefits that allow immigrants to pay for housing will deepen the city's homelessness crisis. Finally, the proposed new Public Charge regulation directly interferes with and undermines New York State law and interests.

II. Comments Addressing Sections 212.21(b)(2)(I); 212.22(b)(2); 212.22(b)(4)(i)(B); 212.22(b)(4)(ii)(I); And Section 212.22(c)(iv) Of The Proposed Rule

a. The Proposed New Public Charge Rule Poses Increased Risks To Public Health And Increased Taxpayer Costs

Because the new Public Charge regulation proposes to include as "heavily weighed negative factors" medical conditions, receipt of non-cash government assistance, and subsidized health care in its public charge determination, noncitizens in the United States are likely to decline medical treatment for fear of being categorized as public charge, which would have adverse consequences on general public health. For noncitizens who are already in the United States and seeking permanent residency, the proposed new Public Charge rule powerfully deters the use of public health benefits, including treatment for HIV, as such benefits could jeopardize permanent residency applications and potentially even result in deportation. An academic review of 40 critically appraised articles found "a direct relationship between anti-immigration policies and . . . access to health services."¹ Indeed, as anti-immigration rhetoric has grown in

¹ Omar Martinez et al., "Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review," 17 *J. Immigrant & Minority Health* 947-70 (June 2015), available at

recent years, observers have noted a corresponding decline in immigrants' use of medical services.² A concrete example of such effect has been found after the implementation of Alabama's 2011 immigration law, which disqualified undocumented immigrants from specified public health benefits. This law led to declines in county health department visits by Latinx adults by 28% for communicable diseases, 25% for sexually transmitted diseases, and 13% for family planning.³

In fact, effects of the proposed new Public Charge rules have already started to manifest. After an earlier draft of the regulation was leaked to the public, there have been reports that patients living with HIV/AIDS have told their case managers that they may wait to begin antiretroviral therapy under the AIDS Drug Assistance Program ("ADAP") in order not to jeopardize their permanent residency applications.⁴ ADAP is a state- and territory-administered program that uses funds provided by the U.S. government to cover medications for low-income people living with HIV who have limited or no health insurance coverage from private insurance, Medicaid, or Medicare.

<https://link.springer.com/article/10.1007/s10903-013-9968-4> Steven Asch et al., "Does Fear of Immigration Authorities Deter Tuberculosis Patients from Seeking Care?" 161 West J. Med. 373-76 (Oct. 1994), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1022616/pdf/westjmed00062-0027.pdf>.

² Drew Gibson, "For Immigrants Living With HIV, an Impossible Choice Between Viral Suppression and Deportation", The Body (July 3, 2018) (40% of polled Californian health care service providers reported immigrant families canceling appointments or scheduling fewer visits; 75% of polled Colorado health care service providers reported increases in appointment no-shows and cancellations by immigrant clients; and a national survey by the Migrant Clinicians Network showing roughly two-in-three health care providers polled reporting that their clients attitudes and feelings around health care had changed primarily due to the shift in immigration policies and fear resulting from those policies) available at <http://www.thebody.com/content/81137/for-immigrants-living-with-hiv-an-impossible-choic.html>.

³ Kari White et al., "Changes in use of country public health services following implementation of Alabama's immigration law," (Nov. 2014), available at <https://www.ncbi.nlm.nih.gov/pubmed/25418247>.

⁴ Amanda Lugg, "Newly Proposed 'Public Charge' Rule Could Be Devastating to HIV-Positive Immigrants", The Body (May 16, 2018) available at <http://www.thebody.com/content/81028/public-charge-rule-devastating-hiv-immigrants.html>

The U.S. Department of Homeland Security (“USDHS”) itself had noted the adverse effect that reluctance to access benefits has on public health and general welfare when it issued a clarifying guidance on the public charge doctrine in 1999. It stated that the clarifying guidance was necessary because ongoing confusion about the application of the public charge doctrine had “deterred eligible [noncitizens] and their families, including U.S. citizen children, from seeking important health and nutrition benefits that they are legally entitled to receive. This reluctance to access benefits has an adverse impact not just on the potential recipients, but on public health and the general welfare.”⁵

Indeed, deterring noncitizens from accessing medical care jeopardizes the health of the general public. Fear of deportation has been cited as one factor in the growth of new HIV diagnoses among Latinx men who have sex with men.⁶ While the rate of new HIV diagnoses among the general population has remained steady, medical service providers have noted that the rate of new diagnoses for Latinx men who have sex with men rose by 13% from 2010 to 2014.⁷ Fear of deportation contributed to this trend by deterring people from getting tested or accessing care.

The proposed new regulations would result in significantly increased financial cost to taxpayers, which cannot be justified. Any short-term financial benefit gained by deterring immigrants from seeking public health benefits is likely to be offset by increased long-term costs and expenses generated by visits to the emergency room. The financial costs associated with blocking noncitizens from public health benefits are illustrated by analyses of a 1996 proposal in

⁵ Field Guidance on Deportability and Inadmissibility on Public Charge Grounds,” 64 Fed. Reg. 28689 (May 26, 1999) (“*1999 Field Guidance*”)

⁶ <http://www.thebody.com/content/80883/rates-of-hiv-are-rising-among-latinx-gay-men-in-th.html?ic=sanext>.

⁷ Center for Disease Control, HIV among Latinos (Feb. 2017) available at <https://www.cdc.gov/nchstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf>

California to deny illegal immigrants access to publically-funded prenatal care. A study found that every dollar saved would have been offset by an increase of \$3.33 in postnatal care and \$4.65 in long-term costs.⁸ The adverse pregnancy outcomes linked to sexually transmitted infections alone would have cost the state between \$5 and \$9 million, offsetting any financial savings by 19-35%.⁹ As has long been recognized, when noncitizens are denied access to preventive care, they are more likely to require costly emergency room services.¹⁰ Utilization of emergency room services to treat conditions that could have been avoided through access to preventative care will place financial strain on the health care system in the long term.

The proposed new regulation's potential financial gains are further limited by the fact that, under the Affordable Care Act ("ACA"), undocumented noncitizens are already ineligible to purchase private health insurance on the state insurance exchanges, to obtain tax credits, Medicare, and nonemergency Medicaid.¹¹ Lawfully present noncitizens who do receive limited coverage under the ACA will likely be deterred from obtaining those benefits by the prospect of deportation under the proposed new regulation.

⁸ Michael Lu et al., "Elimination of public funding of prenatal care for undocumented immigrants in California: a cost/benefit analysis," 182 *Am. J. Obstetrics & Gynecology* 233-39 (January 2000), available at <https://link.springer.com/article/10.1023/A:1021862113241>.

⁹ Heather Kuiper et al., "The Communicable Disease Impact of Eliminating Publically Funded Prenatal Care for Undocumented Immigrants," 3 *Maternal & Child Health J.* 39-52 (Mar. 1999), available at <https://link.springer.com/article/10.1023/A:1021862113241>.

¹⁰ Esther Yu His Lee, "No, Undocumented Immigrants Aren't A Burden on the Health Care System," *Think Progress* (Jun. 24, 2015), available at <https://thinkprogress.org/no-undocumented-immigrants-arent-a-burden-on-the-health-care-system-39560e0bc7/>

¹¹ National Immigrant Law Center, *Immigrants and the Affordable Care Act (ACA)*, available at <https://www.nilc.org/issues/health-care/immigrantsshr/>

b. The Proposed New Public Charge Rule Represents A De-Facto Re-Instatement Of HIV-Immigration Ban

The proposed new regulation could operate as a *de facto* ban on admission, whether via an entry visa or permanent residency, of HIV positive immigrants to the United States, especially because health is a consideration for public charge determination in the proposed rule. Government support is essential for virtually all HIV positive individuals both domestic and abroad. It is estimated that roughly 40% of the HIV positive individuals in the United States are treated by Medicaid and that 87% live beneath 400% of the Federal Poverty Line, the baseline criteria for access to subsidized care under the ACA. Government spending on health care has been pivotal in managing HIV/AIDS.¹² The government also offers support in other ways. If one is unable to work due to HIV/AIDS, they may be eligible for Social Security benefits.¹³

The government has also passed many federal laws protecting those with HIV/AIDS from discrimination to guarantee access to public benefits like housing, employment, transportation, and other government services.¹⁴ A principle feature of the ACA is that it expanded coverage for those with HIV/AIDS by prohibiting insurance companies from using their status as a pretext to deny health care coverage.¹⁵ Accordingly, it would be difficult for an

¹² Henry J. Kaiser Family Foundation, Assessing the Impact of the Affordable Care Act on Health Insurance Coverage of People with HIV (Jan. 07, 2014), available at <https://www.kff.org/report-section/assessing-the-impact-of-the-affordable-care-act-on-health-insurance-coverage-of-people-with-hiv-issue-brief/>

¹³ Social Security Administration, Social Security For People Living With HIV/AIDS, available at <https://www.ssa.gov/pubs/EN-05-10019.pdf>

¹⁴ HIV.gov, Activities Combating HIV Stigma and Discrimination, available at <https://www.hiv.gov/federal-response/federal-activities-agencies/activities-combating-hiv-stigma-and-discrimination>

¹⁵ Henry J. Kaiser Family Foundation, Medicaid and HIV (Oct. 14, 2016), available at <https://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/>

HIV positive noncitizen to withstand the revised public charge analysis under the proposed new regulation.¹⁶

Hence, the proposed new regulation functions as a back door reinstatement of the HIV immigration ban, which was in effect from 1993 until January 4, 2010. The shift to lifting the ban resulted from research conducted by the CDC and HHS, which concluded that HIV is not a communicable disease of public health significance. In revisiting this question, CDC and HHS concluded that it is not based on the scientific community's more sophisticated and developed understanding of the virus:

“While HIV infection is a serious health condition, scientific evidence shows that it does not represent a communicable disease that is a significant risk for introduction, transmission, and spread to the United States population through casual contact. An arriving alien with HIV infection – or one adjusting status to that of a legal permanent resident – does not pose a public health risk to the general population through casual contact.”¹⁷

Additionally, the *de facto* ban on HIV positive noncitizens runs against the stated goal of the Trump Administration to lead a global effort against HIV/AIDS and undermines U.S. leadership in this area.¹⁸ Because of the prior ban, the United States could not host important conferences on combating HIV for nearly two decades, as important figures in the effort were

¹⁶ Henry J. Kaiser Family Foundation, Medicaid and HIV (Oct. 14, 2016), available at <https://www.kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>

¹⁷ Medical Examination of Aliens – Removal of Human Immunodeficiency Virus (HIV) Infection From Definition of Communicable Disease of Public Health Significance, 74 Fed. Reg. 56,549 (Nov. 2, 2009) (codified at 42 C.F.R. Pt. 34).

¹⁸ White House, With American Leadership, We Are on the Brink of Controlling AIDS, (Dec. 1, 2017) (“The United States, under the leadership of President Donald Trump and working alongside other governments, private sector companies, philanthropic organizations, multilateral institutions, civil society and faith-based organizations, people living with HIV, and many others – continues to lead the way in the HIV/AIDS response.”) available at <https://www.whitehouse.gov/articles/american-leadership-brink-controlling-aids/> .

HIV positive and could not travel to the United States.¹⁹ A new ban on the HIV positive would also place the United States out of step with scientific understanding and global practice.

III. Comments Addressing Definition Of Public Benefit To Include Supplemental Nutrition Assistance Program (“SNAP”) Benefits at 212.21(b)(ii)(A)

The Proposed New Public Charge Rule Will Harm U.S. Citizen Children And Have A Negative Impact On New York City’s Economy Due To The Loss Of Federal Dollars

The Supplemental Nutrition Assistance Program (“SNAP”) is the country’s most important food assistance program and it plays a crucial part in New York City’s economy. The Fiscal Policy Institute reports that over 2.8 million people (including 1.1 million children) utilize SNAP every year in New York State, and “[m]ore than \$4.9 billion in SNAP benefits were spent at over 18,000 New York retailers in 2016.”²⁰ Thus, if noncitizen parents of US born children decline to access such critical benefits as SNAP for fear of public charge determination, not only will it have grave consequences for the health of children born in the U.S., but it will also have a negative impact on New York City’s economy due to the loss of SNAP dollars.

Because federal rules require that eligible parents, including noncitizens, living together with their children under age 22 must be included as one SNAP household,²¹ the proposed new regulation puts additional pressure on noncitizens, subject to Public Charge, to decline or terminate benefits that would otherwise be available for their U.S. citizen children. Already, noncitizen parents often do not avail themselves of benefits to which their citizen children are

¹⁹ Andrew Quinn, U.S. to drop HIV ban, host 2012 AIDS meeting, *Reuters* (Nov. 30, 2009) available at <https://www.reuters.com/article/us-aids-usa/u-s-to-drop-hiv-ban-host-2012-aids-meeting-idUSTRE5AT53Q20091130>.

²⁰ See Fiscal Policy Institute, Interactive Maps: SNAP Participation Rates and SNAP Retailers, May 7, 2018, available at <http://fiscalpolicy.org/interactive-maps-snap-retailers-and-snap-participation-rates>.

²¹ See 7 CFR 273.1(b)(1).

legally entitled because of fear that they will be less able to adjust their status and be potentially subject to deportation.²²

Evidence has shown that restrictions on noncitizens' access to public benefits have spillover effects onto citizen children and family members.²³ Children of noncitizens make up 22% of the 23.4 million children under 6 in the U.S.²⁴ Almost all children of noncitizens under age 6 (93%) are citizens of the U.S.²⁵ When Congress enacted the 1996 Welfare Reform Act, it imposed broad limits on legal immigrants' access to public benefits and enacted new barriers on "unqualified immigrants'" access to services.²⁶ These changes, which mirror the changes proposed in the new public charge regulations, had demonstrable "chilling effects" that discouraged noncitizens from using benefits despite their continued eligibility.²⁷ In Los Angeles County, for instance, approved applications of legal noncitizen families for Medi-Cal (California's state public medical program) and for Temporary Assistance for Needy Families ("TANF") fell 71% in the two years following the enactment of the Act.²⁸ There was a 52% decrease in applications for welfare from noncitizen households with no accompanying decrease in citizen households.²⁹ Nationally, approved welfare applications fell 35% in noncitizen households versus 14% in citizen households, and welfare use fell 36% in noncitizen households

²² *Id.* at x; Michael E. Fix & Jeffrey S. Passel, *Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform 1994–97*, Urb. Inst. (Mar. 1, 1999), available at <https://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform>.

²³ Michael E. Fix & Wendy Zimmermann, *All Under One Roof: Mixed-Status Families in an Era of Reform*, Urb. Inst. (Oct. 06, 1999), <https://www.urban.org/research/publication/all-under-one-roof-mixed-status-families-era-reform>.

²⁴ Randy Capps et al., *The Health and Well-Being of Young Children of Immigrants*, ix, Urb. Inst. (2014), available at https://www.urban.org/research/publication/health-and-well-being-young-children-immigrants/view/full_report

²⁵ *Id.*

²⁶ Michael E. Fix & Jeffrey S. Passel

²⁷ *Id.*

²⁸ *Id.*

²⁹ Michael E. Fix & Wendy Zimmermann

with children, as opposed to 23% for citizen households with children.³⁰ These drastic decreases in applications occurred despite the fact that these noncitizens continued to remain eligible for the program and denial rates remained steady.³¹ In fact, the drop in applications appeared to occur regardless of whether the children in these households were noncitizens or citizens.³² These chilling effects originate mainly due to “confusion on the part of immigrants and providers about who is eligible for benefits and in fears relating to the application of the public charge doctrine.”³³ Specifically, parents cited concerns that the use of public benefits may, pursuant to the public charge doctrine, render them less able to adjust their status and potentially subject them to deportation.³⁴ Further, ineligible noncitizen parents of US born children also fear that sharing their information with government agencies that administer these benefits will increase the risk of family separation through deportation.

The Fiscal Policy Institute (FPI) estimates that the chilling effect of the proposed new rule will impact close to 24 million people in the United States, including 9 million children under 18 years old. In New York State, the FPI estimates that the chilling effect of the rule will impact approximately 2.1 million people and 680,000 children in households that include at least one non-citizen, and who are receiving one of the newly defined public benefits for the purposes of the Public Charge determination. “In both cases, the large majority of the impacted kids are U.S. citizens.”³⁵

Further, if noncitizen immigrant parents decline to access such critical benefits as SNAP for fear of public charge determination, it will not only have grave consequences on the health of

³⁰ Michael E. Fix & Jeffrey S. Passel

³¹ *Id.*

³² Michael E Fix & Wendy Zimmermann

³³ Michael E. Fix & Jeffrey S. Passel

³⁴ Michael E Fix & Wendy Zimmermann

³⁵ Fiscal Policy Institute, “FPI Estimates Human & Economic Impacts of Public Charge Rule: 24 Million Would Experience Chilling Effect,” (October 10, 2018), available at <http://fiscalspolicy.org/public-charge>.

children born in the U.S. but the loss of federal dollars will also have a negative impact on New York City's economy. The Fiscal Policy Institute ran simulations to demonstrate the potential economic impact of the proposed new rule on NYS's economy based on the 3 possible levels of non-citizen disenrollment from the SNAP and Medicaid programs. The mid-level simulation (based on a 25% disenrollment) shows a loss of \$2.2 billion in direct federal dollars to NYS and a potential loss of up to \$3.6 billion due to the "ripple effects" of these lost dollars. At a lower level of disenrollment (15%), the simulations show a loss of \$1.1 billion in federal dollars to the state, "ripple effects" of up to \$2.2 billion and the loss of 15,000 jobs.³⁶

IV. Comments Addressing The Definition Of Public Benefit To Include Certain Housing Subsidies at 212.21(b)(ii)(B), 212.21(b)(ii)(C); and 212.21(b)(iv)

The Proposed New Rule Will Intensify the Homelessness Crisis and Increase Taxpayer Costs

The United States is currently experiencing a disturbing growth in homelessness. In 2017, the U.S. homeless population increased for the first time since 2010, rising by 1% over the previous year to 554,000.³⁷ The rise was even greater in major cities, with increases of 4% in New York City, 5% in San Diego, and 26% in Los Angeles.³⁸ In 2017, a record number of 129,803 unique individuals (including 45,242 children) spent at least one night in the NYC shelter system (an increase of 57 percent since 2002) and "[a]t end of 2017, an average of 63,495 men, women, and children slept in NYC homeless shelters each night."³⁹ Notably, in 2017, less

³⁶ See Fiscal Policy Institute "Only Wealthy Immigrants Need Apply," (October 10, 2018), available at <http://fiscalpolicy.org/wp-content/uploads/2018/10/NY-Impact-of-Public-Charge.pdf>.

³⁷ Christopher Weber, *America's homeless population rises for first time in years* (December 7, 2017), available at <https://www.apnews.com/47662ad74baf4bb09f40619e4fd25a94>.

³⁸ The Week Staff, *America's homelessness crisis* (March 11, 2018), available at <http://theweek.com/articles/759683/americas-homelessness-crisis>.

³⁹ Coalition for the Homeless: *State of Homeless 2018*, Page 5 (March, 2018) available at: <http://www.coalitionforthehomeless.org/state-of-the-homeless-2018/>.

than 500 households used Section 8 vouchers to move out of New York City shelters and only 2,147 families moved out of shelters into NYCHA public housing in fiscal year 2017.⁴⁰

Not much data is available about the number of noncitizens who are currently homeless.⁴¹ However, it is clear that the proposed new Public Charge rule will exacerbate the current homelessness crisis. The new Public Charge rule proposes to include Section 8 Housing Assistance under the Housing Choice Voucher Program, Section 8 Project Based Rental Assistance, Subsidized Housing under the Housing Act of 1937 and other public benefits that allow noncitizens to pay for housing as heavily weighted negative factors in the public charge determination. By deterring noncitizens from securing housing subsidies and accessing other public benefits that would enable them to direct more of their income toward housing, the proposed regulation will result in driving noncitizens out of their homes.

Housing is the largest expenditure paid by U.S. consumers,⁴² and inability to pay for housing is the number one cause of homelessness: 75% of homeless people are homeless because they cannot afford a permanent residence.⁴³ Housing unaffordability has two causes: (1) rents have risen over the past two decades while wages have stagnated; and (2) a shortage of affordable housing units.⁴⁴ As a group, noncitizens are particularly vulnerable to a reduction in public housing benefits because they are represented disproportionately in the low-income population. Housing affordability is measured by the ratio of housing costs to income, and those

⁴⁰ *Id.* at Page 17.

⁴¹ The Annual Homeless Assessment Report, released by the U.S. Department of Housing and Urban Development, which provides statistics about the U.S. homelessness population, contains no data about immigrant status or country of origin. U.S. Department of Housing and Urban Development, *The 2017 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness* (December 2017), available at <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>.

⁴² Bureau of Labor Statistics, *Consumer Expenditures Midyear Update: July 2016 Through June 2017 Average* (April 26, 2018), available at <https://www.bls.gov/news.release/cesmy.nr0.htm>.

⁴³ The Week Staff, *America's homelessness crisis* (March 11, 2018), available at <http://theweek.com/articles/759683/americas-homelessness-crisis>.

⁴⁴ The Week Staff, "America's homelessness crisis" (March 11, 2018), available at <http://theweek.com/articles/759683/americas-homelessness-crisis>.

who pay more than 30% of their incomes to housing costs are considered to be cost burdened. Immigrants are more likely to be cost-burdened than non-immigrant Americans.⁴⁵ Noncitizens constitute 11% of the population and 20% of low income families.⁴⁶ In 2014, 31% of children living below 200% of the federal poverty line were children of noncitizens.⁴⁷ In New York City, where noncitizens constitute more than one third of the population, more than half of noncitizens dedicate more than 30% of their incomes to rent.⁴⁸

Noncitizens are already burdened by the shortage in affordable housing units. While every U.S. state has a gap between the number of extremely low income families and the number of affordable housing units, the shortages are particularly acute in the four U.S. states that have the most noncitizens. California has 21 affordable housing units for every extremely low income household; Texas has 29; Florida has 27, and New York has 35.⁴⁹ The proposed new Public Charge rule will only add to the existing housing affordability crisis and push noncitizen families into homelessness. Moreover, if noncitizens are uprooted from their communities, New York's housing problems may worsen, leaving rent-controlled units deregulated.⁵⁰

⁴⁵ Eileen Diaz McConnell, "Who has housing affordability problems? Disparities in Housing Cost burden by Race, Nativity and Legal Status in Los Angeles" 2013 Race Soc. Probl. 179-90 (September 2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3784340/>.

⁴⁶ Tyler Moran and Daranee Petsod, "Newcomers in the American Workplace: Improving Employment Outcomes for Low-Wage Immigrants and Refugees" (2003), available at <https://www.gcir.org/publications/gcirpubs/newcomers>.

⁴⁷ Jie Zong and Jeanne Batalova, "Frequently Requested Statistics on Immigration and Immigration in the United States" (April 14, 2016), available at <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-5>.

⁴⁸ Pratt Center for Community Development, "Confronting the Housing Squeeze: Challenges Facing Immigrant Tenants, and What New York Can Do" (Fall 2008), available at http://prattcenter.net/sites/default/files/confronting_the_housing_squeeze.pdf.

⁴⁹ National Low Income Housing Coalition, "The Gap: The Affordable Housing Gap Analysis 2017" (March 2017), available at http://nlihc.org/sites/default/files/Gap-Report_2017.pdf.

⁵⁰ See Center for New York City Affairs, Rent Protections Grow Scarcer and Landlord Harassment Gets More Common for Low-Income Tenants (May 30, 2018) (citing high rent vacancy deregulation as one of two major sources of the decline in rent regulated housing availability for low-income New Yorkers), available at <http://www.centrernyc.org/erosion-of-rent-regulations/>.

An increase in homelessness would place significant strain on public finances. Philip Mangano, who served as the Executive Director of U.S. Interagency Council on Homelessness in the George W. Bush administration and the Obama administration, reported that homeless people generate between \$40,000 and \$150,000 in costs per year as compared to non-homeless people, because of the cost they place on hospitals, jails, and courts.⁵¹ Several studies support the observation that homelessness places a significant strain on public finances. The Economic Roundtable of Los Angeles found that the typical homeless person generated \$2,897 in public costs, whereas a resident in public housing cost the taxpayer \$605 per month.⁵² Another study found that homeless hospital patients in New York City stayed in a hospital for an average of 4.1 additional days per visit, at an average cost of \$2,414 per day.⁵³

V. CONCLUSION

In New York, the provision of services to low-income noncitizens is a constitutional mandate. Article XVII, § 1 of the New York Constitution establishes a “positive duty” for the state to provide assistance to the needy, and the government may not discriminate in the provision of these benefits and services on the basis of immigration status. The proposed new Public Charge regulation undermines New York’s mandate to support its immigrant communities. Further, by driving current residents underground for fear of being deported as public charges, the proposed new Public Charge regulation would erode the productivity gains noncitizens provide for New York.

⁵¹ Molly Moorhead, “HUD secretary says a homeless person costs taxpayers \$40,000 a year” (March 12, 2012), available at <https://www.politifact.com/truth-o-meter/statements/2012/mar/12/shaun-donovan/hud-secretary-says-homeless-person-costs-taxpayers/>.

⁵² Daniel Flaming, “Where We Sleep: The Costs of Housing and Homelessness in Los Angeles” (November 1, 2009), available at <https://economicrt.org/publication/where-we-sleep/>.

⁵³ Sharon Salit and others, “Hospitalization Costs Associated with Homelessness in New York City,” 338 *New England J. Medicine* 1734 (June 11, 1998).

Immigrants constitute a fifth of the state's population and a quarter of its workforce.⁵⁴ New York City alone has 3.3 million immigrants, making up almost 40% of the City's total population and 46% of its employed population.⁵⁵ With more than \$100 billion in earned income, noncitizens generate 32% of total earnings in New York City.⁵⁶ Immigrants' contributions are an essential component of New York's viability as a city. Without immigrants, between 2010 and 2015, the population of New York City would have declined.⁵⁷ Like other jurisdictions around the country, New York has discovered that extending benefits to immigrants is sound policy.⁵⁸ By providing government benefits such as SNAP and Medicaid to eligible noncitizens and facilitating access to stable housing, New York is supporting the development of a productive population that contributes to the state's fiscal health.

The expanded Public Charge rule now proposed by DHS would harm the state's ability to harness its residents' productive power, undermine public health and increase taxpayer costs. Further, the proposed new rule threatens the gains made in reducing the rate of new HIV infections and HIV related illnesses and deaths by discouraging access to preventative care through public health insurance and stable housing. Ultimately, this will result in increased costs to the State and undermine the Governor's Blueprint to end the HIV/AIDS epidemic in New

⁵⁴ Office of the New York State Comptroller, A Portrait of Immigrants in New York (Nov. 2016), available at https://www.osc.state.ny.us/reports/immigration/immigration_2016.pdf.

⁵⁵ Office of the New York City Comptroller, Immigrant Population Helps Power NYC Economy (Jan. 2017), available at <https://comptroller.nyc.gov/newsroom/press-releases/comptroller-stringer-analysis-immigrant-population-helps-power-nyc-economy/>

⁵⁶ *Id.*

⁵⁷ Office of the New York State Comptroller, A Portrait of Immigrants in New York (Nov. 2016), available at https://www.osc.state.ny.us/reports/immigration/immigration_2016.pdf.

⁵⁸ See New York City Comptroller Scott M. Stringer, Immigrant Rights and Services Manual (2018) ("New York City is, and must always be, a place that is welcoming to people who want to make a better life for themselves, no matter where in the world they come from."), available at https://comptroller.nyc.gov/wp-content/uploads/documents/Immigrant-Manual-2018-English_fv.pdf; New York City Comptroller Scott M. Stringer, Immigrant Population Helps Power NYC Economy (Jan. 2017) ("Anti-immigrant federal policies could undermine city economy."), available at <https://comptroller.nyc.gov/newsroom/press-releases/comptroller-stringer-analysis-immigrant-population-helps-power-nyc-economy/>.

York State by the end of 2020.⁵⁹ Likewise, barriers to federal housing subsidies and income to pay for housing, will increase the well-documented costs associated with homelessness. This reality underscores the need for New York City and State to separate its housing assistance programs and HIV specific assistance programs from its “General Assistance” income maintenance programs. This will mitigate the chilling effect of proposed new rule and ensure that noncitizens remain eligible to receive these benefits.

Key Recommendations

- New York City should proactively take steps to protect the identity of ineligible non-citizen SNAP and Medicaid household members.
- New York City should decouple the administration of its unique City and State housing subsidies from State income maintenance programs.
- New York City should distinguish its benefits supports, including housing assistance, case management and health insurance based on HIV status from on-going income maintenance programs.

⁵⁹ Blueprint Includes Recommendations to Bend the Curve By Improving HIV Testing, Preventing the Spread of Disease, and Providing Better Treatment, available at <https://www.governor.ny.gov/news/governor-cuomo-receives-final-blueprint-end-hiv-aids-epidemic-new-york-state-end-2020>



NEW YORK

**Testimony for the Committee on General Welfare, Committee on Health,
and Committee on Immigration on
The Impact of the Proposed "Public Charge" Rule on NYC**

November 15, 2018

Submitted by the New York No Kid Hungry Campaign

INTRODUCTION

Good afternoon Chair Levin, Chair Menchaca, Chair Levine and members of the General Welfare, Immigration and Health Committees of the New York City Council. My name is Rachel Sabella and I am the New York No Kid Hungry Director for Share Our Strength. Thank you for the opportunity to testify at today's hearing on "The Impact of the Proposed Public Charge Rule in New York City." The New York No Kid Hungry Campaign is strongly opposed to the proposed changes to the Public Charge rule.

First, we thank the City Council for your steadfast commitment to protect NYers from dangerous proposals as well as your continued commitment to addressing the issue of hunger. The City Council has long been a leader in this arena and we are grateful to count you as our partner in this work.

New York No Kid Hungry is a campaign of Share Our Strength, a national anti-hunger organization dedicated to ending childhood hunger in the United States. Using proven, practical strategies, our No Kid Hungry campaign builds public-private partnerships with the goal of ensuring children have access to the healthy food they need, every day. In addition to our grant-making in all 50 states, we work with governors, state legislators, and federal policymakers to identify best practices that ensure hungry children have access to a healthy breakfast.

Since 2011, our New York No Kid Hungry campaign has helped connect thousands of children across the state with school breakfast and summer meals.

PROPOSED CHANGES TO THE PUBLIC CHARGE RULE

The Department of Homeland Security's proposed Public Charge Rule would increase childhood hunger and put millions of children across America – including right here in New York City - at risk. It would unfairly penalize millions of immigrant families and their children - including children who are United States citizens - for accessing public benefit programs such as basic health, food and housing assistance programs for which they are legally eligible to receive, and, most importantly, the basic needs that allow people to thrive prosper and lead a healthy life. Even though the proposed rule does not consider a citizen child's receipt of benefits against the non-citizen parent's public charge status determination, the loss of parental benefits will hurt the entire family.

Currently, an individual would be considered as a public charge if an immigration officer determines that the individual is *primarily dependent only* on two public benefit programs: **cash assistance supports such as Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) and long-term institutional care paid for by Medicaid**. An immigrant who is deemed a public charge will be denied permanent residency status in the US, or would be denied entry into the country in the first place if a consular officer determines that the prospective immigrant would be dependent on these two public benefits programs within 5 years upon arrival in the US.

The proposed public charge rule would dramatically expand the list of public benefit programs that would make an immigrant a public charge and deny legal status in the United States, or entry into the country in the first place, or even to extend their non-immigrant visa, such as student visa. The proposal includes (in addition to the cash assistance and long-term institutional care benefits mentioned above) the following non-cash benefits in the determination of public charge grounds of inadmissibility:

- Supplemental Nutrition Assistance Program (SNAP);
- Medicaid (with limited exceptions for Medicaid benefits for treating an emergency medical condition, certain disability services related to education and benefits received by children of the U.S. citizens who will be automatically eligible to become citizens);
- Medicare Part D Low-Income Subsidy; and
- Housing Assistance, Section 8 housing vouchers, and rental assistance.

An immigrant who has received or has been deemed *likely to receive* any of these non-cash public benefits, even a modest amount or even for a relatively short period of time, would either be barred from entry into the U.S. or would be denied permanent residency or extension of stay in the United states.

it is important to note that , under the current immigration law, legal immigrants must reside in this country for five years and meet certain requirements before they are eligible to receive public benefits such as SNAP.

The proposed rule would also make an immigrant a public charge if household income is less than 125 percent of federal poverty line, which is roughly equal to \$31, 375 for a family of four in 2018. Only an immigrant family whose annual income is greater than 250 percent of federal poverty line or \$62,750 for a family of four would not be subject to a public charge test during the application of permanent residency or extension of stay or admission to the country. By comparison, the median household income is \$55,191 in New York City (2012-2016 average), according to the Census Bureau.

IMPACT ON NEW YORK

While the proposed rule directly impacts and *primarily targets* people who are applying for a green card or seeking admission to the country or those who apply for extension of stay, the chilling effect of the rule is much greater and would harm millions of children and families across the country and in New York, forcing them to forego critical health care, nutrition, and housing supports that they are legally eligible for and needed to thrive economically.

This proposed rule puts families in the difficult spot of choosing between basic needs and staying together. It would force parents to make a terrible choice: forgo accessing necessary support for basic needs like food and medical care or live in fear that their families will not be able to stay together in the U.S. That is because many families will not utilize supportive programs that they are legally eligible for, including critical child nutrition programs, out of fear and/or confusion over the impact on their immigration status. While eating school meals is not included under the proposed regulation, fear and confusion may lead to families telling their children not to eat school breakfast, lunch, after-school snacks or summer meals.

Here are the consequences on children and communities as a result of this proposed rule:

- **Kids will face more hunger, homelessness and poverty.** If adults are discouraged from using SNAP or lose access to the program, the entire household will have less food available, putting the entire family at risk of hunger. Similarly, if a parent loses housing assistance, the resulting housing instability – or worse, homelessness – will negatively affect the entire family. We know that these support services help lift children and entire families out of poverty, improve their health and lead to a brighter future. This proposed rule will only drive families further into poverty. In New York, it is estimated that nearly 2.1 million kids would be discouraged from accessing the programs they need.
- **More kids will be sick.** Families forgoing critical medical assistance or withdrawing from these programs will face worse health outcomes, including increased chronic conditions and malnutrition among children. Lack of proper healthcare could also increase the prevalence of communicable diseases and reduce adherence to vaccination schedules. Analysis shows that a 15-35 percent disenrollment from Medicaid and CHIP would lead up to 2 million citizen children with a noncitizen parent to withdraw from this critical medical coverage despite remaining eligible for these programs.
- **Kids' education will suffer.** When kids don't get the nutrition they need they're less likely to concentrate in school, reducing their productivity and educational outcomes. Research shows that kids who have early access to Supplemental Nutrition Assistance Program (SNAP) benefits are more likely to graduate from high school than those who didn't. Similarly, according to the American Academy of Pediatrics, children covered by Medicaid and CHIP miss fewer school days due to illness, perform better in school, and are more likely to graduate and attend college.
- **Impacts will be felt by everyone.** The proposed rule will cause harm to the health and well-being of thousands of children, citizen and immigrant alike. Charities and emergency systems will be strained as families turn to food pantries, shelters and emergency rooms for help. Schools will be impacted by children who show up to class with empty stomachs, unable to concentrate and battling preventable chronic and lacking necessary vaccinations.
- **Weaken the crucial role of children of immigrant families to the strength and prosperity of the U.S and New York's economy.** Children of immigrant families are vital to the economic and

fiscal health of the U.S economy. Evidence reveals that children of immigrants or the second generation, are the strongest economic and fiscal contributors to the United States economy, supporting more in taxes than either their parents or the rest of the native-born population, according to National Academy of Sciences, Engineering and Medicine.

- **Potential Impacts on States and Localities.** States and localities will bear the costs related to increases in uncompensated care and are also likely to face added costs for social services as some families increasingly depend on emergency food banks, shelters and other safety net resources rather than federally funded public programs. In addition to the loss of state Medicaid revenues, the Department of Homeland Security also notes that grocery retailers participating in SNAP and landlords participating in federally funded housing programs could experience reduced revenues.
- **The chilling effect of the proposed rule would result in economic lose to the state:** New York State stands to lose between \$1.1 billion and \$2.6 billion federal SNAP and Medicaid funding at a lower disenrollment estimate of 15% and higher disenrollment level of 35% respectively, according to estimates compiled by the Fiscal Policy Institute of New York.

Even the Department of Homeland Security has recognized that this proposed rule may lead to:

- Worse health outcomes, including reduced prescription adherence, increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants or children;
- Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated;
- Increased rates of poverty and housing instability; and
- Reduced productivity and educational attainment.

CONCLUSION

If enacted, the proposed changes to the Public Charge rule would have a devastating effect on immigrants and their families across the country, and here in New York City. We urge the New York City Council to oppose the changes to the longstanding Public Charge rule of the United States and submit your own comments in opposition to the proposed changes to the rule to the Department of Homeland Security. In addition, we urge the City Council and Mayor Bill de Blasio to work together to protect those New Yorkers who would be impacted by this proposal. We stand together to work with you and to ensure all children and their families have access to the food they need. Thank you for your continued support.



**Committee on Immigration:
The Door's Testimony on the Impact of the
Proposed "Public Charge" Rule on NYC**

My name is **Justine Kahn** and I'm here on behalf of **The Door – A Center of Alternatives**. The Door stands with many of our colleagues across the City in opposition to the proposed changes to the Public Charge rule. We strongly urge the City of New York to do everything in their power to oppose this proposed rule that will make immigrant families afraid to access essential health, nutrition, and shelter programs. The Door believes immigrants should not have to choose between participating in our country's safety net programs and staying in the country.

For over 40 years, The Door has served as an invaluable resource for New York City youth, including those facing homelessness, unemployment, poverty, and deportation. *The Door's mission remains to empower young people to reach their potential by providing comprehensive youth services in a diverse and caring environment.* Each year, The Door engages nearly 10,000 youth, ages 12-24, many of whom have one or multiple barriers which impact their ability to thrive. Comprehensive services are offered free of charge to adolescents; including: career and education, food and nutrition, legal and immigration, primary and behavioral healthcare, creative arts, and supportive housing.

Each year, The Door's Legal Services Center engages over 1,500 young people and provides them with high-quality representation in a wide range of civil legal matters, including family law, immigration, housing and employment issues, and public benefits. Our clients come from all over the world including Central America, China, West Africa, the Caribbean and South America. The Door's Legal Services Center has positioned itself as a field leader in protecting unaccompanied minors seeking refuge in NYC and supporting them to obtain Lawful Permanent Residence. A key part of our immigration practice is our participation in the ICARE coalition—an innovative public-private partnership designed to support the massive surge in unaccompanied minors fleeing Central America and seeking permanent residency in the United States. Through ICARE, we seek to ensure legal screenings for all children in removal

proceedings and provide legal representation for those residing in NYC. Working both internally, and collaboratively with our ICARE partners, we have developed effective working systems for addressing the short and long-term needs of the many young people arriving here fleeing horrific conditions, including gang violence, child abuse, domestic violence, hunger, and homelessness. ICARE has been critical to ensuring that these children have access to an attorney to fight for their right to remain in the United States, and will remain a crucial part of our work moving forward.

Our young people's lives are at stake because of the continued attacks they face by this administration. Over the past year, we have seen firsthand the unannounced policy changes to the Special Immigrant Juvenile Status – leading to a dramatic increase in denials. This change alone impacts up to 3,000 immigrants under 21 living in NYC. The public charge rule further complicates an already difficult conversation we must have with our clients. How are we now supposed to advise a young person on what to do if this rule goes into effect? Must they really choose between accessing food, housing, and healthcare and putting their entire immigration status in jeopardy?

The Fiscal Policy Institute estimates that 24 million people across the country (including 9 million children under the age of 18) would be impacted by this proposal. In New York State alone, the public charge touches the lives of 2.1 million people and 680,000 children. The change would have a negative impact on the State's economy: in one FPI scenario where there was a 25% disenrollment in public benefits, the State would lose \$1.8 billion in federal funds. The ripple effect could potentially lead to the loss of 25,000 jobs and a \$3.6 billion loss in the State's healthcare and food industries.

From Sunset Park, Brooklyn to Highbridge in The Bronx, The Door stands in support of our immigrant youth and their families impacted by this disastrous proposed rule that would have long-term negative repercussions on the health, development, and economic outcomes of generations to come.



Testimony of

Alice Bufkin
Director of Policy for Child and Adolescent Health

Presented to the
New York City Council
Joint Hearing: Committee on Health, Committee on Immigration, Committee on General
Welfare

Oversight: The Impact of the Proposed "Public Charge" Rule on NYC

Res 0608-2018: Authorizing the Speaker to submit a public comment on behalf of the Council to the Federal Register, concerning the proposed change to the Public Charge Rule

Res 0609-2018: Opposing the newly proposed public charge rule and urging the federal government not to move forward with its adoption

November 15, 2018

Good afternoon. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. (CCC). CCC is an independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

We would like to thank Speaker Johnson, Chair Levine, Chair Menchaca, and Chair Levin, as well as all the members of the Health, Immigration, and General Welfare Committees, for holding today's hearing. We would also like to thank Speaker Johnson for authoring and Council Members Menchaca, Levin, Levine, Chin, Ayala, Constantinides, Lancman, Dromm, Richards, Cumbo, Lander, Eugene, Yeger, Treyger, Grodenchik, Cabrera, and Rosenthal for sponsoring Resolution 0609-2018 opposing the public charge rule. We also appreciate Speaker Johnson authoring Resolution 0608-2018, which would authorize the Speaker to submit a public comment on behalf of the Council to oppose this rule.

Finally, we would like to thank the Mayor's Office for Immigrant Affairs, the Mayor's Office for Economic Opportunity, and the Department of Social Services for their work to combat the impacts of the public charge proposal.

The proposed change to the public charge rule is one of a series of cruel, deeply harmful policies from the Trump Administration that target immigrant communities. This administration has been prolific in its promotion of anti-immigrant policies, ranging from policies to separate migrant children from their parents at the border, extend detention of migrant children indefinitely, limit the number of refugees our country accepts, and make it harder for victims of domestic and gang violence to seek asylum.

The proposed changes to the public charge rule would have devastating impacts on the health and wellbeing of children and families in New York, forcing families to choose between meeting basic needs for their families, or jeopardizing their immigration status. If this rule were finalized, it would mean more children experiencing homelessness, food insecurity, poor health, and poverty. The changes in these rules will hurt parents' ability to meet basic needs for their families, and the repercussions on children's health and development will be serious and long-lasting.

New York is a city of immigrants, and our local leaders have shown their commitment to making this a safe place for all children and families to grow and prosper. We appreciate this opportunity to work with stakeholders across the city to express opposition to this proposed rule and identify ways to mitigate its impact.

Proposed Changes to the Public Would Fundamentally Change Long-Standing Immigration Policy

The proposed public charge rule substantially expands the factors used to determine eligibility for a green card or lawful entry into the U.S. The rule significantly changes the definition of public charge by applying it to anyone who is likely to use certain cash, nutrition, health, and housing programs. It also negatively weights factors such as being a child or a senior, having a low income, and having certain health conditions. Some of the major changes to the proposed rule are below:

- The proposed rule substantially expands the types of public benefits are considered as part of public charge determination. As a result, many immigrant families can no longer seek these essential food, housing, health, and nutrition resources without fear that it will affect their immigration status. The newly-added benefits are the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare subsidies for prescription drugs, and housing assistance (including rental assistance and Section 8 vouchers).
- The rule creates new barriers for low and moderate income immigrants, and favors those with higher incomes. The only heavily weighted positive factor for applicants is having an income or resources above 250% of the Federal Poverty Level (FPL). Incomes below 250% FPL, and particularly those below 125% FPL, count against applicants. The only way for a family to reverse a public charge determination is to pay a cash bail of \$10,000, an option far out of reach for most families.
- The proposed rule asks for public input on whether past or current use of the Children’s Health Insurance Program (CHIP) should also be included as part of public charge determinations. The federal government’s consideration of CHIP is deeply concerning – including CHIP in the public charge rule would drive many parents to disenroll their children from this critical program.
- The proposed rule adds new factors that might harm an individual’s immigration prospects, including being a child or a senior, having limited English proficiency or less than a high school degree, having a large family, or having a major illness or disability.

The proposed rule would have a widespread impact on New York children and families

If this rule is finalized, the harm to children would be substantial and long-lasting. Many parents will be forced to choose between declining essential food, medical, and housing supports for their families, or jeopardizing their path to legal immigration or their ability to be reunited with family members.

The proposed rule does not directly impact all immigrant populations. Certain immigrants – including refugees, asylum-seekers, and human trafficking survivors – are excluded. The rule also has no direct impact on those applying for citizenship. However, widespread evidence has shown that confusion and fear around this rule will lead many immigrant families to forego services, even if they are not directly referenced in the rules.

After the proposal was released, the state’s immigration hotline experienced spikes from immigrants concerned that accepting SNAP and other public benefits would hurt their immigration status. Many callers would not have been directly impacted by the rules, but were still concerned about its effects. Other callers were afraid to continue accessing even those services not referenced in the proposed rules, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Reports throughout the city indicate widespread confusion regarding who would

be impacted by the rules, leading many immigrants to disenroll from services even though the rule has not yet been finalized.¹

The impact of this fear and confusion has already been felt in New York City. Public Health Solutions, which provides an array of health and social services to vulnerable communities throughout New York, has recorded a drop in enrollment in WIC nearly every time the Trump administration has threatened the legal status of immigrants due to their use of public benefits. These losses have continued with each version of the public charge proposal that was leaked. These concerns are not unique: health providers throughout the city have reported declines in program enrollment out of fears and concerns related to the public charge rule.² Throughout the country, regions with high immigrant populations are experiencing canceled appointments and requests for disenrollment.³

This “chilling effect,” causing immigrants to fear using public benefits even if they are not directly impacted by the rule, will have widespread consequences for children and families in New York. The Fiscal Policy Institute (FPI) estimates that 2.1 million people in New York State will feel a chilling effect and be nervous or confused about whether they should apply for benefits if they qualify for them. 680,000 children live in a household with at least one non-citizen immigrant, and where someone in that family has received one of the public benefits named in the public charge rule.⁴ These children are likely to experience the chilling effect, and be particularly vulnerable to losing access to essential benefits if they or a household member disenroll from services.

In New York City, 54% (almost one million) children have at least one foreign-born parent, and one million NYC residents live in mixed-status households with at least one undocumented member.⁵ The Mayor’s office has estimated that up to 75,000 immigrant New Yorkers would face a choice between accessing benefits to which they are legally entitled, and possible future adverse immigration consequences. The rule would also result in up to 400,000 immigrant New Yorkers who are not currently eligible to receive benefits, but would face possible future adverse immigration consequences because of their age, health, education and employment history, income and assets, or other factors. Hundreds of thousands of New Yorkers would withdraw from or forgo

¹ Jorgensen, Jillian. “Calls to immigration hotline about benefits increase after President Trump’s ‘public charge’ proposal published.” *New York Daily News*. October 26, 2018. <http://www.nydailynews.com/news/politics/ny-pol-immigration-hotline-public-charge-20181026-story.html>

² De La Hoz, Felipe. “Enrollment in benefits drop in response to Trump rules, data shows.” *Documented*. September 23, 2018. <https://documentedny.com/2018/09/23/new-trump-rules-may-force-immigrants-to-drop-legal-benefits-like-food-assistance/>; Baumgaertner, Emily. “Spooked by Trump proposal, immigrants abandon public nutrition services.” *The New York Times*. March 6, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>

³ Baumgaertner, Emily. “Spooked by Trump proposal, immigrants abandon public nutrition services.” *The New York Times*. March 6, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>

⁴ “‘Only Wealthy Immigrants Need Apply’: How a Trump Rules’ Chilling Effect Wil Harm New York.” Fiscal Policy Institute. October 10, 2018. <http://fiscalpolicy.org/wp-content/uploads/2018/10/NY-Impact-of-Public-Charge.pdf>

⁵ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 and 2017.; NYC Mayor’s Office of Immigrant Affairs. “State of Our Immigrant City: Annual Report.” March 2018.

public benefits out of fear and confusion about the potential impact of the proposal on their immigration status.⁶

The proposed rule will have long-term repercussions for children

The health and wellbeing of parents is inextricably linked to that of children. Decades of research show how critical Medicaid, SNAP, and other public benefits are to children's long-term health and economic security.⁷ If implemented, this rule will deeply limit the housing, nutrition, health, and economic resources available to families in New York.

The effects of this proposed rule are already being felt, and will be even harsher if the rule is implemented. Parents who are afraid to access health services will face greater likelihood of untreated illness, and both the long-term health and financial repercussions this will have for their families. Many parents may choose to avoid or disenroll their children from health programs that are essential to children's healthy growth and development.

Pregnant women may choose to forego critical prenatal and preventive health services out of fear that doing so will jeopardize their immigration status. Even though it is not included in the proposed rule, reports have already shown that pregnant women and new moms may avoid enrolling in WIC, an important program that improves the health and nutritional wellbeing of pregnant women and young children by providing services including nutritious food, nutrition counseling, breastfeeding support, health education, and referrals.

The stress of anti-immigrant policies alone can have serious physical and mental health implications. A recent study supported by the NYC Department of Health and Mental Hygiene analyzed trends in New York City births since the election of President Trump, and found that rates of preterm birth increased in the period after the inauguration. The increase was particularly high among Hispanic women. The authors suggest that acute increases in severe stressors, including sociopolitical stressors and hate crimes tied to the election, may contribute to increased rates of prematurity.⁸ Federal policies like the proposed public charge rule, particularly those that target access to social services, will only exacerbate these deeply troubling trends in health outcomes.

Children of immigrants are already at higher risk for food insecurity than non-immigrant children, and more children will see their household's nutritional resources drop as a result of this rule. When one member of a household loses access to basic medical, food, or housing supports, the

⁶ Office of the Mayor of New York City. "Mayor Announces Up to 475,000 Immigrant New Yorkers Could be Harmed by Trump's 'Public Charge' Proposal." October 11, 2018. <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge>

⁷ Murphey, David. "Health Insurance Coverage Improves Child Well-Being." Urban Institute. 2017.; Schazenbach, Douglas Almond. "Long-Run Impacts of Childhood Access to the Safety Net." *American Economic Review*: 106. 2016.

⁸ Krieger, Nancy et al. "Severe Sociopolitical Stressors and Preterm Births in New York City: 1 September 2015 to 31 August 2017." *Epidemiology & Community Health: Volume 72, Issue 12*. 2018. <https://jech.bmj.com/content/72/12/1147>

entire household suffers. Many low-income families rely on SNAP to help them meet nutritional needs of the whole family. As a result of this rule, many parents or household members will choose to decline the SNAP benefits they qualify for, reducing the available resources for the entire families.

Food insecurity can have serious cognitive, emotional, and physical repercussions for children, and can substantially impact their ability to thrive at home and in school. During their most formative period, many New York children may find themselves without health care or adequate nutritional support as a result of this rule.

We also know this rule will only increase housing instability in a city where one in ten students are homeless.⁹ Children and families comprise nearly 70% of the City's Department of Homeless Services shelter system.¹⁰ The public charge rule would deprive numerous immigrant families of critical housing assistance, exacerbating the homelessness crisis and increasing life-long risks to the physical and emotional wellbeing and educational success of children.

This rule threatens access to the types of programs that help struggling families and communities thrive, and help make sure kids can grow up in healthy and secure environments. The impact on the health and economic wellbeing of New York's immigrant families is hard to overstate.

Recommendations

The public charge rule creates barriers to legal immigration, using threats to immigration status to deter immigrants from seeking life-saving health, nutrition, and social supports they and their families are eligible for. It is critically important that the Trump Administration hear from as many stakeholders as possible opposing this rule. For this reason, we are grateful that the City Council has demonstrated its opposition to the rule, and its intention to identify ways to mitigate its impact.

We strongly support Resolution 0609-2018, opposing the public charge rule and urging the federal government not to move forward with its adoption. We also support Resolution 0608-2018, which would authorize the Speaker to submit a public comment on behalf of the Council expressing opposition.

We appreciate the work that the City Council, the Mayor's Office of Immigrant Affairs, and DSS have already done to address the potential impacts of this rule change. We believe there are additional steps the city can take to help combat the negative repercussions of this proposed rule:

- **Support programs that serve as alternatives to federally-funded housing, health, and nutritional programs.**

⁹ Chapman, Ben. "New Record for Number of Homeless Students in NYC." *New York Daily News*. October 15, 2018. <http://www.nydailynews.com/new-york/education/ny-metro-nyc-sees-record-homeless-students-20181015-story.html>

¹⁰ New York City Department of Homeless Services Data Dashboard. December 2015. <https://www1.nyc.gov/site/dhs/about/stats-and-reports.page>

Though the rules have not yet been finalized, it is clear that many immigrants view it as unsafe to access public health programs that might one day jeopardize their immigration status. New York can combat this – and help prevent some of the serious harm to children and families who forego critical social services – by supporting city-funded programs that provide crucial health, housing, and nutritional support.

One example of this is ActionHealthNYC, a pilot program that was privately funded and active for one year between 2015 and 2016. This program offered low-cost, coordinated healthcare to nearly 1,300 immigrant New Yorkers who were not eligible for Medicaid or the state’s insurance exchange. A report for the American Institutes of Research found the program helped significantly improve access and care coordination services. Though the program ended in 2016, it offers an important model for how the city can find innovative ways to ensure immigrant New Yorkers do not lose access to critical health and social services.

The city can also look to universal programs that offer services regardless of immigration status. New York’s universal school lunch program is an important example, providing free lunch to all students regardless of their income or immigration status. However, more work remains to publicize universal school lunch and ensure that there is widespread and effective communication informing all students and parents to its availability.

New York can take the lead in combatting this rule, both by increasing support for and promotion of existing programs that serve immigrant communities, and by looking to new opportunities to combat the impacts of increased food insecurity, housing instability, and loss of healthcare.

- **Increase support, training, and legal service connections for public benefit navigators and administrators.**

CCC appreciates the education and training efforts already underway within the Human Resources Administration. We also strongly appreciate the increased funding the City Council appropriated for Access Health NYC in the FY 2019 budget. HRA and community health navigators will be particularly important moving forward, as immigrant New Yorkers look to trusted community resources to determine what services are available to them and their families.

A key component of this success is ensuring that the workforce has adequate training around the public charge, and has the resources they need to refer and connect clients to free legal care. Any efforts the city can make to strengthen linkages between health and social service providers and legal services will help mitigate the impact of this rule. New Yorkers speak hundreds of languages, so strengthening cultural and linguistic competency are important pieces of making sure the city is able to reach all New Yorkers in need of services and legal advice.

- **Increase support for city-wide legal services.**

The city has already demonstrated its support for ActionNYC, which connects New Yorkers to free, safe immigration legal help. Supporting legal service hotlines and other sources of legal services is

more important than ever. The city can provide additional support by ensuring that these services are available in an even wider array of languages than are currently available.

Conclusion

CCC is incredibly grateful to the City Council for this opportunity to discuss this critical issue. We look forward to working with the City Council, the Mayor's Office for Immigrant Affairs, the Department of Social Services and the Administration to promote the health and wellbeing of New York children and families.

Thank you for your time and consideration today.

THE CENTER

**Committee on General Welfare, Jointly with the Committee on Immigration and the
Committee on Health**

Oversight: The Impact of the Proposed "Public Charge" Rule on NYC
November 15, 2018

**Testimony of
Chelsea Goldinger, Government Relations Manager
The Lesbian, Gay, Bisexual & Transgender Community Center
New York, NY**

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER
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Good morning, my name is Chelsea Goldinger, and I am the Government Relations Manager at The Lesbian, Gay, Bisexual & Transgender Community Center, commonly referred to as The Center, located in the West Village.

New York City's LGBTQ community formed The Center in 1983 in response to the AIDS epidemic, ensuring a place for LGBTQ people to access the information, care, and support they were not receiving elsewhere. Today, The Center has become the largest LGBTQ community center on the East Coast, where we host over 400 community group meetings each month and welcome over 6,000 individuals each week. We are proud to offer services to New Yorkers across the 5 boroughs, ensuring that all LGBTQ New Yorkers can call The Center home. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our services for LGBTQ immigrants, substance use recovery programming for adults and youth, economic justice initiatives, and our youth leadership and engagement programs.

The Center is proud to provide direct support and services for New York City's diverse LGBTQ immigrant community. Our free, drop-in support group provides a safe, affirming environment where LGBTQ immigrant New Yorkers can connect with other community members to discuss issues related to living in a new country. We also host a Social Action Group, through which LGBTQ immigrants collectively organize events and advocate for the community's needs and rights, as well as a range of services to assist LGBTQ immigrants by offering targeted referral programs, career coaching sessions, and letters of support in asylum cases.

Through The Center's immigrant support services, we have witnessed increasing demand for support; two weeks ago, our waiting list included 30 individuals. Today, this list has more than doubled. This community, compared to their cisgender and heterosexual counterparts, is disproportionately isolated and low income, and therefore often relies on public support to ensure the safety and sanctity of themselves and their families. Since the initial leaked announcement of proposed changes to the Public Charge policy, our immigrant services team has witnessed more and more LGBTQ New Yorkers coming through our doors terrified about how the proposed change could affect their legal statuses. Once the proposed changes were officially published, this trend has only continued, as we receive questions from folks desperate for help in this period of uncertainty.

We also see this work in our health services program delivery. The Center is a designated navigator agency for the New York State of Health, the health insurance marketplace for New York through the Affordable Care Act. In this role, we help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus, and Qualified Health plans.

We are currently in the open enrollment period, an especially busy time of year for our team. However, since the recent announcement of the proposed changes to public charge, our

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certified navigators have witnessed an unusual decline in enrolment compared to prior years, despite the unchanged critical need for healthcare. In addition, our patient navigators have received questions on a weekly basis related to the proposed changes. In fact, community members have come through our doors for enrollment assistance, only to return a week later to ask to disenroll from the benefits they desperately need due to an extraordinary fear for what receiving these benefits could mean for their futures.

I would like to share one especially poignant anecdote, in which a woman previously enrolled in the Supplemental Nutrition Assistance Program (SNAP) chose to disenroll from the program, because she was scared that her son's status would be put in jeopardy. As a result of disenrolling, the woman was forced to pick up a second job, and she came to The Center asking for referrals to food pantries so that she could continue to feed her family. The most jarring part of this story is found in the details: The son she spoke of was a legal permanent resident, a status unaffected by the proposed changes. However, with the onslaught of fear tactics and misinformation unleashed in recent months, this working mother felt she had no choice.

As a result of this fear, immigrant families are afraid to seek programs that support their basic needs, preventing access to essential health care, nutritious food, and secure housing. By discouraging enrollment in programs that improve health, food security, nutrition, and economic security, we will witness profound consequences for families' well-being and long-term success, including a long term increase in poverty, hunger, ill health, and unstable housing, which would negatively impact all New Yorkers.

For these reasons, the Department of Health should immediately withdraw its current proposal, and dedicate its efforts to advancing policies that strengthen—rather than undermine—the ability of immigrants to support themselves and their families in the future. Even more important for this Council body, is to take a stand and pass a resolution denouncing the actions of this federal administration. We want to send a clear message that we will not tolerate actions that threaten the very existence of our community. If we want our communities to thrive, everyone in those communities must be able to stay together and get the care, services, and support they need to remain healthy and productive.

Thank you to the Committee for the opportunity to provide this testimony today on an issue of great importance city-wide. We look forward to working with you to ensure New York City's future as a safe space for all New Yorkers.

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**Testimony of Public Health Solutions
Before the New York City Council
Committees on Immigration, General Welfare, and Health
Regarding the impact of the Public Charge Rule on New York City**

November 15, 2018 at 1:00 P.M

Good afternoon Chair Menchaca, Chair Levin, Chair Levine, and members of the Committees on Immigration, General Welfare, and Health. I am Marla Tepper, General Counsel and Vice President of Legal Affairs at Public Health Solutions. Thank you for inviting us to testify about the impact of the "Public Charge" Rule on New York City.

Public Health Solutions, one of New York City's largest nonprofits, supports vulnerable New York City families and the communities that surround them in achieving optimal health and building pathways to reach their full potential. We focus on a wide range of public health issues that overwhelmingly affect the ability of underserved New Yorkers to live their healthiest lives. Our work is centered on food and nutrition, health insurance, maternal and child health, reproductive and sexual health, tobacco control, and HIV/AIDS. More than 40,000 low-income women and children receive food and nutrition through our Women, Infants and Children program ("WIC") – the largest WIC program in NY State.

PHS is proud of 60 years of celebrating, supporting and serving New York City's diverse immigrant communities and families and helping them to flourish. Our vision of a city with healthy families, thriving communities, and health equity is threatened by the Trump administration's virulent anti-immigrant policies, attacks and fear-mongering.

The Proposed Public Charge Rule

The proposed "public charge" rule is the eighth Trump administration attack on immigrants, and the first to target legal immigrants (following the Muslim ban, tightening of H1-B visas, enhanced vetting of refugees, cancellation of DACA, elimination of temporary protected status for immigrants from five countries, attacks on sanctuary cities, and family separation policies). Federal immigration law allows federal officials to deny green cards and visas if they find that an applicant is likely to become a "public charge." Under current rules, a "public charge" is an immigrant who is likely to rely primarily on cash assistance or long-term care from the government for subsistence (*i.e.* survival). There is not a "public charge" test in the citizenship application process.

On October 10, 2018, the federal government officially published a new proposal to change the "public charge" test for immigration purposes. This proposal has not gone into effect. The public has until December 10, 2018 to comment on the proposal.

The federal government is proposing to:

- Broaden the definition of "public charge."

- Expand the type of public benefits an immigration official may consider in applying a "public charge" test, to include more non-cash benefits, including non-emergency Medicaid (with some exceptions), Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps), Medicare Part D Low Income Subsidy, and housing assistance (such as public housing or Section 8 housing vouchers and rental assistance). The proposed rule does not include WIC participants and the Children's Health Insurance Program (CHIP), which were included in an earlier proposal.
- Scrutinize more closely an individual's age, education, employment history, income, assets, health conditions, English language proficiency, and a range of other factors, to determine whether they are likely to become a "public charge" in the future, even if they have never used benefits in the past.

Public Health Solutions is actively involved in advocating against the proposed public charge rule. We've been partnering with groups including the NY Immigration Coalition, National WIC Association, and the Legal Aid Society to speak out against this proposed regulation. We are providing our clients with the phone number for the New Americans hotline if they have questions about how the public charge rule applies to them.

Impact of the Public Charge Rule on Public Health Solutions' Clients

If implemented, the public charge rule will have a chilling effect on the use of nutritional and healthcare programs by NYC's immigrant community.

We've already witnessed the impact that confusion and fear about the Trump administration's election and immigration policies have had on our WIC clients. We've seen significant drop-offs in our WIC caseload in the first and second quarters of 2017 and then again in the second quarter of 2018. Drop-off numbers were highest in November 2016, January 2017, April 2017, and May 2018, correlating with President Trump's election and inauguration, the first leaked immigration order, and the second leaked order. In these months, drop-offs spiked to 4-6 times the usual rate, ranging from 395 to 640 families dropping out of our WIC program, in contrast to the average WIC monthly attrition rate of 105. The exact drop-off numbers follow:

- November 2016 (Trump's election victory): 462 families
- January 2017 (Trump's inauguration): 640 families
- April 2017 (First leaked immigration order): 437 families
- May 2018 (Second leaked order): 395 families

WIC enrollment in our Corona office dropped from 8,584 to 6,999 participants between January 2016 and June 2018. According to the 2010 Census, Corona's immigrant population is one of the highest in the City, and more heavily Latino than any other neighborhood in Queens. As with our other WIC offices, declines in Corona were sharpest in the first quarter of 2017 and the second quarter of 2018, correlating with President Trump's election, inauguration and immigration-related orders. The decline we've seen in WIC participation mirrors the experience of many other social service providers and is well-documented.

Once final, the reverberations of the public charge rule will extend beyond the targeted populations or identified programs because of the complexity of the rule and fear that participation will compromise immigration status. For

example, like WIC, home visiting programs offered by PHS—are *not* included in the proposed regulation as potential negative factors in public charge determinations. Nonetheless, these programs, among the most effective social programs at alleviating the stress of poverty, may experience the broader chilling effect and have greater difficulty connecting families with health care, nutrition, and housing. Similarly, according to the Kaiser Family Foundation, nationwide, as many as 2 million U.S. citizen children with immigrant parents could disenroll from Medicaid and CHIP, despite remaining eligible, out of fear of immigration-related consequences.

These reverberations will be keenly felt. The purported justification for this rule is that immigrants are a cost to taxpayers. In reality, immigrants *are* tax-payers. One third of NY State self-employed business owners are immigrants generating over \$7 billion in revenues. Immigrants in NY pay \$15.9 billion in state and local taxes. According to the Fiscal Policy Institute, if the chilling effect of the rule prompts 25% of NY State's to withdraw from programs for which they are eligible, \$1.8 billion less in federal funds would come into New York, a ripple effect of \$3.6 billion felt through the health care and food industries as well as elsewhere, and up to 25,000 jobs lost.

The public health consequences of the public charge rule are dire. Immigrant parents will be placed in the heartbreaking situation of having to choose between the health and well-being of their families and the dream of permanent residency. Decreased participation in these vital and effective programs will negatively affect the health and financial stability of families and the growth and healthy development of their children.

We appreciate the Mayor and Council's strong support for NYC's immigrant community and for the organizations, like PHS, that provide critical services.

**Testimony of Planned Parenthood of New York City
Before The New York City Council Committees on General Welfare,
Health, and Immigration
Regarding the Impact of Proposed Changes to Public Charge on New York City**

November 15th, 2018

Good Afternoon. My name is Larissa Vasquez and I am the Associate Director of Community Engagement at Planned Parenthood of New York City. I would like to thank Committee Chairs Council Members Stephen Levin, Carlos Menchaca and Mark Levine for holding this important oversight hearing on the impact proposed changes to the public charge rule will have on New Yorkers as well as your commitment to supporting immigrant New Yorkers' access to health care.

Planned Parenthood of New York City (PPNYC) has been a leading provider of sexual and reproductive health services in New York City for more than 100 years, reaching approximately 85,000 New Yorkers annually through our clinical and education programs. PPNYC provides a wide range of health services including access to birth control; emergency contraception; gynecological care; cervical and breast cancer screenings; colposcopies; male sexual health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; and pregnancy testing, options counseling and abortion. We also provide PrEP and PEP, transgender hormone therapy, vasectomies, and, recently, menopausal hormonal therapy. We are a trusted name in health care because of our commitment to comprehensive, inclusive care. We believe that high quality health care is a human right every person deserves and our doors are open to all New Yorkers regardless of income, gender, gender-identity, insurance, or immigration status.

At PPNYC, I oversee our Promotores de Salud program. The Promotores de Salud (Promotores) are trained peer advocates and educators who aim to increase access to sexual and reproductive health services for Spanish-dominant Latinxs in New York City, integrating information about health topics and the health care system into their community's culture, language, and value system. Promotores are trusted leaders in their communities and provide culturally competent outreach and education workshops on breast health, contraception, and wellness; appointment assistance at PPNYC; and patient guidance in PPNYC's health centers to help navigate their visits.

Over the summer of 2018, while providing medical interpretation on our Mobile Medical Unit, our staff saw a patient who was very hesitant to be referred to the public hospital system for cancer follow-up because of what she had seen on the news about the public charge rule. The patient is undocumented and was afraid that if she accesses *any* public services, including basic health care, it would compromise her eligibility to apply for a visa or green card. We know that the earlier cancer is detected the better the odds are for patients. However, the fear of becoming a public charge became another obstacle for her to navigate. And she is not alone. Many members of immigrant communities have already expressed similar concerns.

The proposed changes to public charge are another attack by the Trump-Pence Administration on immigrant communities around the country. If enacted, the rules could harm more than 475,000 immigrants¹ in New York City. Of that, more than 75,000 immigrant New Yorkers will be forced to decide between accessing public benefits, obtaining their green card, or other adjustments to their immigration status². These numbers count the immigrants who are directly targeted by the rule because they are receiving public benefits or their age, health or financial status are negative factors weighed against them. The estimate does not count permanent residents or citizens living in immigrant families, however, individuals are afraid to access services and benefits because they fear that a family member's immigration status may be jeopardized because of their receipt of benefits.

The proposed rules greatly expands the scope of government benefits considered when determining who is a public charge. This is a departure from previously considered benefits which had been limited to federal cash assistance program and long-term government institutional care. Now, the proposed changes would include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), public housing and Section 8 housing assistance vouchers, and low-income subsidies for prescriptions for Medicare beneficiaries. These changes will force thousands of immigrant New Yorkers, including legal permanent residents who are not subjected to the public charge test, to withdraw from public benefits due to fear and misinformation of who is impacted by the rule and how it affects them or their families.

Additionally, the city could suffer economically. If enacted, the proposed rule could cost New York City over \$235 million annually in SNAP, Supplemental Security Income, and cash assistance if just 20% of immigrant New Yorkers disenroll from these public benefits as well as

¹ Mayor Announces Up To 475,000 Immigrant NYers Could Be Harmed By Trump's. (2018, October 11). Retrieved November 12, 2018, from <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

² Mayor Announces Up To 475,000 Immigrant NYers Could Be Harmed By Trump's. (2018, October 11). Retrieved November 12, 2018, from <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

\$185 million dollars in economic activity if individuals withdrew from these programs³. The Health + Hospital system, the city's public health care system, and other accessible providers upon whom thousands of immigrant New Yorkers depend, could potentially see an increase in uninsured patients and ultimately be forced to provide uncompensated care. This can lead to a destabilization within communities most in need of health services⁴.

As a trusted health care provider, we see firsthand the challenges and barriers immigrant New Yorkers face when accessing care. Immigrant New Yorkers make up 37% of our city's population, yet are less likely to be insured and receive routine preventive care than other New Yorkers⁵. Due to gains made by the Affordable Care Act, the percentage of foreign-born adults without insurance in New York has markedly decreased⁶, however, nearly half a million uninsured unauthorized immigrants in the state continue to face severely limited coverage options. The enactment of the proposed changes to the public charge rule would further restrict the options individuals have when attempting to access care and resources for their families.

PPNYC has a robust financial counseling program that connects patients at all five health centers and through our Project Street Beat Mobile Medical Unit to insurance coverage. Our staff are trained Certified Application Counselors and help thousands of patients each year apply for public or private insurance through the State Marketplace, meeting with patients if they are 1) uninsured, 2) don't know how they will pay for their visit, or 3) convey an overall financial or confidentiality need when they make their appointment. When counselors inquired about patients' immigration status, patients increasingly refused to provide this information and no longer wanted to apply for insurance. Many patients would then also refuse to be screened for reduced fee services, available regardless of documentation status, ultimately opting to pay the full fee associated with their care, rather than provide that information. We have witnessed similar occurrences since the 2016 election, though these concerns have stabilized before the start of this year. In recent months, we have seen similar cases arise and they will only increase, preventing our patients from accessing the health care they are entitled to while also leading to a revenue loss for service providers.

³ Mayor Announces Up To 475,000 Immigrant NYers Could Be Harmed By Trump's. (2018, October 11). Retrieved November 12, 2018, from <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

⁴ Mayor Announces Up To 475,000 Immigrant NYers Could Be Harmed By Trump's. (2018, October 11). Retrieved November 12, 2018, from <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

⁵ The Newest New Yorkers - 2013 Edition." (2013). NYC Department of City Planning. Retrieved from <https://www1.nyc.gov/site/planning/data-maps/nyc-population/newest-new-yorkers-2013.page>

⁶ NYC DOHMH. "Immigrant Health—Insurance Status and Access to Preventive and Primary Care in New York City." (July 2016). NYC Vital Signs, Vol. 15, No. 3. Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2016-immigrant-health.pdf>.

This is just the latest attempt by the Trump-Pence Administration to curb health care access for immigrant families in this country. Earlier this year, the administration proposed changes to the Title X Family Planning program, the nation's only federal funded grant program dedicated to providing sexual and reproductive health services to low-income and uninsured individuals and serves 4 million people each year, regardless of immigration status. The administration proposed a domestic "gag rule" that would prevent providers from counseling their patients on all of their options and referring them to abortion services. Title X funded services have been integral to immigrant communities seeking health care but ineligible in enrolling in ACA and other government subsidized health insurance programs⁷.

More broadly, the proposed rule on public charge would impact the existing public health crisis and exacerbate problems like food security, lack of affordable housing, and jeopardize educational attainment. Additionally, individuals may avoid needed care such as vaccines for communicable diseases which can increase the chances of an outbreak⁸. While these federal attacks will continue, it is important that New York City ensure that all people have access to the best health care for themselves and their families.

We applaud New York City's commitment to protect and expand immigrant access to health care in the face of increased federal attack directed at immigrant communities, and we look forward to continuing to work with the Council and the administration in shared efforts to break down the barriers immigrant New Yorkers face in realizing safe and healthy lives. Thank you.

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Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of sexual and reproductive health services and education for New Yorkers. Through a clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers will have access to the full range of sexual and reproductive health care services and information

⁷ Why We Cannot Afford to Undercut the Title X National Family Planning Program. (2018, October 03). Retrieved November 12, 2018, from <https://www.guttmacher.org/gpr/2017/01/why-we-cannot-afford-undercut-title-x-national-family-planning-program>

⁸ Katz, M. H. (2018, October 01). The "Public Charge" Proposal and Public Health. Retrieved November 13, 2018, from https://jamanetwork.com/journals/jama/fullarticle/2705813?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=100218#.W7O114OeAL0.email



Chinese-American Planning Council, Inc.
Testimony at the New York City Council
Oversight- The Impact of the Proposed “Public Charge Rule” on NYC
Honorable Mark Levine, Chair of the Health Committee
Honorable Stephen Levin, Chair of the General Welfare Committee
November 15th, 2018

Thank you Chairs Levine and Levin and the Members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the Council for their leadership on these issues.

In a move that has been rumored since February, the Federal Administration’s proposed changes would significantly expand how “public charge” is determined. Likelihood to become a “public charge” is one of the many factors considered when determining application for permanent residency or visas to the United States.

The newly proposed categories would significantly expand to include nutrition assistance, housing, and healthcare benefits, while simultaneously establishing minimum education levels and household income thresholds. It would also subject individuals to hefty bonds that hold an application ransom to discourage the applicant from enrolling in any of the benefits listed.

The benefits included in the proposed rule are ones that keep families from falling into crisis -- they prevent health emergencies, prevent homelessness, and provide the nutrition needed for healthy, productive lives. Should these benefits be included in the final ruling, a family may find that once they finally achieve legal permanent residency, they face nutritional, health, housing, or economic ruin because they were stripped of the same benefits that supported generations of immigrant families before them.

Public charge tests have not always been part of US immigration history. The origin of “public charge” was a precursor to the Chinese Exclusion Act, a hateful and destructive policy whose impacts on generations of Chinese-Americans can still be felt today. This proposal is a reflection of some of the most shameful and destructive immigration policies in our nation’s history and CPC stands firmly in opposition.

The proposed public charge rule is one of the widest-reaching attacks in a series of anti-immigrant laws and policies to come out of the Federal Administration. It enshrines family separation by forcing families to choose between their immigration status and meeting their most basic needs.

If the public charge rule is finalized, families would be forced to make an impossibly narrow choice between health, stability, and security for themselves and their loved ones or legal status in this country.

By establishing minimum income thresholds that are higher than the median American household, the Federal Administration is demanding more from low-income, immigrant communities while entitling them to less. Immigrants who have spent years building a life here are entitled to the benefits they have contributed tax dollars toward and should have the same opportunity to support their families’ security and wellbeing. On average, even undocumented immigrant New Yorkers pay over \$11 billion in taxes each year.

The consequences for New York City are particularly devastating. 3.1 million NYC residents, or 36%, are immigrants. 1,485,000 children in New York State are U.S. citizens with at least one immigrant parent. 2.1 million New Yorkers live in a household with at least one non-citizen immigrant, and where someone in that family has received one of the public benefits named in the public charge rule. The rule and its effect on people who disenroll from Medicaid and SNAP (just two of the benefits) would cause New York State to lose as much as \$2.6 billion in federal funding, feel an up to \$5 billion loss in economic ripple effect. Families aren’t the only New Yorkers affected. The \$5 billion loss includes loss to businesses like grocery stores, doctors’ offices, hospitals, and could lead to the loss. Affected immigrants with manageable chronic conditions may be forced to abandon their health coverage, such as Medicaid or Medicare, in order to protect their families, leading to reliance on emergency rooms and other public health consequences like spread of illness and disease.

As an organization that serves the exact people this proposed rule is targeting, CPC has already seen the effects of this rule. In many ways, the damage is already done, regardless of the final ruling. We have had seniors coming into CPC community centers since February when the rumors started, asking to withdraw from their SNAP benefits because they were worried it would hurt their status adjustment application or their children’s. SNAP is the only way they can afford to eat.



We've had community members decline to enroll their child in high quality early childhood education centers, even though they got subsidies, and community members who have removed themselves off waiting lists for public housing that they've been on for years.

In open enrollment month, enrollment in health insurance is lower than usual, and we've had community members ask about whether they should stop taking medication so it doesn't impact their green card application.

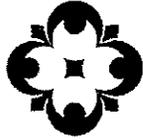
When the Notice of Proposed Rule Making was made at the end of September, I went to our community centers to talk to staff that were working with community members that would be impacted. In fact, many of the staff themselves will be impacted. When I told the teams about the NPRM, multiple people began to cry. One social worker asked me, "am I supposed to tell my NYCHA clients to move out and live on the streets so their green card application doesn't get rejected?"

Language barriers only exacerbate this issue. The rule is complex, and for Limited English Proficient immigrants, nearly impossible to understand. A climate of fear has contributed to misinformation and rumors in the local media. We've seen articles with misinformation and ads telling people to de-enroll from benefits.

This proposed rule is already pushing immigrants into the shadows and underground, and it will only get worse if it is finalized. We urge New York City to put all of its power and resources into fighting this.

CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve, and look forward to working with you on them.

If you have any questions, please contact Carlyn Cowen at ccowen@cpc-nyc.org



CAIR
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**STATEMENT OF
ALBERT FOX CAHN, ESQ.
LEGAL DIRECTOR
COUNCIL ON AMERICAN-ISLAMIC RELATIONS, NEW YORK, INC.
BEFORE THE COMMITTEES ON GENERAL WELFARE AND HEALTH
NEW YORK CITY COUNCIL
FOR A HEARING CONCERNING
OVERSIGHT – THE IMPACT OF THE PROPOSED “PUBLIC CHARGE”
PRESENTED
Thursday, NOVEMBER 15, 2018**

Good afternoon, my name is Albert Fox Cahn, and I serve as the Legal Director for the New York Chapter of the Council on American-Islamic Relations (“CAIR-NY”). CAIR-NY is a leading civil rights advocacy organization for the Muslim community here in New York City and across New York State. Today, I speak in support of the pre-determined resolution and of the council submitting a comment to the U.S. Department of Homeland Security (“DHS”) in opposition to its threatened expansion of public charge. I also thank and applaud Chairs Menchaca, Levin, and Levine and Speaker Johnson for calling today’s hearing on this vital topic.

Historically, public charge was a narrow ban for immigrants who received the majority of their income from Temporary Assistance for Needy Families (“TANF”) or other cash assistance programs or who lived in a residential care facility paid for by Medicaid.¹ Sadly, the Trump administration is radically expanding the rule, threatening thousands of immigrant families right here in New York City. Under the proposed rule, programs that are essential to New Yorkers’ health, housing and nutrition would trigger public charge. These include Medicaid, the Supplemental Nutrition Assistance Program (“SNAP”), housing assistance, and even Medicare Part D prescription drug benefits.

The threat of public charge will force immigrant New Yorkers to make impossible choices, choosing between keeping their immigration status and survival. They will need to choose whether to continue to get medical care or risk being designated a public charge – chemotherapy or permanent residency? This choice is even more harrowing for mixed-status families, parents who risk either being separated from their children or taking those children from the only country they’ve ever called home. We are grateful for the City’s proactive efforts to oppose this human tragedy.²

Under the proposed rule, the most “vulnerable children” will suffer the most acute consequences.³ If parents choose to dis-enroll from city and community services, their children also lose access to these vital programs. This harm is not theoretical. Despite the fact that visa-holders cannot be punished for using benefits during the rule’s pendency, we already have alarming reports of disenrollment. While city leaders are correct to be vocal in opposition to public charge, we must also be clear that every New Yorker should continue to use services without fear until the rule is finalized.

The proposed changes will be particularly severe for Muslim immigrants. Many immigrant New Yorkers are from Muslim-majority countries that were already the target of the President’s unconstitutional Muslim Bans. Since these countries are, on average, less economically developed, these families are more likely to need the social safety net programs President Trump is now attacking.⁴ The expansion of public charge is, in part, just the latest effort in President Trump’s ongoing, nativist campaign against Muslim Americans.

Disturbingly, expanding public charge will invade New Yorkers’ most private decisions. The proposed rules will necessitate extensive data collection and surveillance, allowing the Federal

¹ Douglas Jacobs, *A Tortured Choice for Immigrants: Your Health or Your Green Card?* N.Y. TIMES (Oct. 10, 2018), available at <https://www.nytimes.com/2018/10/10/opinion/immigration-trump-health-public-charge.html>

² Liz Robbins, *How Trump’s Plan for Immigrants on Welfare Could Hurt a Million New Yorkers*, N.Y. TIMES (Aug. 13, 2018), available at <https://www.nytimes.com/2018/08/13/nyregion/welfare-immigrants-trump-public-charge-rule.html>

³ Children’s Rights, *Expanded “Public Charge Regulation Puts Thousands of Children at Risk* (Sept. 24, 2018), available at <https://www.childrensrights.org/expanded-public-charge-regulation-puts-children-at-risk/>

⁴ Lucy Pasha-Robinson, *Donald Trump’s travel ban on Muslim countries is not the same as their ban on Israelis, says expert*, THE INDEPENDENT (Jan. 31, 2017), available at <https://www.independent.co.uk/news/world/americas/donald-trump-muslim-ban-travel-ban-israel-six-seven-countries-blocked-us-president-bar-israeli-arab-a7555756.html>

Government to verify which services New Yorkers use. This sort of data collection is disturbing for all New Yorkers, but especially for Muslim immigrants, who live under the spectre of President Trump’s campaign threat of a Muslim registry. The impacted benefits programs are a repository of highly sensitive personally identifiable information. For example, a visa-holder who receives Medicaid would be forced to reveal the fact of medical treatment, and possible even the nature of their health and treatment.⁵

The proposed rule change would, effectively, open deeply private information of individuals and their relatives to the eyes of the U.S. Citizenship and Immigration Services (USCIS). The proposed changes create an overly invasive net of potential data points far beyond what USCIS reasonably requires to make status determinations. Furthermore, data collection on relatives of visa-holders is truly beyond the pale and may exacerbate the chilling effecting that these policies are already having on benefit use by our most needy families.

At a time where New Yorkers are more concerned about their privacy than ever, in the face of consistent, privacy violations by public and private actors, it is crucial that we keep this Pandora’s Box of government intrusion firmly shut. I’m proud that our city, a city committed to diversity and tolerance, recognizes the dangers of such measures and will fight them.

The proposed rule does not just affect receivers of healthcare benefits, but also the countless doctors, nurses, medical students, and other immigrants who form the backbone of New York’s healthcare system. Immigrants make up nearly one-fifth of health care workers and 30% of doctors and surgeons in the United States.⁶ Here, in New York City, the numbers are even higher. According to Comptroller Scott M. Stringer, immigrant workers make up roughly half of New York City’s healthcare workers.⁷ Ironically, Iran and Syria, two countries targeted by the Muslim Ban, are among the top ten countries that send physicians and surgeons to the U.S. The proposed rule will not only impact immigrant communities but will potentially harm the countless American citizens who depend on immigrant doctors and nurses for lifesaving care.

The financial justifications for the proposed rule are just a pretext, an unconvincing disguise for the Administration’s animus towards immigrants, especially Muslim immigrants.⁸ Given the asymmetrical impact on immigrants from Muslim-majority countries, we fear public charge will constitute a new, *sub silentio*, Muslim Ban.

During his Presidential Campaign, then-candidate Trump proposed a “total and complete shutdown” on Muslims entering the United States, and Trump’s own advisors referred to the policy as a “Muslim Ban.”⁹ Earlier Muslim Bans are still being litigated in the courts, but they are limited

⁵ Jennifer Huber, *Stanford psychiatrist focuses on mental health needs of Muslims*, STANFORD SCOPE (Aug. 28, 2018), available at <https://scopeblog.stanford.edu/2018/08/28/stanford-psychiatrist-focuses-on-mental-health-needs-of-muslims/>

⁶ Julia Belluz and Sarah Frostenson, *How Trump’s travel ban threatens healthcare, in 3 charts*, VOX (June 26, 2018), available at <https://www.vox.com/2017/2/1/14470746/trump-travel-ban-health-care-doctors>

⁷ New York City Comptroller, *Our Immigrant Population Helps Power NYC Economy*, available at <https://comptroller.nyc.gov/wp-content/uploads/documents/Our-Immigrant-Population-Helps-Power-NYC-Economy.pdf> (last accessed November 11, 2018).

⁸ See, e.g., Sabrina Siddiqui, *Muslim candidates rise above Trump hostility to focus on issues*, THE GUARDIAN (Jul. 1, 2018), available at <https://www.theguardian.com/us-news/2018/jul/01/midterms-muslim-candidates-trump-hostility-democrats>

⁹ Amy B. Wang, *Trump Asked for a ‘Muslim ban,’ Giuliani says – and ordered a commission to do it ‘legally,’* WASHINGTON POST (Jan. 29, 2017), available at https://www.washingtonpost.com/news/the-fix/wp/2017/01/29/trump-asked-for-a-muslim-ban-giuliani-says-and-ordered-a-commission-to-do-it-legally/?noredirect=on&utm_term=.2bcc03bcfd4f

to restrictions on visas for those residing abroad.¹⁰ Alarming, this effort will go much farther, targeting families that already live in the U.S. As advocates, we see how, given the overlap between anti-immigrant and anti-Muslim bias, public charge further stigmatizes Muslim immigrants.

These tactics of repression are not new; history is repeating itself. In this pivotal time of change, it is important that we, as a city, stand up against measures that challenge our most fundamental values. Sadly, our city has not always lived up to our highest principles when our immigrant communities are attacked. One need only look back to the NSEERS program that terrorized and traumatized Muslim immigrants throughout the 2000s. We must not be silent now, in the face of such potential heartbreak.

The proposed resolution and public comment are important steps, but they are not enough. I urge each and every member of the council to submit their own comments in opposition to public charge and to your constituents to do the same. We must flood Washington with our opposition. A single comment is a symbol; a million comments is a breakthrough.

I thank you for giving me the opportunity to address this urgent issue, and I look forward to working with the Council to safeguard the rights of all New Yorkers targeted by the Trump Administration's proposed expansion on the rule of on public charge.

¹⁰ In Executive Order 13769 (the first "Muslim Ban"), Trump severely limited immigration, revoked visas, and turned away refugees from numerous Muslim-majority countries. This was superseded by Executive Order 13780, or "Muslim Ban 2.0", a temporary measure which ordered a worldwide scrutinization of countries and a 90-day ban on visa issuance for nationals of six majority-Muslim countries, including Iran, Libya, Somalia, Sudan, Syria, and Yemen. After the 90-day period Muslim Ban 2.0 expired, and the Administration issued a Presidential Proclamation, "Muslim Ban 3.0", which put into full effect travel and immigration restrictions for individuals from Iran, Libya, North Korea, Somalia, Syria, Venezuela, and Yemen. This third Muslim Ban went into effect on December 2017, and applied to individuals who were outside the United States on that date, who did not have a valid visa on that date, and who did not obtain a waiver.

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**WRITTEN TESTIMONY OF THE IMMIGRATION & NATIONALITY LAW
COMMITTEE AND THE SOCIAL WELFARE LAW COMMITTEE**

**NEW YORK CITY COUNCIL COMMITTEE ON IMMIGRATION,
COMMITTEE ON GENERAL WELFARE AND COMMITTEE ON HEALTH
OVERSIGHT HEARING: THE IMPACT OF THE
PROPOSED “PUBLIC CHARGE” RULE ON NYC**

November 15, 2018

Good afternoon, my name is Ernie Collette and I am a member of the Immigration and Nationality Law Committee of the New York City Bar Association.¹ The City Bar is opposed to the proposed changes to broaden the public charge ground of inadmissibility published by the U.S. Department of Homeland Security (DHS) on October 10, 2018 in the Federal Register.² If effectuated, these rules would disproportionately impact low-income communities, primarily communities of color. The proposed changes would force immigrant families to make impossible choices between life-saving benefits and future immigration options, including the ability to remain in the U.S. permanently with their families.³ A sixty-day comment period will close on December 10, 2018.

“Public charge” has long been a feature of U.S. immigration law as a ground of inadmissibility that applies to non-citizen visa holders entering the U.S. and applicants for adjustment to lawful permanent resident (“LPR”) status, primarily those who are seeking admission or adjustment based on their relationship to a family member already in the U.S. Public charge has been defined narrowly to mean only those applicants for admission or adjustment who were assessed to be “primarily dependent” on government cash assistance or long-term

¹ In addition to the Immigration and Nationality Law and Social Welfare Committees, to date the following City Bar committees have signed on to oppose the proposed changes to broaden the public charge ground of inadmissibility: Bioethical Issues; Civil Rights; Health Law; Labor and Employment Law; Legal Problems of the Aging; Lesbian, Gay Bisexual and Transgender Rights; Mental Health Law; Pro Bono and Legal Services; and Sex and Law.

² See Final Proposed Rule, Department of Homeland Security, Inadmissibility on Public Charge Grounds, available at: <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds> (all websites last visited Oct. 23, 2018).

³ For further information about the proposed changes, see CLINIC Legal, DHS Proposes Vast Changes to Public Charge Definition, available at: <https://cliniclegal.org/resources/uscis-proposes-vast-changes-public-charge-definition>.

institutional care for subsistence.⁴ “In-kind” benefits such as Medicaid and Supplemental Nutritional Assistance Program (“SNAP”, or “Food Stamps”) have not counted towards the public charge assessment, and having a financially sound financial sponsor has been enough to overcome an applicant’s low income. Under this current definition, relatively few non-citizens have been denied admission or prevented from adjusting to LPR status on “public charge” grounds.⁵

The new rule would shift the focus of the public charge determination away from the ability of the sponsor to provide financially for the applicant⁶ to focus almost exclusively on the applicant for admission or adjustment. For the first time, use of in-kind health and nutrition benefits would count against the applicant. DHS’s examination proposes to focus on factors such as: limited English proficiency, family size, having physical or mental health conditions that could affect ability to work, or simply being too young or too old to work and credit score. Having a financially-eligible sponsor willing to complete a binding affidavit of support would merely be one of many factors, instead of being practically determinative as it properly is today.

One of the only heavily-weighted positive factors a non-citizen applying for admission or adjustment could demonstrate under the proposed new rules is having an income or resources ample enough to not only cover his or her own expenses but his or her entire family (regardless of their immigration status) at a level over 250 percent of the federal poverty level,⁷ or nearly \$63,000 per year for a family of four. Even meeting this standard would not be determinative under the proposed rules, however. Regardless of the income of the applicant for admission or adjustment, his or her receipt of SNAP, Medicaid, federal housing assistance and Medicare Part D subsidies could still be negative factors which may result in denial of the application for admission or lawful permanent residence.⁸

⁴ See 64 FR 28689, available at: bit.ly/2KLNdfW; 8 USC § 1182(a)(4) (providing for public charge ground of inadmissibility); see also USCIS, Public Charge, available at: <https://www.uscis.gov/greencard/public-charge>.

⁵ While DHS does not publish annual statistics on reasons that applications for LPR status are denied when applied for within the United States, the U.S. Department of State (DOS) does publish these statistics for those applying for LPR status from abroad. For the fiscal year that ended in 2016, DOS initially found 1,076 applicants were inadmissible, but 912 of these applicants were able to overcome the finding. See Department of State, Immigrant and Nonimmigrant Visa Ineligibilities (by Grounds for Refusal Under the Immigration and Nationality Act), Fiscal Year 2016, available at: <https://travel.state.gov/content/dam/visas/Statistics/AnnualReports/FY2016AnnualReport/FY16AnnualReport-TableXX.pdf>. By way of contrast, in the fiscal year ending in 2017, DOS initially found 3,237 applicants were inadmissible on public charge grounds and 2,016 were able to overcome the denial, a more than 700% increase in denials since the implementation of the public charge rule at the U.S. Consulates abroad. See Immigrant and Nonimmigrant Visa Ineligibilities (by Grounds for Refusal Under the Immigration and Nationality Act), Fiscal Year 2017, available at: <https://travel.state.gov/content/dam/visas/Statistics/AnnualReports/FY2017AnnualReport/FY17AnnualReport-TableXX.pdf>.

⁶ Family-based applications for LPR status require the applicant to file a binding affidavit of support by the family member sponsor and, if necessary, by a joint sponsor. See USCIS, Instructions for Affidavit of Support available at: <https://www.uscis.gov/sites/default/files/files/form/i-864instr.pdf>

⁷ See proposed regulations, *supra*, note 2.

⁸ See proposed regulations, *supra*, note 2.

The proposed regulation would bring public charge assessments to a much darker past, when it was asserted as a tool of racial and ethnic discrimination. In the 1800s, not becoming a public charge was a condition imposed on African-Americans seeking freedom from slavery.⁹ Public charge was later used as a justification for federal and state agencies to deny admission to low-income Irish immigrants,¹⁰ and to Jews fleeing Nazi persecution.¹¹ Under DHS's proposed rule, low-income non-citizens would again face a barrier to entry and lawful permanent resident status, one based largely on economic status and rooted in discriminatory bias.

The final proposed rule will not go into effect while the notice and comment period is still underway -- a process that will not be completed for several months. However, the rule is already causing even those non-citizens who are exempt from public charge consideration, such as refugees and asylees, to fear applying for or continuing to receive benefits that they are eligible for, including health and nutrition benefits.¹² Medical experts warn that these changes to the public charge rule will result in decreases in Medicaid enrollment, increased emergency room medical care, and increased patient costs incurred by both patients and hospitals.¹³

Expansion of the public charge rule will have a devastating impact on children, families and communities. If concerns about any receipt of public benefits in the household, even for U.S. citizen children to whom the rule changes do not apply, cause households to forego access to nutrition supports under SNAP, the entire family will suffer from increased food insecurity. Similarly, loss of health care will not only make the entire household more susceptible to increased illness, but will also undermine overall public health and safety for all individuals in the United States, regardless of immigration status. Children, people with disabilities and the elderly will be particularly affected. This rule may further erode non-citizens' trust in public institutions, even those that are not implicated by the proposed rule change.

Ultimately, one of the worst impacts will be the way in which this rule could tear families apart. Many of the persons seeking admission or adjustment to lawful permanent resident status

⁹ Center for American Progress, Trump's Immigration Plan Imposes Radical New Income and Health Tests (Jul. 19, 2018), available at: <https://www.americanprogress.org/issues/poverty/reports/2018/07/19/453174/trumps-immigration-plan-imposes-radical-new-income-health-tests/>.

¹⁰ Hidetaka Hirota, *EXPPELLING THE POOR: ATLANTIC SEABOARD STATES AND THE NINETEENTH-CENTURY ORIGINS OF AMERICAN IMMIGRATION POLICY* (Oxford University Press) (2017).

¹¹ Barbara L. Bailin, *The Influence of Anti-Semitism on United States Immigration Policy with Respect to German Jews During 1933-1939* (CUNY Academic Works) (2011), available at: http://academicworks.cuny.edu/cc_etds_theses/262.

¹² "Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use," Migration Policy Institute, (June 2018), available at: <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>.

¹³ "Proposed Changes to 'Public Charge' Policies for Immigrants: Implications for Health Coverage," Henry J. Kaiser Family Foundation (September 24, 2018), available at: <https://www.kff.org/disparities-policy/fact-sheet/proposed-changes-to-public-charge-policies-for-immigrants-implications-for-health-coverage/>. *See also*, "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid," Henry J. Kaiser Family Foundation (October 11, 2018), available at: <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>.

are doing so through immediate family members: U.S. citizen spouses, parents, and children. One recent report estimates that this rule could result in the separation of at least 200,000 married couples annually as applications for lawful permanent residence by immediate family members are denied.¹⁴

New York City has over 3.3 million foreign-born residents¹⁵ and the proposed rule could negatively affect tens of thousands of New Yorkers.¹⁶ The proposed changes to the public charge regulation would not only prioritize wealthy, able-bodied, English-speaking immigrants above other immigrants, including those with sound financial sponsors, but will also force immigrant families to choose between receiving government assistance and improved immigration status. No family members should have to choose between life-sustaining benefits and possible family separation. The diversity of our immigrant community members is a strength of our City and an abiding strength of our nation. For these reasons, the City Bar supports the proposed Council Resolution 0609-2018, which opposes the proposed public charge rule and urges the federal government not to move forward with its adoption.

Immigration and Nationality Law Committee
Victoria F. Neilson, Chair

Social Welfare Law Committee
Susan E. Welber, Chair

¹⁴ Boundless, *Looming Immigration Directive Could Separate Nearly 200,000 Married Couples Each Year*, Sep. 24, 2018, <https://www.boundless.com/blog/looming-immigration-directive-separate-nearly-200000-married-couples/>; see also, Jeanne Batalova, et. al, Migration Policy Institute, *Through the Back Door: Remaking the Immigration System via the Expected "Public-Charge" Rule*, Aug. 2018, <https://www.migrationpolicy.org/news/through-back-door-remaking-immigration-system-expected-public-charge-rule>.

¹⁵ New York City Comptroller, "Our Immigrant Population Helps Power NYC Economy" (Jan. 11, 2017), available at: <https://comptroller.nyc.gov/reports/our-immigrant-population-helps-power-nyc-economy/>.

¹⁶ Corey Johnson and Carlos Menchaca, *Fight this immigration rule with all we've got: The 'public charge' regulation would do tremendous damage to New York*, THE NEW YORK DAILY NEWS, Oct. 11, 2018, <http://www.nydailynews.com/opinion/ny-oped-fight-this-immigration-rule-with-all-weve-got-20181011-story.html> (estimating that the public charge rule could lead to the denial of immigration benefits to 75,000 New Yorkers.)

NYC Council

Public Charge Testimony

National Association of Social Workers,

New York City Chapter

Astrid Casasola, Emma Cathell, Marlon Agustín-Mendez

We are Astrid Casasola, Emma Cathell, and Marlon Agustín-Mendez, master of social work students at Columbia University. We are active members and interns of the Immigration and Global Social Work Committee of the National Association of Social Workers, New York City Chapter, also known as NASW. And today, we testify on their behalf.

The New York City Chapter of the NASW represents over 6,000 members throughout the five boroughs. NASW is one of the largest association of social workers in the world, with over 120,000 members across the nation. We are leaders in advocating for just social policies, and we thank the New York City Council for the opportunity to testify.

The New York City Chapter of the NASW strongly condemns the Department of Homeland Security's (DHS) proposed rule change of "public charge" that was published on October 10, 2018 in the *Federal Register*. The DHS seeks to redefine the public charge policy, which was put in place by the Immigration and Naturalization Service (INS) in 1999, by expanding the criteria to obtain a green card, extend a visa, or admit a prospective immigrant. The DHS seeks to increase the number of public benefit programs as factors in determining residency, visas, and citizenship. This policy would change who is considered **admissible** in the United States if they have utilized one or more public benefits, instead of the current qualifications of up to 50 percent dependency on federal aid.

The NASW, NYC Chapter finds this rule change heartless and punitive, one that would have a devastating impact on those who are among the most vulnerable members of our society - low-income immigrant families and children.

The new proposal seeks to reject a non-citizen immigrant by expanding the definition of “public charge,” or dependent on the government, if they have utilized one or more public benefits. This proposed rule targets both monetizable and non-monetizable public benefits such as the Supplemental Nutrition Assistance Program (SNAP) (food stamps), TANF (welfare), Medicaid, Medicare Part D (prescription drug subsidies), SSI, Section 8 (housing vouchers), and potentially, fee waivers and Children’s Health Insurance Program (CHIP).

Furthermore, the proposal seeks to establish new thresholds to determine if an immigrant would be a public charge. The new threshold would be 15% of the federal poverty level (FPL) for a single person in a 12-month period (\$1,821 as of 2018). For benefits that cannot be measured as a cash value (e.g., Medicaid and public housing), the limit for use of the benefit within a 36 month period would be 12 months or nine months if an individual receives both types of benefits (i.e., those with a cash value and those without a cash value).

Costs of the Alternative Public Charge Policy

Financial and opportunity cost of application process. The DHS (2018) clarifies that the revamped application process alone could cost applicants more than a billion dollars on total direct costs over a ten-year period (DHS, 2018). Annually, the total direct cost is about 26 thousand dollars (DHS, 2018). Additionally, the monetary, opportunity, and time costs of lawyers, interpreters, surety bond companies, etc. that petitioners would most likely utilize in order to read and understand the new policy in its entirety must be considered (DHS, 2018). Currently, the legal fees for immigration applications with a lawyer ranges between \$500 to

\$1,500 (“Is An Immigration,” 2018); and it can be assumed that this cost would rise, as there would be an increase in demand for lawyers.

The estimated time to read this “proposed rule in its entirety [is] 8 to 10 hours per individual,” and most likely the opportunity cost to comprehend and complete each additional form would increase even more per practitioner (DHS, 2018). Furthermore, from the administrative side, this does not include the opportunity cost of time to review all the new additional forms and subsequently determine the admissibility of an individual.

Number of denials will increase. Additionally, the DHS (2018) “anticipates a likely increase” in the number of denials for adjustment of status as well as admittance. Since the amount of federal benefit programs considered in the new public charge will increase, more people will have to be determined as admissible or not. With the current policy, three percent of individuals who are noncitizens can be classified as a “public charge” based on their public benefits use, while the proposed policy could potentially label up to 47 percent of the population as such (Batalova, Fix, & Greenberg, 2018a).

Furthermore, with the current policy, five percent of naturalized citizens and three percent U.S. born are determined inadmissible, while it could potentially increase to 36 percent of naturalized citizens and 32 percent for U.S. born (Batalova, Fix, & Greenberg, 2018a). Finally, about 56 percent of all family-based green card applicants could be denied under the public charge rule’s unprecedented income requirement, which would be set to 250 percent of the Federal Poverty Guidelines (Batalova, Fix, & Greenberg, 2018b).

Chilling Effects. This new ruling would compel millions of low-income families and individuals to choose between access to food and health care or permanent settlement in the United States. More specifically, a 2018 report from Batalova, Fix, & Greenberg estimates that

26.9 million people, including 9.2 million children, will feel a "chilling effect." The chilling effect would discourage immigrants from using health, nutrition, housing, or other types of public benefits despite the fact they remain eligible, due to fear, distrust, and confusion directly caused by this proposed policy.

For this reason, a large number of immigrant families are already choosing to opt out of health and nutritional programs for which they are eligible due to the fear of the consequences this ruling could present for their residency status. This growing confusion poses a serious risk, not only for individuals and families, but for the public health as well.

In 1999, the INS found that the consequences of the public charge ruling caused an "acute" situation due to immigrants' lack of emergency and other medical assistance, children's immunizations, and basic nutrition programs, as well as the treatment of communicable diseases. Immigrants' fear of obtaining these necessary medical and other benefits are not only causing them considerable harm, but places the general public at risk as well because they will be at increased risk of contracting untreated, communicable diseases.

Expanding the criteria would literally lead to a public health crisis in which children and families will go hungry, lack adequate shelter, clothing, medical care, and other basic necessities.

Economic Benefits of Immigration. It is a common notion in the United States that immigrants suck up the public benefits of the country while not contributing to the economy; however several reports and news coverage have discovered quite the opposite. For example, Miroff (2018) found that in 2013, about 3.7 percent of the 41.5 million immigrants in the nation received cash benefits, while 22.7 percent accepted noncash benefits including Medicaid, housing subsidies or home heating assistance. In fact, native-born Americans use benefits at a

very similar rate. Of the 270 million U.S.-born population, 3.4 percent received cash welfare that year and 22.1 percent received noncash benefits (Miroff, 2018).

As previously stated, the proposal seeks to increase the income requirements for potential immigrants. In order to avoid being labeled as a public charge, an “alien” must make between 125 percent to 250 percent of the FPG (DHS, 2018). Anything above 250 percent would be weighed positively. For example, having an income of \$30,350 for an individual and \$62,750 for a family of four (Hesson, Cook, Evich, & Restuccia, 2018). As a comparison, virtually 29 percent of U.S. citizens would fail this test, compared to 28 percent of non-citizens (Entralgo, 2018).

Additionally, it will be discussed how immigrants are not actually an extra “burden on taxpayers,” but rather, an asset to the nation’s economy. In fact, it could be argued that with fewer immigrants in the United States, the country’s economy would suffer. Blaus & Mackie (2017) found that although first-generation immigrants are more costly to state and local governments than native-born Americans, second-generation immigrants are “among the strongest economic and fiscal contributors in the U.S. population.” In fact, this report found that the second-generation population contributed more in taxes than the rest of the native-born population (Blaus & Mackie, 2017).

Furthermore, it has been demonstrated that employment rates are high even among immigrants who partake in public benefit programs. In fact, Batalova, Fix, & Greenberg (2018a) found that of benefit-receiving families, 63 percent of noncitizens and 66 percent of naturalized citizens are employed, while only 51 percent of native-born benefits-receiving families are employed. Restraining the amount of immigrants admitted to the United States could also leave the nation at a vulnerable position during the current U.S. employment boom. *Forbes* analyst

Josh Bersin (2018) examines a new problem taking place in the nation, which is a labor shortage as well as all-time-low fertility rates (around 1.9 children per family).

Conclusion

The NASW, NYC Chapter concurs with a large and diverse coalition of immigration advocates, health organizations, physician groups, hospitals, and patient advocates, who strongly denounce the proposal because of the risk it poses for the health and well-being of the public and to immigrant families and children. The most sensible alternative to passing the 2018 DHS public charge proposal is to continue the current policy in place. Instead of implementing the proposed public charge policy change, the NASW, New York City Chapter, contends that it is best for children and families, as well as for the public health and well-being, to retain the current criteria as established by the 1999 ruling. As a nation that prides itself on life, liberty, and the pursuit of happiness and that has a heart and conscience, we cannot allow this to happen.



Testimony by the New York Legal Assistance Group (NYLAG)

Oversight – the Impact of the Proposed “Public Charge” Rule on NYC

Before the New York City Council Committees on Immigration, General Welfare, and Health

November 15, 2018

Chairs Menchaca, Levin, and Levine, Council Members, and staff, good afternoon and thank you for the opportunity to speak to the Committees on Immigration, General Welfare, and Health on the impact of the proposed “public charge” rule on New York City. My name is Joseph Lavelle Wilson, and I am a Staff Attorney in the LegalHealth Division of the New York Legal Assistance Group (NYLAG). I am here with my colleague, Abby Biberman, who is a Supervising Attorney in NYLAG’s Public Benefits Unit. NYLAG uses the power of the law to help New Yorkers in need combat social and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves veterans, immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, people with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, as well as others in need of free legal services.

As part of its ongoing efforts to attack immigrants living in the United States, the Trump Administration released a proposed rule change in October 2018 that, if implemented, will dramatically impact eligibility for green cards and visas. The rule both expands the range of public benefits which can form the basis of a denial for a green card or visa applicant, and amplifies the negative impact of receiving public benefits. Benefits on the list are expanded to include basic necessities such as SNAP, non-emergency Medicaid, and some housing subsidies. The rule will

allow USCIS officers to consider receipt of these public benefits going back as far as three years when determining inadmissibility, and will add the ability to speak and understand English to the totality of circumstances test. Officers adjudicating applications for family-based green cards and certain visas will be given broad latitude to deny under the proposed rule, by weighing certain factors such as age, health, and English language proficiency.

The introduction of this proposed rule has already had a deep chilling effect on immigrants throughout the United States. As often happens when a new immigration rule is proposed, there is a lot of confusion in immigrant communities about what the new regulations will mean for them. Many immigrants in New York and all over the country who use or have used benefits are panicking, and some are withdrawing from benefits to which they are entitled to avoid adverse immigration consequences. The effects on families and children and the potential public health consequences of this are massive. At NYLAG, we have already seen the negative results of clients misunderstanding the rule, needlessly terminating benefits, or not applying for benefits to which they are entitled, even when they do not fall under the proposed rule. For example, we have heard from staff we work with at Health + Hospitals clinics that women on temporary visitor visas are concerned about accessing prenatal Medicaid and WIC for their children born in the U.S. because they intend to return to their home countries and want the ability to revisit the U.S. in the future. Others are concerned because they want to apply for citizenship in the future and fear that accessing benefits now will hinder them.

One of the worst outcomes of the chilling effect has been clients foregoing necessary cancer treatments due to fear of being seen as a public charge or deported. Dana is an undocumented immigrant from Georgia who has been in the U.S. for nearly 20 years, has two children with DACA status, and several U.S. citizen grandchildren. Several months ago she was diagnosed with multiple myeloma and began chemotherapy funded through New York State emergency Medicaid. Dana was referred to NYLAG to see if she had an immigration remedy that would make her eligible for New York State-funded Medicaid, which would cover the necessary stem cell transplant that represented

the best option to treat her cancer. After the referral, Dana missed several appointments with both NYLAG and her medical team, fearing that she would be deported due to the medical treatment she was receiving. When she finally met with a NYLAG attorney, she revealed that she was trying to not take “too much chemo” to avoid the radar of immigration officials. She was terrified of pursuing any options that would make her Medicaid eligible or force her to reveal her address, fearing that it would get her family in trouble. Although Dana agreed to resume her chemotherapy after meeting with the NYLAG attorney, the doctor recently informed the attorney that Dana has stopped showing up to appointments, which will likely speed up resistance to the drug and make a transplant even more critical. We fear that cases like this will become commonplace as immigrant communities internalize a profound fear of public benefits based on the public charge rule.

While immigration law is a federal matter, there are many ways that New York City and New York State can make a difference, for example, by informing immigrant New Yorkers of their rights. The proposed public charge rule is legally complex, and requires understanding of immigration and public benefits law to interpret correctly. City agencies should be looking to legal services providers, with whom they already contract on many projects, to provide information and trainings on the public charge rule and how to best explain it to immigrant New Yorkers. This is especially critical for those agency staff members who regularly interact with the public, such as Human Resources Administration (HRA) case workers and the immigrant liaisons at benefit centers. Trainings will ensure that immigrant New Yorkers are getting accurate information about whether and how the proposed rule may apply to them, and will give agency staff contacts at legal services organizations to whom clients with complicated cases or questions can be directly referred. NYLAG has already had great success training professionals at Health + Hospitals, and would be willing to expand these trainings to other City agencies.

The City could also launch a media campaign about the rule, encouraging immigrants to get information from trusted City agencies and nonprofit providers. The campaign could focus on ethnic

and social media, as well as unique City outreach techniques, such as subway ads and LinkNYC. By reaching immigrants in their own communities, the City could reach thousands of New Yorkers who may not otherwise know where to seek information from trusted sources. We have seen how these types of campaigns can be highly successful, including a recent campaign to increase participation in the NYCitizenship program, on which NYLAG is a partner.

We hope that the City will also work with the State to look into ways to clarify the current benefits immigrants are receiving. Specifically, immigrants New Yorkers currently have no way of knowing whether the Medicaid they are receiving is coming from the State or the federal government. This distinction will likely make a huge difference in whether or not a person is subject to the new public charge rules. We ask that the State look into clarifying whether state Medicaid will be counted under the proposed public charge rule.

Finally, NYLAG strongly encourages the City Council to work with the State to look into potential stopgap non-means tested benefits that would not be subject to the proposed rule, with the caveat that we do not want applicants to be discouraged from applying for benefits to which they are entitled. We also hope the State will look into the possibility of expanding the definition of emergency Medicaid to ensure that all those immigrants in need of healthcare are able to access it, and will look into launching an education campaign on emergency Medicaid.

Thank you for the opportunity to testify today on the critical issues surrounding the proposed public charge rule. We look forward to continuing this conversation and to continuing to partner with the City to protect immigrant New Yorkers.

Respectfully submitted,

New York Legal Assistance Group



Asian American Federation

Testimony for New York City Council Oversight Hearing on Public Charge

**Submitted to the New York City Council
Committee on Immigration, Committee on General Welfare, and Committee on Health**

November 15, 2018

Thank you, Chair Menchaca, Chair Levin, and Chair Levine and the Committees on Immigration, General Welfare, and Health for convening this hearing today. I am Persephone Tan, the Associate Director of Immigration & Policy at the Asian American Federation (AAF). The Federation's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We come to you today representing our network of over 60 member organizations and partner agencies supporting our community with their work in health & human services, education, economic development, civic participation, and social justice.

Specifically, we are here on behalf of the Asian immigrants of New York City. Overall, Asians make up over 15 percent and growing of the City's population. Among this group, 70 percent of Asian New Yorkers are immigrants, making immigration issues particularly salient for our community.

On October 10, 2018, the Trump Administration released in the Federal Register a proposal to change how applicants for legal permanent residency (LPR) will be evaluated for risk of becoming a "Public Charge." The proposed rule recommends to "change the standard that is used when determining whether an alien is likely at any time in the future to become a public charge..." In the proposal, the changes would create a stricter public charge test and weigh certain factors more heavily such as age, income, health, conditions, and English language proficiency. It also seeks to add some health nutrition and housing programs to the list.

The leaks of the draft proposal back in March 2018 have panicked the Asian American community and has created fear to enroll in public services that are necessary to help families make ends meet. The result of this proposal would drastically impact access to services for Asian immigrants currently in the United States and reduce the number of Asian immigrants who are allowed to enter this country.

Estimates from Manatt Health and the Migration Policy Institute put the potentially impacted population in the Asian community of New York State at around a quarter million residents. This is about 31% of non-citizen Asians and their family members.

In addition, the Migration Policy Institute estimates that more than half (52%) of all recent Asian immigrants have incomes below the 250% of the federal poverty level, the proposed income cut-off for application of the Public Charge test. For a family of four, this would be an income of \$63,000 per year. This would mean that almost half of Asian immigrants who previously were allowed into our country could potentially be turned away. This is a clear sign that the change in the public charge definition is meant to reduce all forms of immigration, particularly legal immigration, as existing laws already prohibit undocumented immigrants from accessing federal benefits and legal immigrants are prohibited from accessing federal benefits for the first five years of their residency.

RECOMMENDATIONS

We support the City Council's efforts to protect vulnerable immigrants and act in accordance to our values as a sanctuary city. In pursuit of these goals we make the following recommendations, in anticipation of the finalized rule in 2019:

Public Outreach and Education

The New York City Council, along with corresponding agencies (MOIA, DSS), must conduct public outreach and education to immigrant communities who would most likely be impacted by this recent proposed Public Charge rule.

- The City needs to promote available information on Public Charge, in print and in-language, so that this material is accessible to immigrant communities across the city. MOIA already has 1-pagers available, but this is only accessible online.
- There should be joint messaging from all city agencies involved or impacted by the proposed Public Charge rule. Consistent messaging is essential in making sure that immigrant New Yorkers are able to access the same information and assistance provided by the City.
- Actively encourage your constituents on submitting public comments to the National Register by December 10, 2018, which is the deadline for any comments regarding the proposed Public Charge rule. Encourage that such public comments should be *unique* in experience and how it would impact their particular communities.
- The City should work with our member agencies and other community-based organizations to make sure the message gets out about where immigrant New Yorkers can seek help from the city. This information should also be conducted in partnership with ethnic media in print, television, and radio.
- Emphasize how narrow the scope of those impacted will be – that the proposed rule will impact those adjusting status in seeking legal permanent residency, and *not* those applying for citizenship, if they are a refugee, asylee, or victim of a serious crime. Please refer to the list of current exemptions in the proposed rule.
- Emphasize and reiterate regularly that these proposed changes will *not* occur until a final rule is in place after reviewing all submitted public comments.
- Since the youth (under 18 years old) and seniors are the most vulnerable populations targeted by this proposed rule, the City should work diligently with both city agencies and organizations that serve these groups and those who support them (i.e. parents and caregivers).

Strengthen Community Partnerships

Under the current Trump administration, immigrant communities continue to be under attack from harmful and xenophobic policies that threaten the livelihood of those who have found a home in the United States. In these trying times, it is the grassroots advocacy from local organizations that partner together in organizing actions in response to hateful rhetoric and behavior condoned by the President and the federal government.

We want the City to recognize the importance of these partnerships – particularly the unity and strength brought upon by both advocates and those impacted. We, along with many other advocacy organizations, have coordinated rapid responses to the Muslim Ban, threat to end DACA and TPS, and supported individuals impacted by ICE enforcement.

We need to build capacity in our member agencies so that they can provide extra help in this ongoing work, which goes above and beyond what they already do when responding to constant attacks on immigrant communities. We see a strain in our member organizations to meet this increase in demand for rapid action. We ask the City to:

- Fund grassroots organizing groups in the community to support their capacity in conducting outreach in times of rapid responses
- Help create and maintain staffing and resources of knowledge we have to do outreach in the community
- Strengthen existing structures and partnerships by working with us and our member organizations

Provide Free Legal Services In-Language to Help Immigrants Evaluate Their Public Charge Status

The City should provide and promote free legal services in-language, and not only in the ten designated citywide languages as mandated by Local Law 30 on Language Access. The most vulnerable of our communities are those with the most diverse languages.

- **For the Asian immigrant community, the Department of Education tracks 55 languages across more than 20 Asian ethnic groups.**

Address the Fee Waiver of Immigration Benefit Criteria

The current proposal includes a requirement that USCIS include any previous use of a fee waiver for immigration benefit forms as a part of their financial status evaluation (Section V-G-2.-(b) <https://www.federalregister.gov/d/2018-21106/p-82>). We need to ensure that current fee waiver programs funded by state and city immigration services programs **do not** become part of the Public Charge evaluation process.



Commitment to Improve the Quality of Life

November 15, 2018

To: New York City Council Committee on Immigration, the Committee on General Welfare and the Committee on Health

From: India Home, Inc.

RE: Oversight - The Impact of the Proposed "Public Charge" Rule on NYC

India Home is a non-profit organization founded by community members to serve South Asian older adults. The mission of India Home is to improve the quality of life for older adults by providing quality care in a culturally appropriate environment. We serve more than 200 older adults across Queens through senior center programs, case management, community mental health programs, recreational activities, and advocacy.

100% of the seniors India Home serves are foreign born and nearly 80% of them have Limited English Proficiency (LEP), which limits their understanding of and access to traditional services. As such, the culturally appropriate services that we and other grassroots organizations provide to immigrant communities are extremely necessary. Our clients come to us from the heavily South Asian neighborhoods of Sunnyside, Jackson Heights, Briarwood, Jamaica, Richmond Hill, and Queens Village. They also live in growing communities situated in the Bronx, Brooklyn, and beyond.

As you know, on October 10, 2018, the Trump administration formally announced a proposed regulation that would dramatically broaden the "Public Charge" test that has been a part of federal immigration law for decades. The South Asian older adults we work with are vulnerable new immigrants themselves who live in poverty, depend on adult children, speak little English, have low-to-no income, and are socially isolated. Public benefit programs support these older adults' basic needs in terms of access to health care, food, and other essentials. These programs have improved these older adults' well-being and economic security in ways that have allowed them to fully participate and positively contribute to our communities. With many of our seniors receiving the benefits involved in the new Public Charge rule, such as TANF, SSI, SNAP, and Medicaid, we foresee it having a huge impact on the vulnerable South Asian Older Adult community.

It is important for the wellness of our seniors to have nutritious food and ingredients from the cultural diets that they are accustomed to. SNAP makes this possible for close to 50% of our seniors and many of the South Asian older adults in the larger community. A great amount of our seniors depend on this support received every month to meet their nutritional needs.

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Ms. Neetu Jain

Access to affordable health care is especially important for our seniors, who face a large amount of health issues. Medicaid has been critical for long-term care, home and community-based services, dental care, and transportation, among other services. 80% of our low-to-no income seniors depend on Medicaid to get basic health care services. The program has been a lifeline for them, providing coverage for hospital care, doctors' visits, and prescription drugs. Many of our seniors are enrolled in Part D prescription drug coverage as well to get extra help with out-of-pocket costs, such as premiums and co-pays. With the proposed changes to Public Charge including these programs, our seniors would certainly be impacted.

Our members have depended on these aforementioned benefits, which have directly helped meet their basic needs in order to survive. As of right now, the programs that are part of the Public Charge test are: Cash assistance such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) and comparable state and local programs, and government-funded institutional long-term care (including through Medicaid). The government is considering including more programs in the public charge test, such as Medicaid, SNAP, Section 8 housing assistance, and Medicare part D. This will definitely have substantial negative impact on the South Asian Seniors we serve.

The proposed Public Charge rule has already created fear in our community and made our seniors afraid to seek programs that would help support their basic needs. The proposed rule would have further negative impact by leading to disenrollment from certain public benefit programs among our members and clients, out of fear it would affect not only themselves, but also their families. Recently naturalized citizens are afraid to apply for public benefits in fear of it affecting their citizenship status. Based on our observations, the Public Charge rule may cause our members to forgo enrollment in or disenroll themselves from public benefit programs because they do not understand the rule's details and would fear their enrollment could negatively affect their or their family member's immigration status. For example, one of the seniors we work with recently applied for citizenship and is eligible for SSDI benefits due to his physical condition. However, he is reluctant to apply for SSDI as he is afraid it might affect his citizenship application.

Moving forward, we recommend the City Council take the following steps:

1. Clearly inform the South Asian community on Public Charge through adequate language access services and legal help available in South Asian languages
2. Work with and provide special funding to grassroots organizations like ours to further disseminate knowledge on Public Charge to South Asian seniors

Sincerely,



Vasundhara D. Kalasapudi, M.D.

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CHINESE
PROGRESSIVE
ASSOCIATION

230 Grand Street - Suite 504 New York, New York 10013 212-274-1891 cpanyc@cpanyc.org

TESTIMONY

Thursday, November 15, 2018

Joint Oversight Hearing - The Impact of the Proposed "Public Charge" Rule on NYC.
NYC Council Committee on Immigration, Committee on General Welfare, Committee on Health

My name is Mae Lee. I am the executive director of the Chinese Progressive Association. We serve those who live and work in Chinatown and the Lower East Side. We assist immigrants with programs like English classes, citizenship classes, immigration application assistance, information on navigating and finding resources. Both documented and undocumented immigrants seek help from us. In addition, we help new citizens register to vote.

We are opposed to any expansion in the benefits to be considered for the public charge test. There are already many rules to ensure that immigrants don't become a "public charge".

We have one anecdote to share:

Some of the students in our citizenship classes (lawful permanent residents) told us they do not wish to apply for citizenship at this time even though they are eligible because they are receiving public benefits. This is their plan: when the time comes to recertify, they will NOT recertify. And then, when they're no longer receiving public benefits, they will apply for citizenship. The chilling effect has spread to those who already have their green cards. Since then, we have conducted small group workshops to educate community members about these issues and answer their questions. But we need more help. There are many others to be reached.

We've seen MOIA's multilingual flyers. We've heard that HRA staff members will educate those coming in to the office regarding re-enrollment or eligibility. City agencies can do more without creating hysteria. We recommend:

1. proactive public education - via traditional and social media, direct mailings, etc. - with this message - don't be afraid to seek public assistance or services, get help and information from your local community based immigrant service provider
2. funding, assistance, collaborations with these service providers



Testimony before the New York City Council
Committee on Health,
Committee on General Welfare and
Committee on Immigration
Oversight Hearing on Public Charge
November 15th, 2018

Testimony of Eunhye Grace Kim, Assistant Director

Korean Community Services of Metropolitan New York, Inc.

Good afternoon. My name is Eunhye Grace Kim, and I am the Assistant Director at the Korean Community Services of Metropolitan NY (KCS). I am a Certified NY State Navigator for health insurance marketplace and I also actively assist outreach for the Managed long term care program. I appreciate the opportunity to share with you how the proposed public charge rule impacts the lives of our community members. I would like to start by thanking the Honorable Chair Menchaca, Chair Levin and Chair Levine, and members of the Committee on Immigration, Committee on General Welfare and Committee on Health for holding today's oversight hearing on Public charge.

In 1973, KCS began as the first social services nonprofit organization in New York serving the Korean community. Today, KCS serves a daily average of 1,100 individuals through its six program sites in the areas of immigration, aging, senior job training, immigration, mental health clinic, ESOL, and public health. KCS strives to improve the quality of existing services by developing innovative programs to support Korean Immigrants and Asian community overcoming economic, health and social barriers; hence they become independent and thriving members of the community.

KCS' Public Health and Research Center (PHRC) has offered a wide range of much-needed health care services to eradicate health disparities among minorities in New York. PHRC provides culturally and linguistically competent public health program as well as community-based outreach, education, and training to maximize positive health outcomes for the community.

Since January 2018, when the Korean community first heard about the leaked report about public charge, the community members have been scared of deportation, detainment, and rejection immigration status change requests. Questions and concerns about public charge rule from community gradually increased, as well as their impact on their daily lives and health conditions. For instance, I witnessed some of my clients give up their pregnancy Medicaid out of fear of public charge. Although I explained that it would not be retroactive and that they can always drop it after the rule is implemented, they decided to not apply for it and risk their pregnancy.

Furthermore, KCS provides free mammogram and hepatitis B screenings and follow up services. If the patient needs hepatitis B medication, which is necessary to maintain their health, but has no insurance, KCS provides it for free. However, many community members did not show up at the screenings and refused to get free

KCS Main Office Adult Daycare Afterschool Immigration ESOL 203-05 32 nd Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126	Corona Senior Center Korean Mutual Aid Society 37-06 111 th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055	Flushing Senior Center 42-15 166 th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205	Public Health and Research Center Workforce Development 2 W 32 nd Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347	Brooklyn Project 8710 5 th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002	Mental Health Clinic 42-16 162 nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149
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medication due to their fear of public charge. For example, a female patient in her 60's is in the process of getting her green card. She used to get our services for her Hepatitis B condition, yet she suddenly refused to take the medication and we could not reach her anymore. Despite lengthy explanation of how it will not affect her, she chose not to get screened for fear of getting her green card denied. Our community members now have to choose between health and immigration status. Sadly, they often choose immigration status over health. Not only people with visa status but permanent residents and naturalized citizens are also afraid of getting or renewing their health insurance, such as Essential Plan, Child Health Plus, and Medicaid.

In the Korean community, there are many misconceptions about public charge. Many attorneys recommend their clients to drop the social benefits they are receiving if their clients seek to change their immigration status. Also, many ethnic media reports publish misleading and incorrect information. Korean Americans in NYC have the highest uninsured rate among Asian Americans. But due to fears generated by the proposed public charge rule, I expect this rate to increase even higher. Despite constant efforts by NY State and City governments to reduce readmission rate of Emergency room, it would be very difficult to lower it, in the face of fear produced by public charge. Many New York City families depend on food stamps as their employment is unstable. Now, children and parents are cancelling their food stamps and WIC because they do not want to jeopardize their immigration status.

It is crucial to provide our community members with accurate information around proposed public charge rule and conduct effective outreach to educate them. Due to the highest limited English Proficiency (LEP) rate in our community (17%), compared to other immigrant communities, culturally competent materials should be provided. Moreover, working closely with community based organizations would be critical to reducing fear among NYC's most vulnerable populations. Most of the time, community members share their concerns and problems with their community based organizations, rather than with city agencies. Therefore, the City Council's continuous support of community-based organizations in reaching hard-to-reach populations and educating community members will be critical to minimizing fear and negative impacts of public charge on vulnerable immigrant populations in NYC.

New York City has been a leader on various social service accesses for its immigrant populations. We hope that NYC will continue this commitment by considering the suggestions contained in this letter. We welcome the opportunity to further discuss these issues with you.

Thank you for this opportunity to share our story.

Reference

*NYC Health (2018), Epi Data Brief, New York, NY,
Retrieved: <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief100.pdf>*

<p>KCS Main Office Adult Daycare Afterschool Immigration ESOL 203-05 32nd Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126</p>	<p>Corona Senior Center Korean Mutual Aid Society 37-06 111th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055</p>	<p>Flushing Senior Center 42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205</p>	<p>Public Health and Research Center Workforce Development 2 W 32nd Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347</p>	<p>Brooklyn Project 8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002</p>	<p>Mental Health Clinic 42-16 162nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149</p>
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Japanese American Social Services, Inc.
100 Gold Street, Lower Level, New York, NY 10038

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Web: <http://jassi.org> E-mail: info@jassi.org

Organization: Japanese American Social Services, Inc. (JASSI)
November 15, 2018

RE: Oversight - The Impact of the Proposed "Public Charge" Rule on NYC

Dear Committee on Immigration jointly with the Committee on General Welfare and the Committee on Health,

I, on behalf of Japanese American Social Services, Inc. (JASSI), am writing to strongly oppose the Department of Homeland Security's proposed rule change to "public charge." JASSI is a non-profit, community-based organization which has been providing an array of social services to the Japanese community for 37 years through the Hotline Program, the Senior Program, the Caregiver Support Program, and the Community Outreach Program.

During FY2018 (July 1, 2017 through June 30, 2018), JASSI assisted 1,818 clients. The total number of contacts we received or made from them was 4,394. Approximately 85% of them required assistance in Japanese. We receive many inquiries about public benefits, housing and health insurance offered through the federal or state governments.

The proposed policy will undermine access to essential health, nutrition and shelter for eligible immigrants and their family members. In fact, clients and community members we serve have already withdrawn from benefits they are entitled to receive for fear that receiving them will affect their immigration status or lead to deportation. One of our clients, whom JASSI's staff provided health insurance enrollment to, came back to us and said that she now wanted to cancel the Essential Plan she had signed up for. When asked why, she stated that her attorney told her to withdraw from it immediately; otherwise, she will never obtain her green card. Even someone who has a law degree is confused and misunderstands the facts of this proposed rule change. We told the client that the rule change was still a proposal so she could remain in her benefit, but she refused and said that she would endure without health insurance. Nobody should feel that they should choose either access to health care or the right to stay in this country. We all should have equal rights to seek health care when needed.

Many of our clients are either on some kind of temporary visa or undocumented. The fear created by these rules will cause lasting harm to entire communities. They will now have to live in fear of seeking the support they need -- regardless of whether they are actually subject to the "public charge" test. By forcing choices no family should have to make, it puts our whole country at risk. The Trump Administration should immediately withdraw its proposal and instead advance policies that strengthen—rather than undermine—the ability for our communities to thrive.

We need your help to assist our community. You can help us by delivering constant messages to the community in as many languages as possible. Please know that there are many immigrants with limited English proficiency. Messages translated into their languages will have stronger impacts. You can also help us by ensuring that the assistance on this issue, such as the immigration hotline, is accessible in other languages. Not only in NYC major languages but in as many languages as you can. You can help us to fund and partner with community-based organizations like us, so that we can continue providing better support and creating stronger relationships with the community.

Thank you for your time and consideration.

Chisato Horikawa
Director

JASSI Honorable Chairman: Hiroshi Aoki; **Board President:** Ryoko Mochizuki, CBP, CCP, CPA, MBA, Esq., *President of Law Office of Ryoko Mochizuki & Associates LLC (LORMA)*; **Board Treasurer:** Sayaka Araki, CPA; *The Noguchi Museum*; **Board Secretary:** Mayumi Iijima, Esq., *Law Offices of Mayumi Iijima, P.C.*; **Board of Directors:** Hiroko Hatanaka, *Former V.P. of IW Group*; Sato Iwamoto, MSW; Monica Jenson, *Sumitomo Corporation of Americas*; Yoshio Kano, *Executive Secretary of Japanese Medical Society of America, Inc.*; Machiko Mori; Tazuko Shibusawa, Ph.D., LCSW, *Associate Professor of Social Work, New York University Silver School of Social Work*; Sayaka Takeda, *Nomura Research Institute America*; Narumi Yoshida, CPA, *Financial Advisor of Ameriprise Financial Services, Inc.*; **Advisory Board:** Hideo Dan, *Attorney at Law*; Richard Hara, Ph.D., *Assistant Director of Field Education at Columbia University School of Social Work*; Yoko Naka, MSW; Kanako Okuda, MSW, LCSW, *Director of Field Education at Hunter College Silberman School of Social Work*; Kozo Osaki, CPA; **Staff:** Chisato Horikawa, LMSW, CAC, *Director*; Mizue Katayama, MA, *Senior Program Manager*; Yoko Sakai, *Administrative and Accounting Assistant*; Fumie Singh, MSed, CAC, *Program Assistant Coordinator*; Yoko Yoshida, *Case Worker/Administrative Assistant*

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TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council

Committee on Immigration with the Committee on General Welfare and the
Committee on Health

Oversight: The Impact of the Proposed "Public Charge" Rule on NYC

Submitted by:

Faith Behum

UJA-Federation of New York

November 15, 2018

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TESTIMONY: UJA-FEDERATION OF NEW YORK
Oversight: The Impact of the Proposed “Public Charge” Rule on NYC
November 15, 2018

Good afternoon Speaker Johnson, Chairperson Menchaca, Chairperson Levin, Chairperson Levine and members of the Committees on Immigration, General Welfare and Health. My name is Faith Behum and I am an Advocacy and Policy Advisor at UJA-Federation of New York. Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to our mission is to care for those in need. We identify and meet the needs of New Yorkers of all backgrounds and Jews everywhere. We connect people to their communities and respond to crises both locally and around the world. We support nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services. On behalf of UJA, our network of nonprofit partners and those we serve, thank you for the opportunity to testify on the impact of the proposed “Public Charge” Rule on New York City.

Background

“Public Charge” is a part of immigration law. It can be used as a basis to deny a non-citizen entry into the United States or for denying an application to adjust an individual’s immigration status to Lawful Permanent Resident (LPR) or green card holder. Currently, the government benefits that count towards being a public charge are cash assistance programs like welfare, SSI, and government funded long-term institutional care. In addition to these benefits a totality of circumstances is considered including an individual’s age, health, family status, assets, resources, financial status, education, and skills, before it is determined if an immigrant is a public charge. Refugees, asylees, survivors of trafficking, survivors of domestic violence and other violent crimes are not subject to the public charge test. People applying for United States citizenship are also not subject to the test. These exceptions cannot be changed through the proposed rulemaking process.

The Proposed Rule

The proposal if implemented would include additional public benefits to be used to determine if someone is a public charge such as SNAP, Medicaid, Section 8 (vouchers and project-based) and Medicare Part D subsidies. The proposal also includes any receipt of benefits (value or duration) to count whereas now the individual must be primarily dependent on the benefit. According to the Legal Aid Society, the thresholds for value and duration are low in the proposal meaning, “Most people who receive any of the countable benefits will meet or exceed these thresholds such that the receipt of benefits will count against them.” The same totality of circumstances will be considered (an individual’s age, health, family status etc.) but will be weighed in different ways. The additional benefits combined with the low value thresholds of benefits and the totality of circumstances being weighed differently will put more low-income immigrants at risk of being determined a “public charge”.

Impact of the Proposed Rule

If the proposal passes to update the “Public Charge” requirements, many low-income immigrants will choose between receiving benefits that allow them to access health care, food and other necessities and pursuing permanent residency in the United States. UJA is concerned not only for the individuals who receive services through our agencies but the people who are employed

to provide services. Some of our non-profit partners provide services and supports to the elderly to live in the community. Many of the home health aides who are the backbone of supporting the elderly to live in the community are immigrants receiving benefits such as SNAP and Medicaid. These individuals need these benefits to make ends meet. If the “Public Charge” proposal is passed, these individuals will be forced to choose between receiving benefits or jeopardizing their immigrant statuses.

In New York City, the rule change could harm as many as 475,000 undocumented immigrants and could result in a loss of at least \$420 million each year due to disenrollment from public benefits and the resulting economic ripple effect.¹ Additionally, 75,000 NYC residents currently qualify for social service benefits and have an immigration status that would force them to make a choice between the social safety net and a pathway to permanent residency if the rule is enacted; and 400,000 NYC residents have a future path to permanent residency and risk factors that would likely make them a public charge under the proposed rule.²

In 2015, UJA-Federation of New York, the Federation of Protestant Welfare Agencies and Catholic Charities of New York jointly selected a set of policies and contracted with the Urban Institute to test their effects on rates of poverty individually and combined.³ Among the policies included were benefits from the Supplemental Nutrition Assistance Program (SNAP) and housing vouchers, both programs being considered in the update to the “public charge” rule. Even before conducting this study, an analysis from the New York City Center for Economic Opportunity (CEO) found that poverty would be even higher without government policies such as SNAP and housing vouchers. New or enhanced policies could even further reduce poverty. The study found that increasing SNAP benefits by 31 percent reduced poverty to 18.7 percent, a drop of about one-eighth from the baseline of 21.4 percent. Increasing the number of housing vouchers in order to help half of the current waiting list reduced poverty to 19.9 percent (and could help reduce it more depending on which households received the new vouchers). If the public charge rule is updated and individuals and families are deterred from enrolling in housing assistance or SNAP, the poverty rate in New York City will increase.

Specifically, SNAP is a critical source of support for struggling households. Research shows that SNAP lifts people out of poverty, reduces hunger and obesity, and improves school attendance, behavior, and achievement. Based on the Census Bureau’s Supplemental Poverty Measure in 2017, SNAP moved 3.4 million people out of poverty.

State and local governments will face costs associated with the harms to health, food security, economic security, education and well-being of families impacted by this proposed rule. States and localities should not have to bear the costs of federal withdrawal of assistance to people who depend on safety net and public benefit programs to live. Likewise, the charitable network would incur costs in responding to the increased need, even as it struggles to meet existing need. Across

¹ NYC Office of the Mayor. *Mayor Announces Up To 475,000 Immigrant New Yorkers Could Be Harmed By Trump’s “Public Charge” Proposal*. October 11, 2018. <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

² Id.

³ Urban Institute. *How Much Could Policy Changes Reduce Poverty in New York City?* March 2015. <http://www.fpwa.org/wp-content/uploads/2014/10/Anti-Poverty-Report-Final.pdf>

the country, these networks — food banks, pantries, religious congregations, and other emergency food providers — are already frequently overwhelmed, unable to consistently serve all the people who require assistance. Feeding America, a nationwide network of more than 200 food banks, estimates that for every 12 meals SNAP provides, its network provides one. UJA's fellow social service organizations, nationwide, are concerned by this seeming attack on poor immigrants and the organizations that serve them.

Federal cuts to SNAP in 2013 decreased the amount of SNAP benefits that New Yorkers receive each month, resulting in increased reliance on EFAP to get adequate nutrition throughout the month. For families of three, the cut amounted to about \$29 a month.⁴ Because of this increased reliance on EFAP, according to a report by the Food Bank for New York City, more than 75 percent of food pantries and soup kitchens saw increased visitor traffic and an increased number reported experiencing food shortages in September 2017 compared to September 2013.⁵ Additionally, many food pantries struggle to obtain an adequate food supply, especially in terms of proteins (meat, poultry and fish).⁶ These challenges will only be exacerbated by changes to the public charge rule, leading to higher levels of food insecurity across the country.

According to new research presented by the American Public Health Association, SNAP participation is already starting to decline even though the public charge rule change is only in the proposal phase. In the first half of 2018, data showed a 10 percent drop in enrollment among immigrant families eligible for SNAP who have been in the country less than five years. This drop follows 10 years of increasing participation from 2007 to 2017.⁷

Closing

UJA-Federation of New York thanks Speaker Corey Johnson for his leadership on this critical issue and stand with him as he submits public comments on behalf of the City Council to the Federal Register about the changes to the Public Charge Rule. Thank you for your time and if you have any questions please contact me at behumf@ujafedny.org.

⁴ Center on Budget and Policy Priorities. *SNAP Benefits Will Be Cut for Nearly All Participants in November 2013*. August 2013. <https://www.cbpp.org/research/snap-benefits-will-be-cut-for-nearly-all-participants-in-november-2013>

⁵ Food Bank for New York City. *Trade-Offs at the Dinner Table: The Impacts of Unwanted Compromises*. November 2017. https://www.foodbanknyc.org/wp-content/uploads/Trade-Offs-at-the-Dinner-Table_FB-Research-Brief_Nov2017.pdf

⁶ Food Bank for New York City. *Meeting NYC's Need: Bolstering the Emergency Food Network in 2017*. <http://www.foodbanknyc.org/wp-content/uploads/MeetingNYCsNeedNetworkBrief20172.pdf>

⁷ American Public Health Association. *Study: Following 10-year gains, SNAP participation among immigrant families dropped in 2018*. November 12, 2018. <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2018/annual-meeting-snap-participation>

CFR At A Glance



At CFR, we believe that every family matters. Our mission is to keep families together—we work to prevent children from entering the foster care system or to keep their time in care to a minimum. CFR clients receive the services of our innovative team model consisting of a lawyer, a social worker, and a parent advocate—a professional who has experienced the child welfare system firsthand and can empathize with the struggles that vulnerable families face.

Our financial impact is substantial. An investment in CFR supports an efficient and effective model that achieves significant public savings. Our services cost an average of just \$6,500 per family, versus an average minimum of \$30,000 to keep a child in foster care for a year in NYC. Since 2007 CFR's services have reduced the cost of foster care by more than \$37 million.

Our Results Prove that CFR is...

Groundbreaking. Our unique model was the first of its kind in the nation and has benefited over 9,000 families since our founding in 2002.

Effective. More than 52% of CFR families avoid foster care altogether. Since 2007, our median length of stay is 6 months, compared to 11.5 months for all children citywide before CFR began working with parents in a high volume capacity.

Expert. Annually, CFR provides dozens of training sessions to more than 500 professionals around the city, state and country. This includes judges, court personnel, attorneys, social workers, and parent advocates.

Always Improving. In 2015 we launched *HOME for GOOD*, an initiative to better guarantee family stability, by adding additional services—we'll now help families in the areas of housing, immigration, public benefits and with concurrent criminal matters.

Of the Parents We Serve:

100% live in poverty	21% are survivors of domestic violence
88% are people of color	13% were in foster care themselves
65% are women	40% are raising their children as single parents
34% are homeless	31% have a concurrent criminal case
31% are immigrants	24% have a mental health diagnosis

To learn more about our work and the families we serve, visit:

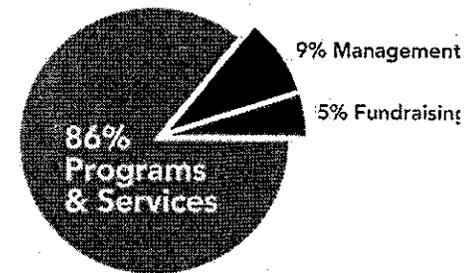
www.cfrny.org and follow @EveryFamilyCFR

Contact: Michele Cortese, Executive Director
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Data Current as of June 2018

CFR's Finances

- In 2018, CFR's budget is over \$11 million. We have grown steadily since our founding, when our budget was just \$250,000.
- CFR is committed to operating responsibly. 86 cents of every dollar spent goes directly to programming.



Why We Work to Prevent Foster Care

- Former foster youth are 3 times as likely to live below the poverty line.
- Nearly 25% of homeless adults have a history of foster care. In NYC, 1 in 10 foster youth becomes homeless within a year of aging out of care.
- 50% of youth in NYC are unemployed upon aging out of foster care, making them more likely to become homeless, incarcerated, and dependent upon welfare.
- Girls living in foster care are twice as likely as the general population to become pregnant by age 19.
- More than 50% of foster care alumni suffer from mental health problems and 21% are diagnosed with PTSD.

The Cost of Doing Nothing

- Today, nearly 438,000 children live in foster care in the U.S.
- Federal and state child welfare spending for fiscal year 2014 (the most recent available) was \$29.1 billion with more than half of this spending (\$16.3 billion or 57%) coming from state or local funds.



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Testimony of Danny Alicea

Litigation Supervisor

Center for Family Representation

Before a hearing of the New York City Council
Committees on Immigration, General Welfare and Health

November 15, 2018

"Oversight – The Impact of the Proposed "Public Charge" Rule on NYC

Good afternoon, and thank you to the members of the Committee on Immigration, the Committee on General Welfare and the Committee on Health for the opportunity to testify today and for your leadership on behalf of the families of New York City.

The Center for Family Representation, Inc., ("CFR") was founded in 2002 to reduce reliance on foster care and improve outcomes for children and their families. We provide parents in crisis with legal representation and social work services to enable children to live with their families safely. Through a contract with the New York City Mayor's Office of Criminal Justice, CFR has a contract to be the assigned county-wide indigent defense provider in Queens and Manhattan family courts—which means we represent the majority of indigent parents who are summoned by the Administration for Children's Services, or "ACS," to family court to defend allegations of maltreatment of their children. At no cost to a family, we assign every parent an interdisciplinary family defense team comprised of an attorney, a social worker, and a parent advocate—trained professionals who have had direct experience being investigated and prosecuted by ACS, losing their children to foster care and successfully reunifying their families. Our mission is to keep families together and to address the underlying causes of family instability. CFR's primary goals are to keep children out of foster care, or shorten their time in care, in order to avoid the devastating consequences of separating children from their families. We serve more than 3000 New York city parents annually. At present, 31% of CFR's clients are noncitizens, 7% are undocumented and 57% use public benefits.

The purpose of my testimony today is to offer the Council information about the harmful effects that the Federal government's proposed changes to the "public charge" analysis will have not only on New York City's child welfare system, but also on its immigrant children and families. In summary: Based on data and CFR's experiences with noncitizen clients, we believe that these

proposed changes will cause many noncitizen parents to stop (or never begin) seeking public benefits, for fear that such benefits will jeopardize their immigration status (or in the case of undocumented parents, require a disclosure of status). This is true even for immigrants whose eligibility would not be affected by the proposed change.

As we outline in more detail below, if the proposed "public charge" changes become effective, immigrant populations will increasingly experience the trauma of child welfare proceedings and the separation of their families, for two main reasons: First, because some immigrant families use public benefits to provide for the basic needs of their children, the reduced use of such benefits will multiply reports of child neglect and abuse against immigrant parents, as they become less able to provide their children with these necessities. Second, this reduction in public benefit participation will likely increase court Family Court filings by the Administration for Children's Services ("ACS") against immigrant families on the basis of neglect. These proceedings can result in court orders with which noncitizen parents cannot comply, and in the temporary or even permanent separation of immigrant families.

Even outside of immigrant communities, these changes will financially harm New York, as studies show that keeping families together and reducing their interactions with the child welfare system saves money that the government would otherwise spend on expensive court proceedings and programs like foster care.

I. The Proposed Changes Will Chill the Use and Pursuit of Public Benefits by Immigrant Populations

Changes in immigration rules, particularly when, as here, the changes reflect a policy to limit noncitizens' access to legal presence in the United States, cause confusion and fear among immigrant populations, often leading immigrants to avoid accessing public benefits. Due to the proposed changes alone, many immigrants (even those to whom the "public charge" test is irrelevant) are already afraid to apply for or continue to receive public benefits for which they are eligible.¹ Similar trends were observed after previous changes in immigration policy—following the passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, there was a decline in benefits participation by immigrants,² even among groups whose eligibility was unaffected by the legislative change (such as refugees and children who were United States citizens).³

¹ "Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use," Migration Policy Institute, (June 2018), available at: <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>.

² *Id.*, citing Michael E. Fix, Randy Capps, and Neeraj Kaushal, "Immigrants and Welfare: Overview" in *Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers*, ed. Michael Fix (New York: Russel Sage Foundation, 2009).

³ Francisco I. Pedraza and Ling Zhu, "The 'Chilling Effect' of America's New Immigration Enforcement Regime," *Pathways*, Spring 2015, available at: https://inequality.stanford.edu/sites/default/files/Pathways_Spring_2015_Pedraza_Zhu.pdf

The proposed changes would expand the analysis of whether a noncitizen is likely to become a "public charge" for purposes of the test for admissibility to the United States. The admissibility test is applicable to many (but not all) applicants for entry and/or adjustment in status, including, for example, applicants for visitor visas and family-based green cards, but excluding humanitarian entrants (such as VAWA petitioners and refugees). This testimony assumes familiarity with the proposed changes: essentially, the existing test for whether an applicant is likely to become a public charge focuses on a narrow set of public benefits, and tends to allow certain negative factors (such as low income or receipt of public benefits) to be overcome by obtaining a reliable financial sponsor.⁴ The proposed changes emphasize a "totality of circumstances" approach that permits United States Citizenship and Immigration Services ("USCIS") to consider a broad range of factors, including English proficiency and existing medical conditions, supposedly tending to show that the applicant is likely to become reliant on public benefits. Moreover, the new definition includes a much more expansive list of public benefits explicitly considered in the public charge analysis, as well as a set of factors specifically assigned negative weight (for example, income at or below the federal poverty line).

Due to the complexity of immigration laws, both noncitizen clients and government case workers are frequently confused or misinformed about the implications of immigration reform for individuals and families. Other factors, such as language barriers and lack of access to quality representation, exacerbate this problem for immigrants living in poverty. In CFR's experience, the message that the proposed changes penalize the use of particular benefits (for example, "SNAP" (food stamps), housing assistance and non-emergency Medicaid) will continue to frighten immigrant parents and dissuade them from using those benefits, even after attempts to explain that the test is either inapplicable or passable in their particular cases. CFR is concerned that, even when a noncitizen parent has a child who is a United States citizen, the parent will fear enrolling the child in public benefit programs lest the parent risk her own immigration status and thus the unity of the family.

II. Decreased Use of Public Benefits Will Increase the Interactions Between the New York Child Welfare System and Immigrant Families, Increasing Government Costs

Noncitizens' unwillingness to seek public benefits is expected to increase incidences of contact between immigrant families and the child welfare system, and, for immigrant families already involved with the child welfare system, to prolong involvement and reduce the likelihood of positive outcomes.

A. Initiation of Child Welfare Cases Due to Inability to Meet Basic Needs

The relationship between decreased public benefit participation and involvement with the child welfare system is straightforward. The proposed "public charge" changes specifically permit USCIS to consider a noncitizen's use of a new list of public benefits in determining whether he or she is likely to become a public charge. Many of these public benefits help provide for basic needs, such as non-emergency Medicaid, "SNAP" (food stamps) and certain forms of Housing

⁴ See Victoria F. Neilson & Susan E. Welber, N.Y.C. Bar Ass'n, Statement Opposing Proposed Changes to Broaden "Public Charge" Rule (Oct. 2018).

Assistance. If noncitizen parents are too intimidated to seek or continue these benefits (many of which require periodic contact to prove continued eligibility) on their own behalf or on their children's, they may lose the ability to provide their children with basic necessities. Under New York law, neglect is defined as the failure of a parent or caretaker to supply adequate food, clothing, shelter, medical or psychological care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm. When mandatory reporters (for example, schools, medical professionals) or other reporters such as neighbors notice the children lack access to these needs, CFR expects that ACS will see an increase in reports of child neglect among immigrant populations.

Each of these reports can initiate a process that is lengthy, traumatizing and expensive to both families and the government, during which ACS conducts a neglect or abuse investigation and may file a petition in family court. During the court proceeding, a family court judge decides whether children may be released to live with their parents, other relatives or removed to foster care. In addition, there are multiple court appearances, placing precarious (often part time) employment at risk, and that in addition to court, parents are required to attend multiple meetings with ACS and agencies outside of court. Throughout each proceeding, a series of court conferences, monitoring appointments, custody orders and ACS meetings take place, all costing government funds.

B. Prolonging of Child Welfare Entanglement Due to Inability to Access ACS- or Court-Ordered Services

If ACS chooses to charge immigrant parents with neglect, in order to ameliorate the problems which brought them to court, parents are required to demonstrate parental fitness to ACS and the family court. To accomplish this, the parents are generally ordered to participate in services such as individual and family therapy, anger management or drug treatment. Since many of these services would typically be covered by insurance, noncitizen parents can be forced to choose between defying an ACS or court order and (at least in their minds) risking their immigration status to obtain insurance or other benefits. (It is possible, but difficult, to convince ACS to pay for these services.) The failure to comply with such orders could result in prolonged interactions with ACS and family court (as the families negotiate their obligations), protracted stays in foster care for children, delay in reunification, and extra litigation.

CFR's clients already encounter these challenges. For example, one noncitizen father does not have insurance. ACS ordered him to complete a substance abuse treatment program as a condition of the release of his five-year old daughter to his care. Over a period of about four months, ACS made referrals to programs that were too expensive or required insurance. The only program that ACS could find that did not require insurance was an inpatient treatment program, which was not appropriate because the father was testing negative for all substances. A CFR attorney identified a sliding scale provider for substance abuse treatment, but ACS has continuously refused to pay and our client cannot afford the fee. This process has prolonged the client's reunification with his daughter and multiplied the expenses of ACS. While this client happens to be undocumented, the same issues can arise for any client who fears public benefit participation due to changes in immigration policy. These issues not only prolong families' involvement with ACS and family court, but also increase the likelihood of the permanent

separation of a family due to noncompliance. In addition to traumatizing families, this permanent separation carries with it the increased costs of programs like foster care.

C. Increased Costs

Unnecessary engagements with the child welfare system will cause avoidable expenses for the government, as well as delays in key institutions that serve New Yorkers. As illustrated by the two preceding sections, an influx of immigrant families into the child welfare system will multiply the instances of investigations, hearings and proceedings that cost government funds. Moreover, the added burden on ACS and family courts will put strain on these institutions, leading to backups and a slower administration of justice. For example (and as illustrated above), the unavailability of certain benefits, such as insurance, enabling immigrant parents to access court-ordered services, can lead to additional hearings and prolong child welfare proceedings, preventing the family courts from clearing these cases. Like downstream costs in other areas (for example, uncompensated medical expenses for the uninsured⁵), these costs can mount much higher than the threshold costs of providing families with basic needs.

To the extent that a decrease in immigrant public benefit participation leads to the separation of families, it will also generate significant costs for the government, as research indicates that keeping families together saves the government (and thus, taxpayers) money. For example, in 2010-2011, the average annual cost of placing a child in New York foster care was \$56,060, accounting for placements across a range of high- and moderate-cost options.⁶ Broadly (including outside New York), more than half of children who enter foster care or other non-family care remain there for longer than a year, and 22% remain for more than three years before being reunited with families or permanently placed.⁷ Based on CFR's data, we estimate that our work in preventing and/or shortening stays in foster care has saved New York taxpayers over \$37 million since 2007.

These costs, at least with regard to immigrant families that are otherwise stable, are avoidable. An immigration policy that chills noncitizens' (and their citizen children's) access to lifesaving public benefits draws families into the child welfare system that would otherwise remain united, leading to the attendant government expenditures to adjudicate child welfare cases and place endangered children outside the home.

⁶ Gerard Wallace & Ryan Johnson, "New York State- Child Welfare Costs and Kinship Services", *New York State Kinship Navigator*, available at, <http://www.nysnavigator.org/pg/professionals/documents/NewYorkStateChildWelfareCostsandKinshipCare.pdf>

⁷ Moira A. Szilagy, MD, PhD, et al., "Health Care Issues for Children and Adolescents in Foster Care and Kinship Care", *American Academy of Pediatrics*, available at <http://pediatrics.aappublications.org/content/136/4/e1142> (2015)

III. Increased Engagement with the Child Welfare System, and the Potential Negative Outcomes of this Engagement, are Harmful to New York City's Immigrant Children

Research indicates that child welfare proceedings and removal from families can be traumatic to children and negatively affect their life outcomes.⁸ When a child experiences separation from a parent or primary caregiver, the child can experience fear, confusion, anxiety, and grief and may exhibit posttraumatic stress responses including intrusive thoughts, nightmares, negative self-images, behavioral changes, self-destructive thoughts, plans or actions, issues with focus or concentration and physical symptom such as stomach pain and headaches.⁹ This causes some children to reject emotional connections and avoid positive relationships and necessary support.¹⁰

Compared to similarly situated children who remain with their families, children placed in foster care are more likely to experience involvement in the juvenile justice system, teen pregnancy, unemployment and incarceration.¹¹ Within one year of emancipation from foster care, 22-36% experience homelessness, and 33% of former foster care participants live at or below the poverty level.¹² In addition, studies of former foster children show that 54% have clinically significant mental health problems and 30% have a chronic mental illness.¹³

IV. Conclusion

As shown above, the proposed "public charge" changes are likely to cause a chilling effect in immigrants' use of public benefits. Due to language barriers and confusion surrounding immigration policy, this effect is expected even for immigrants whose eligibility is unaffected by the changes, notably including the citizen children of noncitizen parents. This chilling effect has uniquely detrimental consequences for indigent immigrant parents and could render immigrant families less able to provide for their children's basic needs, causing an increase in child welfare proceedings that can result in the separation of immigrant families. As a result, the government will bear the increased costs of ACS investigations, family court hearings and, in cases that involve family separation, the unnecessary and significant expense of foster care.

⁸ Id.

⁹ Children with Traumatic Separation: Information for Professionals, *The National Child Traumatic Stress Network*, available at: <https://www.nctsn.org/resources/children-traumatic-separation-information-professionals>

¹⁰ Id.

¹¹ Joseph J. Doyle, Jr., "Child Protection and Child Outcomes: Measuring the Effects of Foster Care," *American Economic Review* (2007), available at: http://www.mit.edu/~jjdoyle/fostercare_aer.pdf.

¹² Szilagy, *supra* note 7

¹³ Id.

In light of the above expected consequences, CFR believes that the proposed "public charge" changes will have negative impacts on New York City's immigrant families and on its child welfare system. Accordingly, on behalf of CFR, I request that the Council publicly oppose the proposed changes.

Thank you for your consideration.

Danny Alicea

Litigation Supervisor, Immigration

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**NEW YORK CITY COUNCIL
THE IMPACT OF THE PROPOSED "PUBLIC CHARGE" RULE ON NYC
NEW YORK CITY COUNCIL**

Claudia Calhoon, MPH
Senior Director of Immigrant Integration Policy
New York Immigration Coalition

November 15, 2018

Good afternoon. My name is Claudia Calhoon, and I am the Senior Director of Immigrant Integration Policy at the New York Immigration Coalition.

I would like to start by thanking Immigration Committee Chair Carlos Menchaca, General Welfare Committee Chair Stephen Levin, and Health Committee Chair Mark Levine for calling this hearing and for the opportunity to testify on the impact of public charge rule in New York City.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC has been grateful for partnerships with city and state legislators to offer three legislative briefing and more than 75 trainings to members and partner organizations on public charge.

Of all the Trump administration's anti-immigrant policies, its threats to change "public charge" rules may have the most widespread and damaging impact in New York City and in cities across the nation. Public charge, which the U.S. government uses to deny entry or permanent residency to immigrants who are likely to be primarily dependent on public assistance, currently only encompasses sustained use of cash assistance programs (Temporary Assistance for Needy Families or) or long-term care. Health coverage like Medicaid, low-income subsidies for Medicare Part D, and programs addressing social determinants of health like food (Supplemental Nutrition Assistance Program or SNAP) and housing (Section 8 subsidies) security have not historically been included in public charge. Based on the rule posted to the Federal Register on October 10, 2018, we know the administration aims to add all of these programs to a public charge test. If this rule is approved, it would punish immigrants for putting food on their family's table or keeping a roof over their children's heads by threatening their path to permanent residency. It also cruelly targets low-income individuals, regardless of whether they are working. The government can consider income, family size, health, employment, and skills in the public charge test. This is not new - it has always been true, but the proposed changes would place greater weight on them.

The administration's proposed change is not final, but its effect is already palpable. The administration has weaponized the mere threat of expanding public charge as a pernicious tactic to block immigrants' access to health care, food, and shelter, while providing itself a tool to strangle the legal immigration system. NYIC members report that they have never heard their clients and communities more afraid. Community members frequently approach them to be disenrolled from Medicaid, SNAP, and even from WIC (even though WIC was not named as a benefit program in the proposed rule.) We have heard stories from multiple members of pregnant women declining Medicaid during their pregnancy because of fears of public charge inquiries.

The demand for information in this environment is constant due to the extraordinary reach of the threatened changes. In New York City alone, one million people live in mixed-status households and may fear for themselves or family members. Even if the administration's rule never goes into effect, the damage it is doing to the positive development of infants and children is already a grave concern. The long term population health impact of food and housing insecurity, and of stress and trauma are well established. Pregnant women that forego prenatal care may experience higher risk pregnancies or childbirths. Children who are hungry or homeless cannot do their homework or learn effectively in school, and may suffer the effects of stress, trauma or hunger over the course of their lives. Adults who feel it is not safe to continue to have health insurance or medication assistance may delay seeking services or treatments that are vital to managing life-threatening chronic diseases.

The exact timing of the rule is not known, but it could go into effect as early as March

What Can the Council Do?

Submit Public Comments

We are currently in the middle of a 60-day comment period on the rule and are working to ensure that New York City generates a vigorous response. As a member of the national Protecting Immigrant Families campaign, we are working to help make the national goal of 100,000 comments a reality. (As of this morning, 58,759 comments have been submitted.) The NYIC has asked each of its members to submit public comment on the impact the rule will have on communities they serve by submitting a comment through the portal at ouramericanstory.us. We also ask each member of the Council to submit a comment about the impact that the rule would have in their district. We believe there is the potential to stop this rule, and generate a deluge of comments is a critical part of the strategy. The more unique comments are submitted, the longer the Department of Homeland Security's mandated review will take and the stronger the public record will be in supporting of creating a public record for future challenges to the rule.

Disseminate Accurate Information

There already is and will continue to be an urgent need for accurate information about its progress, and ongoing correction of misinformation to counter the chilling effect causing families to unnecessarily decline benefits. Constituent Services staff in member offices have a critical opportunity to provide NYC communities with accurate information about the rule. Without consistent and accurate information from reliable sources, people who need not fear public charge may be ensnared and decline life-sustaining services. Certain people are NOT subject to the public charge test at any time, even when applying for a green card:

- Refugees and asylees, victims of trafficking (T visas),
- Victims of domestic violence or other serious crimes (U visas and VAWA self-petitioners),
- Special immigrant juveniles (SIJS), and some other immigrants

Individuals who have a green card already or who are applying to naturalize are not subject to a public charge test.

There are also many benefits that are NOT a part of the test today, and that the government is NOT proposing to add, including

- WIC
- Children's health insurance (CHIP)
- EITC
- Benefits used by eligible children in a family
- Seeing a doctor at the hospital or clinic

Fund Legal Services

If the rule goes into effect, individuals seeking a green card will have to make wrenching calculations about the cost benefits of continuing to receive certain benefits or maximize the likelihood of getting a green card. The best person to help families make these very tough decisions is a legal service provider who also understands public benefits. We are concerned that the capacity to link every impacted family with a legal service provider may not yet be in place. As we approach the city budget process, we encourage the city to allocate sufficient resources for legal services.

Identify policy solutions

Beyond the immediate information and service needs, it will be critical for New York City to be creative about developing policy to mitigate the impact of the rule, to ensure food and housing security, and ensure health access for individuals who disenroll from health insurance. In addition to deployment of legal service providers to help individuals assess their risk for public charge scrutiny, the city must explore alternative solutions to anti-poverty, food security, and housing

stability measures. The NYIC stands ready to work with the Council to develop innovative, outside-the-box solutions to mitigate the impact rule.

Specifically with regard to healthcare access, we urge the city to build on the lessons of the ActionHealth NYC pilot and create an uninsured care program that will serve as an entry point to the health care system that assures predictable costs, links individuals to a primary care medical home, bridges services between community health centers and New York City Health + Hospitals (H+H) facilities, offers enhanced care coordination to all enrollees, and supports patients who have chronic diseases with case management to get the best out of the city's health care system. The program should be available to any uninsured person in New York City, regardless of the reason they lack insurance. This feature is particularly important in the context of public charge rule changes.

Federally qualified health centers (FQHCs) should be included in the program as primary care homes and should play an active role in designing a program that builds on the existing high-quality care they already provide without having a negative effect on their financial sustainability. There should be a uniform fee scale across all participating provider organizations, including H+H and FQHCs. Price transparency and predictability help uninsured individuals make decisions about health care services and costs.

The program should include financial support to trusted CBOs to do outreach to promote the program. The program should offer access to a comprehensive set of primary care, behavioral health, pharmacy, and vaccination services, in addition to case management and care coordination service described elsewhere.

A cross-institutional uninsured care program would create a shared vehicle through which other health care providers could join and share in the overall city mission of caring for the uninsured. The program should ultimately include outreach to other community and hospital providers for them to consider joining the program and sharing in the overall City mission of caring for the uninsured.

In closing I note that these policy solutions and service needs are immediate. Because we know that there is a dramatic chilling effect across New York City, we cannot wait until the rule is final to act. We look forward to working with the NYC City Council to protect immigrant families across New York City.

Thank you for your time today.



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Testimony of City Harvest Committees on Health, General Welfare, and Immigration

T2018-3187 & T2018-3222

Good afternoon Chairpersons Levine, Levin, and Menchaca, and members of the Committees on Health, General Welfare, and Immigration. Thank you for holding this hearing today to address what action New York City is taking to respond to the Trump administration's announced executive action on October 10, 2018, which seeks to change the definition of "public charge," broadening it to include whether an individual participates in critical low-income assistance programs, such as Medicare and Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Section 8 housing vouchers.

City Harvest is New York City's largest food rescue organization, helping to feed the more than 1.2 million New Yorkers who are struggling to put meals on their tables. We will rescue 61 million pounds of food this year and deliver it, free of charge, to hundreds of food pantries, soup kitchens and other community partners across the five boroughs. Our programs help food-insecure New Yorkers access nutritious food that fits their needs and desires; increase our partners' capacity; and strengthen the local food system, building a path to a food-secure future for all New Yorkers.

This new rule could force immigrant families to choose between a secure future in this country and their ability to access healthy food, safe housing, and health care. The new rule will also create fear and confusion that may dissuade many New Yorkers - regardless of whether they are impacted by the rule - from seeking needed food in the first place. In New York City alone, the Mayor's Office estimates that the ruling would immediately impact 75,000 residents who currently qualify for SNAP and have an immigration status that would be put at risk if they continue to use SNAP. It could potentially impact another 400,000 residents who could be eligible for permanent residency in the near future and be turned down because of this rule. **In total, that is 475,000 New Yorkers who would either lose their SNAP benefits or their ability to live in the country.**

SNAP is the cornerstone of the nation's nutrition assistance safety net.

Federal nutrition programs like SNAP were designed by Congress to help low-income families get the food and nutrition they need. This rule undermines our country's commitment to supporting our neighbors who are struggling to make ends meet. Food insecurity across the country is simply too big to address without programs like SNAP that are proven to provide vital nutrition to families struggling to make ends meet. For every meal that the Feeding America network provides, SNAP provides 12 meals.

City Harvest opposes this policy because we believe that no New Yorker should have to choose between putting food on the table and living in our city and country. As we work on the frontlines to feed New York City, we have a responsibility to help all of our neighbors in need, regardless of who they are or where they come from. City Harvest has joined Feeding America and the more than 1,100 organizations across the country by signing on to the Protecting Immigrant Families Campaign letter urging the Trump Administration to withdraw the ruling. In addition, through our website, newsletters, action alerts, and social media we are urging our networks to send comments on how this policy would affect their communities.

The rule is open to public comment until December 10. Before it can go forward, the Administration is required to review and respond to individual comments. We urge the City Council **to tell the administration to withdraw this ruling by approving T2018-3222, which authorizes Speaker Johnson to submit a public comment on behalf of the Council to the Federal Register, concerning the proposed change to the Public Charge rule.** It is critical to add the Council's perspective on how this policy would affect our city and communities.

Thank you for holding today's hearing to protect vital programs for food insecure New Yorkers and their families.

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Hannah Scott November 15, 2018 Testimony Against Public Charge Proposal

Good afternoon, my name is Hannah Scott and I am here today, representing West Side Campaign Against Hunger (WSCAH) and our community of almost 12,000 families. I thank the City Council and Speaker, Corey Johnson for this opportunity to present. Founded in 1979, West Side Campaign Against Hunger is the country's first supermarket-style, multi-service food pantry, and one of the largest emergency food providers in New York City. In the last year, we provided 1.5 million pounds of food, which included over 400 thousand pounds of fresh fruits and vegetables, to nearly 12,000 households. We offer our services to all NYers regardless of immigration status and we continue to strongly stand with immigrant communities throughout the continued attacks from the Trump administration.

I am here today to speak out against the proposed rule change to Public Charge, to show support for the City Council's resolution rejecting this policy, and urge the federal government to not move forward with its adoption. At West Side Campaign Against Hunger we provide assistance accessing many of the services that this proposal includes such as onsite enrollment in SNAP and health insurance, because these services help our clients lead healthier lives.

Last week at West Side Campaign Against Hunger a client came in to the office to close her SNAP case because of the fear this proposal has created. She elected to close her case though she and her three family members still qualified for the benefit. Additionally, though she has \$600 remaining on her benefit card she stated that she will not use it because she is so fearful of the possible effect of this proposal. This is only one example of how this proposal is hurting immigrant families and leaving them without the resources they need to thrive.

We strongly support the City Council's resolution rejecting this policy and support advancing policies that will protect immigrants. We have already seen that this proposal has created enough fear that immigrants are fearful to access benefits to which they are entitled. It does not matter how many times we try to explain the details of this proposal, the fear overpowers what we say. Therefore, immigrant families are turning more and more to the emergency food system within New York City to survive. Emergency food is not a replacement for benefits like SNAP. We, those working in the emergency food system need supplemental funding to EFAP in order to be the social safety net that feeds these immigrants. We need more healthy, fresh food not processed or canned food.

Once again, West Side Campaign Against Hunger would like to thank you for the opportunity to testify about the need to reject this proposal and identify it as an attack on immigrant families. We ask the City Council to do everything in their power to advance policies that help strengthen and support, rather than undermine immigrant communities.

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DIGNITY. COMMUNITY. CHOICE.

**Testimony Before
The Council of the City of New York's
Immigration Committee, General Welfare Committee and Health
Committee on the Impact of the Proposed "Public Charge" Rule
Changes on Immigrant Populations Living with HIV/AIDS**

**Alisha Mohammed, Esq.
Supervising Attorney, Immigration
HIV Law Project**

November 15, 2018

Chairpersons Menchaca, Levin, and Levine, Members and Staff of the Committees on Immigration, General Welfare and Health.

On behalf of the HIV Law Project, I appreciate the opportunity to testify before you today at this hearing regarding the impact of the proposed changes to the public charge regulations on the immigrant population in New York City living with HIV/AIDS.

The HIV Law Project, a part of Housing Works, Inc., was founded in 1989 in response to the growing need for legal and advocacy services for low-income people living with HIV/AIDS in New York City. In addition to our policy advocacy and impact work, we have handled over 20,000 individual legal cases for our clients. Ninety percent of our clients are people of color. Approximately one third are women, one third self-identify as Lesbian, Gay, Bisexual or Transgender, and more than half are new or recent immigrants. The overwhelming majority receives public assistance and depends on Medicaid or ADAP to obtain access to HIV primary care. Most come from New York City's poorest communities and frequently have few educational, familial, and community resources at their disposal. The HIV Law Project represents New Yorkers living with HIV in immigration, housing, and benefits.

The HIV Law Project applauds your efforts to learn more about the impact of the proposed changes to the Immigrant population in New York City living with HIV/AIDS.

The new "Public Charge" rule would force immigrants living with HIV/AIDS to choose between (a) remaining in unlawful status, without critical subsistence benefits such as housing assistance, and (b) filing for legal status and benefits, only to scupper their immigration prospects as "Public Charges."

If finalized, the regulation would chill access to critical programs that help with housing, food, and other essentials for immigrants living with HIV. For individuals living with HIV, "housing is healthcare." "Indeed, a substantial body of research demonstrates that, for people living with HIV/AIDS, housing is one of the most important factors in accessing medical care and maintaining one's health." Armen H. Merjian, "HIV AIDS and Housing," at 6-4, in *AIDS and the Law*, 5th ed. 2015. In turn, by complying with treatment regimens, people living with HIV can reduce their viral load until it becomes undetectable by normal blood tests. According to the CDC, "People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner." This is key to ending the epidemic.

The Public Charge rule will have an immediate and devastating impact on the health and welfare of immigrants living with HIV/AIDS, and on the Campaign to End AIDS. This is because, under the proposal, immigrants who file an application with USCIS will be compelled to forego housing assistance and other life-sustaining benefits lest they be deemed a “public charge.”

Before filing an application with USCIS, immigrants living with HIV rely upon ADAP, which is paid for under Part B of the Ryan White program, for prescription drug coverage, but go without Medicaid, Food Stamps, rental assistance, and other critical benefits. Currently, immigrants in New York can access these critical subsistence benefits through the HIV/AIDS Services Administration after filing an application with USCIS, thereby becoming “PRUCOL,” a person residing under color of law. Unlike ADAP, however, Medicaid is a target of the proposed regulation. Hence, the filing of any immigration application and the inception of Medicaid and related public assistance benefits would automatically harm clients’ immigration prospects. The proposed change would therefore force immigrants living with HIV into an impossible choice: (1) eschew any immigration filing and accordingly go without housing assistance, Medicaid, Food Stamps, etc., remaining most likely homeless and in precarious, unlawful status under an administration with a dogged, enforcement-only mentality, or (2) secure life-sustaining benefits by filing and jeopardize ever securing legal permanent status on the ground of being a “Public Charge.”

The New York State Constitution Art. XVII, § 1 states: “The aid, care and support of the needy are public concerns and shall be provided by the state” Established precedent has determined that immigrants and undocumented persons fall into this protected category. New York State has recognized, moreover, that providing medication to persons living with HIV/AIDS is a public health responsibility, hence the provision of ADAP health insurance. Governor Cuomo has announced, finally: “Our commitment to fighting this disease is unrelenting and guided by our remembrance of those we lost. Every individual living with HIV should have access to life-saving care, regardless of whether or not they are symptomatic of the disease at that moment.” Given this responsibility and legal requirement, New York is required to intervene if the public charge rules go into effect, and to provide medical coverage and public assistance to persons living with HIV/AIDS that does not impact their ability to legalize their immigration status.

Recommendations:

- Pass a resolution calling upon Governor Cuomo and the State government to require that funding for Medicaid HIV/AIDS coverage come solely from Ryan White federal funds, or from New York State-only funds; and
- Pass a resolution calling upon the Department of Homeland Security to reject the proposed regulations as Executive overreaching - an overbroad rejection of established public charge principles, as flying in the face of our values of caring for our less fortunate neighbors, and as wholly un-American.

**NORTHERN MANHATTAN
IMPROVEMENT CORPORATION
(NMIC)**

TESTIMONY

ON

PROPOSED CHANGES TO PUBLIC CHARGE

PRESENTED BEFORE:

THE NEW YORK CITY COUNCIL
COMMITTEE ON IMMIGRATION

PRESENTED BY:

MARC VALINOTI
MANAGING IMMIGRATION ATTORNEY
NORTHERN MANHATTAN IMPROVEMENT CORPORATION
November 15, 2018

Good morning Chair and Council Members. On behalf of Northern Manhattan Improvement Corporation (hereafter, "NMIC"), I thank you for inviting us to present our views on changes to Public Charge proposed by the Department of Homeland Security. My name is Marc Valinoti and I am the Managing Immigration Attorney at NMIC.

NMIC is a community-based, not-for-profit organization founded in 1979 that has grown into a leading multi-service agency with a staff of over 100 serving New York City with a focus on upper Manhattan and the Bronx. Our mission is to act as a catalyst for positive change in the lives of the people in our community on their paths to secure and prosperous futures. *Our legal and social services programs include housing, financial, counseling and health services. Our education and career services provide the community with the additional tools necessary to build secure and prosperous futures.*

NMIC's Immigration Unit provides immigration screenings and services to our community ranging from preparation of applications for Citizenship, family based petitions, and Deferred Action for Childhood Arrivals ("DACA"), to complex forms of relief such as U-Visas, Violence against Women Act petitions ("VAWA") and Special Immigrant Juvenile Status. NMIC's Immigration Unit conducts comprehensive screenings to provide our clients with a thorough analysis of their legal circumstances and to identify any viable forms of relief. We provide daily screenings through our ActionNYC program, and our entire Unit provides walk-in screenings on site each month. We also host quarterly Citizenship Drives and hold informational "Know Your Rights" workshops to educate the

community on a host of issues affecting their legal rights, liberty, and to protect against immigration fraud.

FINANCIAL BURDEN ON NEW IMMIGRANTS

The proposed changes to Public Charge contain heightened income-based standards that will prevent our community members from securing Lawful Permanent Resident Status. Aside from penalizing applicants who have or are likely to receive an expansive list of public benefits, the changes impose onerous income requirements on new immigrants and their families. Under the new guidelines, an applicant's current lack of employment or health insurance will be considered heavily weighted negative factors against their application. The "positive factors" that would be taken into account include the new immigrant's ownership of financial assets, or require the new immigrant's household to earn at least 250% above the Federal Poverty Guidelines.

In our community, many new Permanent Residents are petitioned for by low income family members, who work hard and save what they can to bring their relatives to the U.S. Many new immigrants come to the United States in the hope of finding educational and employment opportunities that are unattainable in their home countries. They study at our colleges and often begin work at low-wage occupations in order to advance in society and work towards a brighter future. Many new immigrants are the parents of U.S. Citizens, seeking to reunite and spend the rest of their lives supporting their children and grandchildren.

One of our elderly clients, from Ecuador, was petitioned for by her naturalized U.S. Citizen daughter. With representation from NMIC, she was able to successfully adjust to Permanent Resident status, and now lives with her daughter and helps care for her grandchildren. The daughter works full time but earns relatively low income, and the mother was a housewife in Ecuador with no financial assets of her own. Under the new guidelines, she would not be able to reunite with her daughter and grandchildren.

The extraordinary financial burdens of the changes to Public Charge send a clear message: the United States only wishes to admit those who have already found wealth or success, to the exclusion of those seeking the opportunity that the American Dream promises.

CHILLING EFFECT ON FAMILIES RECEIVING PUBLIC BENEFITS

The proposed changes to Public Charge emphasize disqualification of new immigrants based on use of public benefits. The expanded list of benefits that will weigh negatively against applicants includes Medicaid, Supplemental Nutrition Assistance Program (SNAP), housing and other forms of assistance. The overwhelming focus on immigrants receiving benefits has already exacerbated the climate of fear experienced by our immigrant community, regardless of status.

Permanent Residents, either through misinformation or fear of more restrictions to come, worry that they could lose their status because they receive a public benefit. Community members struggling to make ends meet now consider taking their children off of SNAP or Medicaid, fearful that they will be viewed as exploiting the benefits system and deported.

If the proposed rule goes into effect, more and more immigrant New Yorkers will forego benefits that they are rightfully entitled to, and this will most acutely hurt the elderly and children in our city. As families lose or give up vitally needed resources, the overall quality of life of our neighborhoods will suffer, to the detriment of all New Yorkers.

TESTIMONY

for the hearing of the NYC Council Committee on Immigration jointly with the Committee on General Welfare and the Committee on Health

by Dmitri Daniel Glinski, President & CEO, Russian-speaking Community Council

Nov. 15, 2018

Dear members of the Committee and fellow New Yorkers,

Thank you to the Council staff for the invitation to testify. I am here on behalf of the Russian-speaking Community Council, an interfaith and interethnic nonprofit, that since 2011 has been organizing and advocating for about 200,000 immigrants and new Americans from former Soviet countries. These people are the third-largest linguistic minority in our city.

There are two parts to my 1-page testimony. First, our organization fully agrees with what most immigrant advocates in New York and nationwide have said before us including here today – that the proposed expansion of the definition of public charge is harmful to our communities (especially to American families who have non-US members seeking to immigrate or to adjust their status) and may create a new separation of families. It will also be harmful to our city's economy – by scaring so many, including immigrants with children in need, away from the use of vital benefits. In my own immigrant community, many high-skilled professionals have to use these benefits in their first years in the US because of the rejection and discrimination that they're facing in the labor market in this initial period, before they are able to break through these barriers to an income that matches their economic value. Their use of public benefits is later compensated many times over by the benefit they provide to the U.S. economy through their professional work and entrepreneurship. For this and other reasons, RCC completely supports the resolutions proposed here. And this morning I submitted a public comment on our behalf in opposition to the proposed rule, urging the DHS to withdraw it from consideration.

And now, to the second half of my testimony. Our group of organizations believes that our progressive city government should not only be on the defensive against anti-immigrant bigotry and policies of this administration - but that it should also keep expanding the rights and opportunities for immigrant New Yorkers, within its power. Our number in New York City today is bigger than the entire population of the third largest American city (Chicago), or of Paris and Rome – yet immigrants as a group have no institutional representation within our City Government. In contrast, such cities as San Francisco and Portland have set up commissions on immigrant affairs that include representatives from their immigrant communities. We believe that our city should catch up with them, by creating such a commission - instead of the current non-representative Office of Immigrant Affairs, and with broader responsibilities in immigrant integration. Such a commission would ^{even} lend more legitimacy and credibility to our city government's response to the xenophobic madness in Washington, it would make our government more representative of the population it serves, and it would strengthen the voice of immigrants nationwide. This is what several of us told the City Charter Revision Commission created by this esteemed Council, when we were invited to testify there. Today, our team is here to bring you an awareness of this campaign that we've launched. We hope that many of you here in this room will give it a thought and will sooner or later support it, and that before long it will also be up for discussion in this committee. Thank you for your attention.



OUR CALL TO ACTION FOR IMMIGRANT REPRESENTATION IN NEW YORK CITY GOVERNMENT

Dear fellow New Yorker,

Our city is the world capital of diasporas. It is home to over 3 million immigrants. This is more than the entire population of Chicago – the third largest city in the US – or of the major European capitals like Rome and Paris.

Yet many of us immigrants cannot vote, and many of those who can are facing language and other barriers. Our accents, looks, and ways of thinking are often used to keep the best and the brightest of us on the margins of society. Even some of the largest immigrant groups are not properly represented in our city government.

Meanwhile, progressive governments of other cities, like San Francisco or Portland, have set up commissions on immigrant affairs that are representative of their immigrant communities. It is time for our city government to catch up with them.

In September 2018, five of us spoke at the hearings of the City Charter Revision Commission, in each of the five boroughs. We called for amending the Charter to create such a commission under the Mayor, made of immigrants themselves, instead of the current Office of Immigrant Affairs. The videos with our remarks are on the Charter Commission's website. We will now work to get this proposal on the ballot.

We represent all-volunteer organizations in a community of about 200,000 New Yorkers – many of them refugees and political exiles – that has no resources available to nonprofits in other large communities. We cannot conduct a full-blown campaign like others do. But we invite you to be a voice of this campaign. Send us your message of support to rccmb@rccmb.org. Follow our campaign on Twitter @RuSpeakCouncil.

Share this on your social media. Speak about it at your community gatherings.

This is a campaign for all immigrant New Yorkers. We are launching it as a tribute to all the hardship, struggles, and success of those immigrants some of whose names are inscribed on the Ellis Island Wall of Honor (that you can see in the background of this flyer). We all need an official public venue where our representatives can raise their concerns and be heard. This is also a campaign for a more democratic and representative NYC government. Join it, and together we will succeed!

GREATER NEW YORK HOSPITAL ASSOCIATION

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November
Fourteen
2018

Council Member Carlos Menchaca
Chair, Committee on Immigration
250 Broadway, Suite 1728
New York, NY 10007

Council Member Stephen Levin
Chair, Committee on General Welfare
250 Broadway, Suite 1820
New York, NY 10007

Council Member Mark Levine
Chair, Committee on Health
250 Broadway, Suite 1816
New York, NY 10007

RE: Statement for Hearing: “Oversight: The Impact of the Proposed ‘Public Charge’ Rule on NYC”

Dear Council Members Menchaca, Levin, and Levine:

Thank you for the opportunity to submit a statement for the record on behalf of the Greater New York Hospital Association (GNYHA), which represents more than 140 public and not-for-profit hospitals and health systems in New York State—the majority in New York City. GNYHA’s public and voluntary member hospitals are committed to providing high-quality care to everyone who walks through their doors, regardless of immigration status.

The Proposed Rule

Under longstanding law, the Federal government can take into consideration whether an immigrant has received certain public benefits (whether they are a “public charge”) when evaluating an application to change their status (e.g., receive a green card or visa extension). Traditionally, only cash-based programs—including Temporary Assistance for Needy Families (which supports pregnant women and families with one or more dependent children) and Medicaid long-term care services—have been part of that decision process.

However, earlier this year, the Department of Homeland Security (DHS) issued a proposed rule that would add Medicaid and Medicare Part D (the Medicare prescription drug benefit) low-income subsidies, the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), and select housing programs, among other benefits, to the list of programs that the Federal government would consider in making a public charge determination. The Children’s Health Insurance Program (CHIP), Women, Infants,



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

and Children (WIC) program, and Federal subsidies for Affordable Care Act (ACA) coverage programs would not be included, although in its proposed rule DHS specifically requested feedback on whether and how to account for enrollment in CHIP.

If enacted, this proposal could make certain legal immigrants ineligible to change their status if they take advantage of those programs.

An Ill-Conceived Change

GNYHA opposes the public charge rule because it will adversely impact New Yorkers and the institutions where they seek medical services. We believe that it is already having a chilling effect, deterring immigrants from seeking necessary care and enrolling—or staying enrolled—in important benefits programs.

Even more troubling is that immigrants are legally eligible for these programs. This dynamic would worsen if the rule was enacted, reducing access to health care, housing, and food among immigrants who are—or think they are—affected by the rule. The proposed rule will cause individuals to forgo health and social services, produce unnecessary human suffering, and lead to adverse health outcomes.

DHS agrees with this logic. They estimate that nationally, approximately 142,000 people would disenroll from Medicaid per year if the public charge changes are enacted, leading to over \$1 billion less in annual Federal Medicaid expenditures. The Kaiser Family Foundation (KFF) believes the DHS estimate is significantly understated because it fails to consider the proposed rule's chilling effect. KFF estimates that Medicaid disenrollment rates would range between 15% to 35% of Medicaid and Children's Health Insurance Program enrollees living in a household with a non-citizen, or between 2.1 to 4.9 million enrollees.

The public charge proposal will also harm the safety net providers that serve many immigrants. Thirty hospitals around the State with less than 15 days cash on hand are already on a New York State Department of Health watch list, receiving hundreds of millions of dollars per year to keep their doors open. (New York City watch list hospitals are located in the Bronx, Brooklyn, and Queens, though Manhattan and Staten Island also have severely challenged institutions.) These safety net hospitals serve communities with high uninsured populations and many beneficiaries of public programs like Medicaid or Medicare that pay well below the cost of delivering care. By increasing the number of uninsured individuals, the proposed rule threatens to further strain safety net providers, increasing pressure on these vital institutions and the governments that support their missions.

The change will also likely lead to an increase in costly emergency and acute care services delivered to patients who have forgone preventive and chronic care services because of its chilling effect. And by adding programs that are key to addressing social determinants of health to the public charge determination process (e.g., SNAP and housing assistance), the proposed rule would indirectly contribute to a degradation in the overall health of at-risk populations.

This will all undoubtedly harm immigrants—which should be the first concern—while damaging hospitals and their ability to care for patients. It will also set back long-established Federal and State policy goals. Governments are mandating unprecedented accountability on the part of providers for the total well-being

of their patients, penalizing them monetarily for poor patient outcomes and requiring directly or indirectly that they address social determinants of health. New York is no different: a cornerstone of its health policy is reducing avoidable hospitalizations through the Delivery System Reform Incentive Payment (DSRIP) program.

Conclusion: Next Steps

GNYHA and a number of allied groups are advocating in Washington, DC—both in Congress and with the Trump administration—to block this deeply misguided proposed rule. At a minimum, we believe that it should not be finalized without careful study of its likely intended and unintended consequences.

GNYHA will submit detailed comments to DHS opposing the proposed rule. To aid in that effort, we have asked our members to submit de-identified patient impact stories demonstrating the proposed rule's chilling effect on patient participation in the affected programs. Several GNYHA member hospitals also plan to submit their own comments on the proposed rule. If the rule is finalized, GNYHA and its member hospitals are committed to doing everything possible to mitigate its negative consequences for immigrants, their families, and the institutions that serve them.

New York is a city of immigrants, and we believe that all its residents deserve access to the public assistance to which they are legally entitled. We applaud the City Council for shining a light on this important issue and also for planning to comment on the proposed rule. If you have any questions, please contact Andrew Title (atitle@gnyha.org), Senior Director, Government Affairs or David Labdon (dlabdon@gnyha.org), Manager, Government Affairs.

Sincerely,



David C. Rich
Executive Vice President
Government Affairs, Communications & Public Policy

cc: Council Member Carlina Rivera
Chair, Committee on Hospitals
250 Broadway, Suite 1808
New York, NY 10007

Speaker Corey Johnson
City Hall
New York, NY 10007

November 15, 2018

New York City Council Committee on Immigration jointly with the Committee on General Welfare and the Committee on Health

**The Impact of the Proposed "Public Charge" Rule on NYC
Testimony by Marie Mark, Supervising Attorney, Immigrant Defense Project**

I am a Supervising Attorney with the Immigrant Defense Project (IDP), which works to protect and expand the rights of those caught at the intersection of the criminal justice system and the immigration system. IDP is a not-for-profit organization based in New York State. IDP is an expert in the intersection between federal immigration law and state criminal and family law, and for the past twenty years has provided expert advice, support, and resources for the legal community of New York City and nationally. IDP has long served as a repository of information from a diverse range of organizations that offer legal services and support to immigrant communities throughout the State.

New York is lauded for its commitment to diversity and inclusion. Four decades before the federal government passed the first immigration law, New York State set up Castle Rock—a pre-Ellis Island migration station in Manhattan—and enacted a policy focused on aiding and supporting newcomers, not challenging their right to remain here. After the 1996 immigration laws limited the rights of noncitizens to health care, the New York State Court of Appeals ruled immigrants could not be denied Medicaid solely because they were not U.S. citizens. As a result, to this day, New York recognizes the right of people to a basic social safety net, including Medicaid, if they are living in the state with the full knowledge of immigration agencies.

The Trump Administration's proposed public charge regulations are in direct conflict with the values of New York City. They undermine the stability, health, and dignity of our communities, instead painting immigrants who qualify for and use public services as undeserving. The proposed changes to the "public charge" definition is another cruel maneuver from the Trump Administration to prevent certain immigrants from having a secure future in the United States and to undermine access to support systems such as state-funded health care, nutrition, and other programs. The new rule would establish a much more expansive definition of "public charge"—where previously this test focused on those who were being primarily dependent on cash benefits, the proposal sweeps in those using a broad range of government benefits and mandates that USCIS consider as negative factors things such as having income less than 125% of the federal policy level, not speaking English fluently, or being too young (under 18 years) or too old (over 65 years).

There is much evidence to support the harms of this proposed rule, including points raised in the other testimony shared today. I would like to focus on two issues: First, how the proposed rule undermines New York City’s commitment to support alternatives to incarceration and family unity by limiting participation in court-ordered services. And second, how the proposed rule undermines New York City’s interest in ensuring that community members have access to support upon release from any period of incarceration.

The Proposed Public Charge Rule Limits Access to Court Ordered Services

Many immigrants charged with criminal offenses in New York City are currently able to access problem solving court and alternatives to incarceration programs. New York has been a leader in the development of Problem Solving or Community Courts, which “combine conventional punishments with alternative sanctions and on-site treatment and training in an effort to break the ‘revolving door’ cycle of crime.”¹ These courts offer non-traditional programs intended to provide support and assistance to those who have been charged with criminal offenses to address underlying issues that lead to arrests, rather than imposing jail or prison sentences and then releasing people to the community hobbled by a criminal conviction. However, key services, such as Medicaid, that are required to make these courts effective are funded by government benefits which would classify an immigrant as “likely to become a public charge” under the proposed rule. Those who cannot access services must either pay out of their personal funds or face incarceration and a future hampered by a criminal conviction.

In New York City’s Family Courts, parents charged with abuse or neglect are currently able to access services which aid in the successful reunification of families. The Family Court Act specifically calls for services to ensure that children are safely reunified with their parents. However, parents who fear that using Medicaid will jeopardize their ability to remain in the U.S. with their children are given unimaginable choices. If they use benefits to ensure their children have a stable home they risk being deported and permanently separated from their children. If they refuse services, the Family Court may determine they cannot safely retain custody and care of their children, also resulting in family separation.

Without access to Medicaid, the opportunity to accept court ordered services is illusory. The cost of essential substance abuse or mental health treatment is out of reach for the vast majority of New Yorkers without access to health insurance. The proposed rule undermines the innovative and community-centered initiatives of the criminal and family courts by criminalizing and marginalizing immigrant New Yorkers.

¹ New York State Unified Court System, “Problem Solving Courts,” available at: www.nycourts.gov/courts/problem_solving/cc/home.shtml

The Proposed Public Charge Rule Restricts Support to Immigrants Released from Incarceration

The destabilizing power of incarceration applies to those who spend a night in jail after an arrest only to be released by a judge, those who spend time pre-trial at Rikers before family and friends find bail money or criminal charges are resolved, and people sentenced to jail or prison time. But it isn't limited to the individual charged with a crime, families who rely on the income or other support of people incarcerated also face upheaval.

For working New Yorkers, incarceration, regardless of the outcome of criminal charges, frequently leads to being fired or laid off. Those who previously had steady jobs are replaced when they are unable to report to work. Even those working in more informal or intermittent employment suffer reputational harm, branded as unreliable or unavailable because of the time they were incarcerated. The resulting loss or decrease in income impacts both the individual and their family's ability to pay rent, buy food, and pay for medical care.

Immigrant families in this position today may still apply for housing subsidies, food subsidies, and subsidized insurance to help them rebuild. Those with a family member who experiences a longer period of incarceration may need to rely on subsidies while adjusting to the long-term loss of household income. And those community members returning after having served a sentence may need to rely on subsidies while we ask that they restart their adult lives from scratch.

The ability to access services for those released from incarceration is essential to the pact made between the government and the people. An arrest cannot and should not lead to permanent housing instability or food insecurity. I hope that in examining the impact of the proposed public charge rule, the Council will keep in mind those who rely on our social safety net to rebuild their lives in their community after being released from custody.

To date, there have been many attempts in New York City at providing community education aimed at discouraging unnecessary disenrollment from benefits. If the rule is approved the reality is that many immigrants will face the impossible decisions I've described. As a city made stronger by immigrants and in light of New York's historic commitment to immigrants, it is our responsibility to be creative in mitigating the harms of the public charge rule. This will be a key moment for New York City to commit to our immigrant communities by providing the essential support for those faced with these choices.

If this rule is approved in its current form, the City must ensure that people who participate in court-ordered services are not further marginalized. The city should undertake a review of the funding methods for all court-ordered services to identify the programs for which participation implicates the possibility of a public charge finding. The City should guarantee free court-ordered services to all to ensure that a lack of money combined with a fear of not being able to get legal

status in the future does not result in expanded criminalization of marginalized communities. A similar review should be done for services commonly accessed by people following any period of incarceration. New York City should be funding methods of intervention truly aimed at making sure people can achieve stability and security.

Testimony re: Oversight – The Impact of the Proposed “Public Charge Rule” on NYC

Submitted to
NYC Council, Committees on Immigration, General Welfare, and Health

Submitted by
Jessica Orozco Guttlein
Assistant Vice President for Policy
Hispanic Federation

November 15, 2018

Good Afternoon. My name is Jessica Orozco Guttlein and I am the Assistant Vice President for Policy at the Hispanic Federation. I would like to thank Chairs Menchaca, Levin, Levine, and committee members for bringing us together today and affording our community of immigrants and immigrant advocates the opportunity to express our concerns over the potential effects of the Trump administration’s proposed changes on the “public charge rule.”

As we sadly know all too well, Donald Trump campaigned on a platform of baseless, incendiary and hateful anti-immigrant rhetoric. President Trump has turned that rhetoric into reality. Starting with his infamous Muslim ban, President Trump has launched draconian measures that have forced immigrants into a state of fear across our country - indiscriminately deporting tens of thousands of hard-working residents from our nation, stripping the rights of our dreamers to stay in the only country they have ever known, and ordering the end of Temporary Protected Status (TPS) for hundreds of thousands of Nicaraguans, Haitians, Hondurans, Sudanese, Nepalese and El Salvadorans. In a shocking betrayal of international norms and basic human decency, the President also decided to forcibly separate children from their parents at the border as a means of punishing migrants seeking shelter and refuge in our country.

On October 10th of this year, the Trump administration furthered its anti-immigrant campaign by releasing a long anticipated proposed rule to change current “public charge” policies that determine how the use of public benefits by immigrants may affect their ability to become green card holders or adjust their status. This proposed rule change is directly aimed at low-income, non-English speaking immigrants and is purposely meant to harm this already susceptible community.

Under the proposed rule, the list of programs used for public charge determinations would be expanded to include previously excluded health, nutrition and housing programs. It also proposes to heavily weigh income as a factor in becoming a public charge by giving negative weight to immigrants who earn less than 125 percent of the Federal Poverty Level (\$31,375 for a family of four) - and by weighing as positive a household income of 250 percent of the Federal Poverty Level (\$63,000 for a family of four).

In fact, 94% of noncitizens who entered the US without a green card have at least one factor that the Department of Homeland Security (DHS) could potentially weigh negatively in a public charge determination. What’s more, 42% have factors that DHS could consider a *heavily* weighted negative factor and 34% have income below that of the proposed 125% Federal Poverty Level threshold.

As a member-based organization with a network of over 100 Latino community-based organizations, 70 that directly serve New York City, we have seen first-hand the damaging effects this proposed rule has already had on our community. As a New York State designated navigator organization, we have seen our numbers drop in terms of individuals either disenrolling or being afraid to enroll in programs like Medicaid and Child Health Plus. Our clients are also disenrolling in essential programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Nationally, Supplemental Nutrition Assistance Program (SNAP) rates dropped by nearly 10 percentage points in the first half of 2018 for immigrant households that are eligible for the program and have been in the United States less than five years due to pure speculation of what this proposed rule would entail. These dropping enrollment rates are due to the fear that low-income immigrant families have of being deported or prevented from adjusting status because of the proposed rule change.

According to the Fiscal Policy Institute (FPI), if this rule is implemented, it would have a chilling effect on families that will become fearful of accessing health, nutrition, and social services. FPI estimates that this effect would extend to 24 million people in the US, including 9 million children under 18. New York would see 2.1 million people and 680,000 children affected. These families include at least one non-citizen and receive one of the named benefits in the proposed rule.

Unfortunately, immigration advocates expect many, if not all of the proposed changes to this rule to be implemented. Although it will be challenged in the courts, New York City must be prepared to educate and serve the affected population. The proposed rules give negative weight to factors like limited English proficiency, poor credit history, and limited education. We encourage you to implement rigorous multi-lingual public education campaigns to communicate the actual effects of this rule change, what programs are included and excluded as potential negative factors in the public charge determination, and how to counter weight negative factors with positive ones. Additionally, we ask that you expand programs that would have a positive weight in the public charge determination, such as GED and ESL courses, job training, and financial literacy workshops.

In our 28-year history, Hispanic Federation has supported millions of Hispanic children, youth and families via broad-based coalitions that advance civil rights and social change policies locally, statewide and nationally. We have helped more than 50,000 immigrants learn English and become citizens, served over 300,000 Latinos through our comprehensive immigration services and widespread public education outreach, provided more than 10,000 DACA-eligible youth with application assistance, and resolved around 9,000 calls a year through our immigration hotline. We know our community well. Immigrants in our city and state want to build better lives for themselves and their families through education and work opportunities. This new public charge rule will stifle progress made by these immigrant families and further harm our society by increasing the vulnerability of our immigrant community.

Thank you for your time. Hispanic Federation is here to serve and is happy to work with the New York City Council to protect our immigrant community from the harmful effects of this rule change.



NYC COUNCIL COMMITTEES ON IMMIGRATION, GENERAL WELFARE AND HEALTH NOVEMBER 15, 2018 HEARING ON THE IMPACT OF THE PROPOSED “PUBLIC CHARGE” RULE ON NYC

Statement by LatinoJustice PRLDEF

LatinoJustice PRLDEF submits the following comments on the impact of the proposed “public charge” rule on New York City residents.

LatinoJustice is a national not-for-profit legal defense fund that seeks to protect and advance the civil and constitutional rights of the greater *pan-Latino* community in the United States. The organization was originally known as the Puerto Rican Legal Defense & Education Fund when it was founded in New York City in 1972. Since then, our nationally recognized law reform impact litigation and related advocacy has advanced equality under the law and greatly improved how Latinos are treated in U.S.

Today we join with our fellow legal services organizations and other community-based service organizations that work with immigrant and citizen New Yorkers to express our collective opposition to the proposed “public charge” regulation. There are numerous reasons to oppose these changes, but we will ask you to consider three in particular: first, the proposed changes will disproportionately harm immigrant New Yorkers; second, they will create particularly intense long-term harms for children; and third, the proposed changes are deeply racist in their intent and likely effect.

First off, let us consider the disproportionate harms the rule changes will create for immigrant New Yorkers. The proposed “public charge” rule is a significant and harmful departure from long held policy and is a clear attempt by the current federal administration to prevent immigrant families from building secure and permanent futures by imposing harsh socioeconomic restrictions. Capitalizing on the fear that has resulted from the administration’s family separation policies, the U.S. Department of Homeland Security (DHS) now seeks to withhold basic human needs from hard-working immigrants who support families and contribute to our city every day. The proposed regulation would grant U.S. Citizenship and Immigration Services officers broad authority and discretion in determining immigration benefit applications by now assessing an individual’s wealth as the primary positive factor. The changes will affect both prospective immigrants, as well as those already present. The proposed rule will make it increasingly difficult for numerous groups to enter and remain in the United States: children, the elderly, people with lower levels of education, people with limited English proficiency, and families with incomes under 250 percent of the federal poverty level.

If implemented, the proposed rule will cause significant harm to the health and well-being of immigrant families in New York by making access to health care, food, housing, and educational support a clear barrier for those seeking legal status and eventual citizenship. The proposed rule sends a clear message to immigrants and their families: if they want to remain in the United States, they cannot use any public benefits whatsoever! The proposed changes to the regulation



will force families to choose between accepting help for basic human needs or keeping their families together. If adopted, the proposed regulation could lead to the denial of as many as 400,000 applications in New York City alone for family-based and employment visas due to an individual's age, health, English proficiency, education, income, and numerous other factors.¹

Currently an estimated 274,000 non-citizen residents of New York City benefit from health care, food, housing, or cash supports.² These programs are designed to help families stay healthy, assuring they can continue working, remain in their homes and put food on the table. While not all non-citizen residents would be subject to the "public charge" regulation, the mere threat of denying immigration permanency to those receiving federal benefits would lead to a massive "chilling effect," and resulting decrease in the use of supportive services. Health providers across the country are already reporting significant drops from the rolls of WIC, even though the program is not included in the proposed regulation.³ There are also reports of large numbers of immigrants refusing medical assistance, out of fear that it could lead to negative immigration consequences.⁴ These numbers are only likely to continue growing.

The proposed changes would have an especially devastating effect on the New York Latinx Community, with the largest impact on lawful permanent residents and their families. It will cause disproportionate harm to children, including those who are U.S. citizens, by forcing families to forego seeking medical care, food or housing to avoid potential separation. Latinx communities are much more likely to be poor and young, with 1 out of 5 Latinx New Yorkers living below the poverty line.⁵ Studies show significant racial disparities in access to healthcare, a gap that has increased in recent years.⁶ Latinx communities in New York already experience poorer health outcomes than other New Yorkers. These concerning numbers are very likely to worsen as immigrant and Latinx New Yorkers withdraw from existing benefits and services out of fear.

Latinx are almost 3 times as likely to be uninsured as non-Latinx whites and are far more likely to postpone or forgo healthcare altogether.⁷ Data shows that Latinx New Yorkers suffer in greater numbers from preventable chronic conditions such as asthma and cardiovascular disease.⁸ Nationally, they are far more likely to die prematurely due to diabetes or liver disease.⁹ These negative health outcomes are influenced by a variety of factors including medical costs, lack of health insurance, and language barriers.¹⁰ Furthermore, in Latinx neighborhoods and other particularly high-risk communities, fast-food, food trucks, and corner bodegas outnumber

¹ The official website of the City of New York. *Mayor Announces Up To 475,000 Immigrant NYers Could Be Harmed By Trump's*. October 10, 2018, <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

² *Id.*

³ Baumgaertner, E., *Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services*. Nytimes.com., (2018), <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html> .

⁴ *Id.*

⁵ SONOS Community Care. *INVISIBLE: State of Latino Health in New York City*, (2017), <https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/2017-latino-health.pdf>

⁶ *Id.*

⁷ Fund for Public Health, *Health of Latinos in New York City*, (2018), <https://www1.nyc.gov/assets/doh/downloads/pdf/episrv/2017-latino-health.pdf>

⁸ *Id.*

⁹ *Id.*

¹⁰ SONOS, *supra*. note 5; Fund for Public Health, *supra*. note 7



supermarkets and farmer's markets which leads to the overconsumption of unhealthy foods.¹¹ Often healthy food alternatives are much more expensive. But research has shown that families who have access to SNAP & WIC increase their consumption of healthy foods.¹² As immigrant New Yorkers withdraw from such programs, we will see their risk factors increase.

With this rule, the current administration is declaring that public health is less important than assuring "immigrants are self-sufficient." DHS acknowledges that the proposed changes will have negative consequences, including worse health outcomes for women and children, increases in obesity and malnutrition, increased use of emergency medical centers due to delayed treatment, increased rates of poverty and homelessness, as well as an increased prevalence of communicable diseases among immigrants and citizens alike. Public Health officials have raised strong concerns about this last issue, projecting increased risk of outbreaks of transmissible pathogens, and anticipating difficulties in providing appropriate medical care.¹³ The rule proposal not only endangers public health, but by forcing families to delay necessary medical care will ultimately result in worsening health outcomes that will have negative lifelong effects for many immigrant New Yorkers. In short, the proposed regulations will have a clear and long-lasting negative impact on the lives of immigrant New Yorkers now and for generations to come.

A second reason to oppose the proposed changes is that they will create particularly intense long-term harms for children. The proposed changes rest on a faulty premise: namely that people who use public benefits are likely to require them throughout their lives. This ignores evidence from the government's own data that demonstrate that people who use public benefits generally only need them for short periods of time, and that people who receive public support in childhood are substantially better off as adults.¹⁴ In fact, if the proposed rules are promulgated, they will likely create long-term harms for children, and make them more reliant on public benefits in the future.

The proposed changes ignore the fact that many public benefit programs are capped after a certain amount of time and that their purpose is to function as supplemental temporary support designed to help families stay healthy, housed and afloat in a time of momentary need. Recent research shows that social safety net programs have cut the childhood poverty rate in half.¹⁵ Access to TANF, for example, can cut the poverty rate by approximately 10 percent.¹⁶ Notwithstanding these benefits, the proposed rule changes would penalize immigrants for accessing these programs. By reducing participation, the government will push families to forego vital supports, and force them to face longer periods of economic instability, which will then trap families in a cycle of poverty that could last generations.

¹¹ SONOS, *supra*. note 5; Fund for Public Health, *supra*. note 7.

¹² *Id.*

¹³ Katz MH, Chokshi DA. *The "Public Charge" Proposal and Public Health Implications for Patients and Clinicians*. *JAMA*. Published online October 01, 2018. doi:10.1001/jama.2018.16391

¹⁴ Page, M., *Safety Net Programs Have Long-term Benefits for Children in Poor Households* - UC Davis Center for Poverty Research., (2018), <https://poverty.ucdavis.edu/policy-brief/safety-net-programs-have-long-term-benefits-children-poor-households>; National Assembly, *Breaking the Cycle of Poverty in Young Families*, (2014), https://www.nationalassembly.org/wp-content/uploads/2018/05/BreakingTheCycleOfPovertyInYoungFamilies_FullReport_April2015.pdf.

¹⁵ Page, M. *supra* note 14.

¹⁶ Tableau Software, *SPMproject*, (2018), <https://public.tableau.com/views/SPMproject/Story1?:showVizHome=n>.

If the avoidance of poverty does not seem like a worthy end in and of itself, it should be noted that scientific research indicates that there is a strong relationship between childhood poverty and long-term outcomes in childhood, adolescence and adulthood.¹⁷ Several studies show that children who experience poverty are much more likely to experience adverse long-term effects on their development, education, and health, and that they face a lack of opportunity for upward mobility. Conversely, there is evidence that even modest increases in family income can have meaningful, long-term, positive impacts. As little as a \$1,000 increase in annual income in early childhood can increase a child's educational achievement in the long-run, and an additional \$4,000 per year both increases educational attainment and reduces the chances a young person will commit a crime by the age of 17.

Furthermore, the adverse effects of prolonged poverty prevent the healthy development of children by exposing them to prolonged periods of “toxic stress,” and can result in damage to brain architecture.¹⁸ Recent studies suggest that toxic stress can lead to deadly diseases in adults, such as diabetes and heart attacks.¹⁹ As the Harvard Center on the Developing Child observes, “The damage that happens to kids from the infectious diseases of toxic stress is as severe as the damage from meningitis or polio.”²⁰ This summarizes the perversity of the proposed changes – by reducing the likelihood that immigrant families get help from the social safety net, we decrease the likelihood that their children will thrive as adults, thus increasing their likelihood to rely on public systems in the future.

Finally, the third reason to oppose the proposed changes—they are deeply racist in their intent and likely effect. To understand this, we should consider the history of the public charge rule itself. The term “public charge” was first incorporated into immigration law as part of the Immigration and Nationality Act of 1882.²¹ The statute was created with the purpose of excluding Irish Catholic and Chinese immigrants from entering the country. In the 1900s it was used as justification to keep out Jewish refugees, people with disabilities, LGBTQ immigrants, unmarried women, and other individuals who were viewed as “drains on American society.”²²

Although DHS portrays the proposed changes as necessary to ensure that immigrants are self-sufficient, the regulation actually targets those whom the federal administration has deemed undesirable - low-wage immigrants of color, older immigrants, and immigrants with disabilities or medical conditions. By imposing new standards and focusing on an individual’s financial resources, rather than their overall contributions, the proposed rules seek to radically change the immigration landscape of the country by reducing the flow of non-white, non-European immigrants from Asia, Latin America, and Africa.

¹⁷ Page, M. *supra* note 14.

¹⁸ Center on the Developing Child at Harvard University, *Toxic Stress*. (2018), <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

¹⁹ *Id.*

²⁰ *Id.*

²¹ Huang, P., *Trump Administration’s Defense of New ‘Public Charge’ Rule Ignores Racist Legacy*, *Rewire.News*. (2018), <https://rewire.news/article/2018/10/03/trump-administrations-defense-of-new-public-charge-rule-ignores-racist-legacy/>; Green, E., *First, They Excluded the Irish*, *The Atlantic*. (2018), <https://www.theatlantic.com/politics/archive/2017/02/trump-poor-immigrants-public-charge/515397/>

²² *Id.*



The administration is seeking to utilize the proposed regulation to circumvent the will of Congress and dismantle family-based immigration by replacing it with a racially-biased system that masquerades as “merit-based.” If adopted, the regulation will radically transform our immigration system, where only the wealthy will be allowed entry, and green cards will be limited to the highest bidder. New York City and this country derive its vitality from its racial, ethnic, and socioeconomic diversity – these changes pose a massive threat to the heart of our city and nation.

For all these reasons, LatinoJustice PRLDEF stands in firm opposition to the proposed regulatory rule changes. We know the City Council will continue to endeavor to support and protect NYC immigrants living in the five boroughs. We will continue to educate immigrants about the public benefits legally available to them. And we will not stop raising our voices to speak out each time President 45 and his administration act in a spirit of cruelty and injustice.

Thank you for your consideration in this matter.

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November 15, 2018

**Testimony of Health Justice, Immigrant Health Advocate, Karina Albistegui Adler
On Behalf of New York Lawyers for the Public Interest
Before New York City Council, Committees on Immigration, General Welfare, and Health
on The Impact of the Proposed Public Charge Rule on New York City.**

My name is Karina Albistegui Adler and I am an Immigrant Health Advocate at New York Lawyers for the Public Interest (NYLPI). Thank you to Chairpersons Menchaca, Levine, Levin and members of the respective committees for the opportunity to provide testimony on this important matter.

I. We Are New York Lawyers for the Public Interest.

New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status for over 40 years. Our Health Justice Program provides health care advocacy in New York City and State through racial justice and immigrant rights lenses. We advocate for better medical treatment for people held in immigration detention centers, language access in healthcare settings, and access to health care for all New Yorkers regardless of immigration status.

II. The Proposed Changes to the Public Charge Test Will Exacerbate Health Disparities.

The proposed changes to the Public Charge test are a direct attack on immigrant and undocumented New Yorkers; two communities that are already marginalized because of draconian policies that deny them access to health coverage because of their immigration status. Any changes to the Public Charge test are likely to further exacerbate the existing negative

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health disparities between citizen, undocumented and lawfully present New Yorkers across the city.

In the months since news outlets began reporting on the leaked versions of the proposed rule, we have seen fear drive our clients, people with serious life-threatening conditions, to make choices that no person should have to make. Many have made the difficult decision of not taking steps to become eligible to enroll in Medicaid, because of the fear that it will impact their hope of someday having the opportunity to regularize their immigration status. The aggregate, catastrophic impact of individual decisions cannot be underscored enough. To be clear, our clients are choosing to delay or forgo medical care for life-threatening health conditions for the opportunity to be integrated into the fabric of our society. If this trend continues, the long-term effects on public health, health disparities, and the economy, could be devastating to our city.

II. Recommendations to the City Council.

We hope the City Council will continue the work that has made New York State and New York City a national leader in empowering and protecting immigrant and undocumented communities. We encourage the City Council to support efforts to expand city and state funded safety net programs, to promulgate and advocate for health care programs for the benefit of all New Yorkers, regardless of immigration status, and to be prepared to quickly restructure programs to shield them from the reach of the Public Charge test.

Thank you for your time and attention to this important matter.

Testimony to the New York City Council: November 2018
Hearing on the Proposed Federal Dept of Homeland Security “Public Charge” Rule Changes

I am Diane Arneth, Chief Community Services Officer of Brightpoint Health and Executive Director of Community Health Action of Staten Island. I ask the New York City Council to reject the recently published rule change proposals from the US Department of Homeland Security related to “public charge”. These proposed changes are hostile to immigrant families and present an enormous danger to their health and well-being, as well as the health and well-being of our communities. My organization works every day with immigrants and we have great concern that these onerous rule changes will dissuade individuals and entire families from seeking and obtaining critical, life-saving benefits, including specifically SNAP and health insurance.

In 2017, Community Health Action provided emergency food for over 9,000 adults, children and seniors who were food insecure. We work to further reduce that insecurity through securing SNAP for those who are eligible. In 2017, that represented 840 poor and working poor households, with close to 40% of those households including one or more immigrants. At the Community Health Action Pantry two weeks ago, our Benefits Specialist saw a pantry participant who is an immigrant seeking a status change. She declined to apply for SNAP - for which she and her family were eligible - because her private lawyer advised her not to apply for any benefits due to this proposed rule change. Therefore, her family will go without this vitally important supplement which both increases their household budget and reduces food insecurity. This in turn can impact so many other factors – food insecurity is associated with the most common and costly health problems such as diabetes, obesity and heart disease. Food insecurity can also compromise health more immediately as people forego medicine in favor of food for their families or dilute or ration infant formula due to cost. Additionally, there is a proven link between food insecurity and poor educational performance for children.

The proposed rule change will create fear and confusion which will also lead to a decline in legitimate public health insurance enrollment. We know that without adequate health insurance, people will not access primary or preventive health care, using emergency care only when illness or disease is serious and progressed. In addition to the catastrophic human cost, this creates a huge financial burden on the community at large, as we are forced to pay for more expensive and less effective care in the late stages of disease. As a provider of integrated healthcare to over 40,000 low income New Yorkers at our Health Centers, Brightpoint Health has seen firsthand the consequences of late diagnosis and treatment.

Finally, the proposed rule alter the totality of the circumstances test in ways that explicitly favors immigrants with wealth and resources. These changes undermine some of the principles upon which this country was founded.

Last week, I met with our Community Program Advisory Group – community residents who have used our services at different times, and many who now volunteer across the agency. They were shocked and dismayed, because they see the benefit firsthand in the pantry and in the community of these programs, especially for families. One of the women in the group remarked “Haven’t the people in the US Department of Homeland Security ever seen the Statue of Liberty? I guess that means nothing to them.”



MAIN OFFICE: 39 Broadway, 10th fl, New York, NY 10006, T: 212.566.7855 F: 212.566.1463
WAREHOUSE: Hunts Point Co-op Market, 355 Food Ctr Dr, Bronx, NY 10474, T: 718.991.4300, F: 718.893.3442

Statement prepared for the
Committee on Immigration jointly with the **Committee on General Welfare**
and the **Committee on Health**
on **The Impact of the Proposed "Public Charge" Rule on NYC**

November 2018, on behalf of
Food Bank For New York City

Greetings Chairs Menchaca, Levin and Levine as well as members of the City Council's Immigration, General Welfare and Health Committees. It is with great appreciation that we share this statement representing **Food Bank For New York City**, the city's major hunger relief charity with the City Council about the impact of the proposed "public charge" rule on NYC.

In 35 years of service to low income New Yorkers, Food Bank, in partnership with our network of 1000 community based organizations and schools, have provided more than 1.2 billion meals to New Yorkers in need. Nearly one in five New York City residents relies on our programs and services. Food Bank For New York City's income support services, including SNAP enrollment and free tax assistance for the working poor, put more than \$115 million each year into the pockets of New Yorkers, helping them to afford food and achieve greater dignity and independence. In addition, Food Bank's nutrition education programs and services empower more than 50,000 NYC children sustain a healthy diet on a limited budget. Working toward long-term solutions to food poverty, Food Bank conducts research to inform community and government efforts.

As one of our country's most robust anti-hunger organizations, Food Bank stands with the New York City Council to strongly oppose proposed changes to the "public charge" test that would build walls around accessing needed food (via the Supplemental Nutrition Assistance Program, also known as SNAP), healthcare, and housing for immigrants and their families. These proposals (DHS Docket No. USCIS-2010-0012) are in opposition to our values of service, community, compassion, and dignity and would make more people hungrier, sicker, and poorer. Food Bank fully supports the New York Council resolution (Res. No. 609) which urges the federal government to **not** move forward with adoption of these changes to the "public charge".

The emergency food network works in tandem with SNAP, which is the foundation of our national anti-hunger response. A federal entitlement program, SNAP provides food assistance to approximately 39 million people in America, including 1.6 million New York City residents. SNAP is effective and efficient in its ability to meet rising economic need. However, SNAP and other household resources alone do not always provide enough meals for food insecure members of our community. During the past year, New York City residents experienced a Meal Gap of 208 million meals – that is, the number of breakfasts, lunches and dinners missing from the plates of food insecure households.

When New Yorkers fall into that Meal Gap, families visit our network of food pantries and soup kitchens as a last resort. The emergency food network, while mighty, operates without excess. The majority of emergency food programs are run by volunteers, with a median food budget of just \$12,123.¹ Many of our City's soup kitchens and food pantries report coping with food shortages – one year ago, 56% of those programs reported having to reduce the amount of food in a pantry bag or turn people away.² If more families in our communities lose resources for groceries, healthcare, or housing, those families will seek assistance at these very community organizations that are already stretched too thin.

The proposal to change public charge is yet another attack on low-income people, and unfortunately, not the only one. Current federal Farm Bill negotiations include proposals that would further reduce the hunger-fighting power of SNAP by limiting eligibility and expanding work requirements. We know that since 2013's SNAP cuts vital food benefits were reduced for all participants, emergency food providers have seen an increase in community members visiting their programs. A recent survey of Food Bank's network shows that more than three-fourths (80%) of emergency food providers continue to see more visitors to their programs since the Hunger Cliff.³ Emergency food cannot bear the brunt of harmful policy or legislation.

As an organization working to prevent and alleviate food insecurity, we are deeply concerned that proposals to change public charge are *already* making more people hungry. Reports from across the City and across the country indicate that immigrant families are declining SNAP and other benefits out of concern that it will negatively influence their application for legal immigration. New York City's response to protecting immigrant families against this fear must include fortifying the emergency food network with food and capacity resources to ensure that when SNAP benefits are not enough, our neighbors have a place to turn.

Thank you again to the City Council for your leadership in fighting to protect immigrant families.

¹ [Unboxing the Reality of Hunger](#), Food Bank For New York City, February 2018.

² Ibid.

³ [Reflections of Hunger from the Front Lines](#), Food Bank For New York City, November 2018.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Sandhya Gurung Pradhan

Address: _____

I represent: Asian Immigrant Advocate - Adhikaar

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Abby Biberman

Address: _____

I represent: New York Legal Assistance Group

Address: 7 Hanover Square, 18th Fl. NY NY 10004

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Grace Kim

Address: _____

I represent: Asian Immigrant Advocate - ICS

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Tasfia Rahman

Address: _____

I represent: Asian Immigrant Advocate -

Address: Coalition for Asian American Children and Families (CAAF)

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Joseph Lavelle Wilson

Address: _____

I represent: New York Legal Assistance Center

Address: 7 Hanover Square, 18th Floor, NY, NY 10004

Asian American
Advocates
Panel

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Kerry Sesil

Address: 737 Prospect Place Brooklyn, NY 11201

I represent: The Job - American Family Support Center

Address: 150 Court Street Brooklyn NY 11201

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: SELVIA SIKDER

Address: _____

I represent: Asian & Immigrant Advocate - India House

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Persephone Tan

Address: _____

I represent: Asian Immigrant Advocate

Address: - Asian American Federation

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Marc Valinoti -

Address: 45 Wadsworth Ave, NY 10033

I represent: NMIC

Address: 45 Wadsworth Ave, NY 10033

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dmitri Daniel Glincki aka Glincki

Address: 11 Fort George Hill #76A NY NY 10010

I represent: Russian-Speaking Community Council

Address: P.O. Box 707 NY NY 10033

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Miguelina Diaz

Address: 1 River Place, NY, NY

I represent: Hunger Free America

Address: 50 Broad Street, Suite 1103

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/9/12

(PLEASE PRINT)

Name: Aibeky cano

Address: 46-01 20th Ave, NYC

I represent: CATR - New York

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Mae Lee

Address: _____

I represent: Asian Immigrant Advocate - CPA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/2018

(PLEASE PRINT)

Name: _____

Address: _____

I represent: ALP Public Health

Address: "Public Health" 5/1/18

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Sienna Fontana

Address: _____

I represent: Make the Road New York

Address: 301 6 Ave Street, BK NY 11237

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

PUBLIC
CHARGE

Date: 11.15.18

(PLEASE PRINT)

Name: MARLA TEPPER

Address: 40 WORTH Street

I represent: Public Health Solutions

Address: 40 Worth Street NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Alice Bufkin

Address: 14 Wall St SE 4E New York NY 10005

I represent: Citizens' Committee for Children of New York

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Alisha Mohammed

Address: 81 Willoughby St Brooklyn NY 11211

I represent: NYC Law Project in public Housing Works

Address: same

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Chisato Horikawa

Address: _____

I represent: Asian Immigrant Advocate - JASSI

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/15/2017

(PLEASE PRINT)

Name: Pat Nicholas Frederick

Address: 116 Pinehurst Ave NY 10022

I represent: CUNY Urban Food Policy Instn

Address: 55 W 125th St NY NY 10022

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: HASAN SHAFIQULLAH

Address: 199 WATER ST 3rd FL NY NY 10038

I represent: THE LEGAL AID SOCIETY

Address: 199 WATER ST 3rd FL NY NY 10038

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Juliana Leach

Address: _____

I represent: Live On New York

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Justine Kahn

Address: _____

I represent: The Door

Address: 555 Broome St

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Oversight - Public Charge Date: 11/15/18
(PLEASE PRINT)

Name: RALUCA ORCIOLI

Address: 80 MAIDEN LANE, 13TH F

I represent: CATHOLIC CHARITIES

Address: 80 MAIDEN LANE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/2018
(PLEASE PRINT)

Name: Faith Behum

Address: _____

I represent: UJA Federation

Address: 130 E. 59th Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

public charge Date: 11/15/18
(PLEASE PRINT)

Name: Hannah Scott

Address: 263 W 86th NY, NY 10024

I represent: West side campaign Against Hunger

Address: city wide organization fighting hunger, poverty, inequality

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/14/18

(PLEASE PRINT)

Name: Chelsea Goldinger

Address:

I represent: The LGBT-Community Center

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/2018

(PLEASE PRINT)

Name: Paula Arboleda

Address: 349 East 149th St, Bronx, NY 10451

I represent: Aligned Bronx Legal Services

Address: 349 East 149th St, Bronx, NY 10451

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Tanya Wong, Director of Govt Benefit

Address: 40 North St, Ste #606

I represent: Legal Services NYC

Address: 40 North Street, Ste #606

New York, NY 10013

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: ASWINI PERIYASAMY

Address: 840 Broad St., 5th Fl, NY, NY

I represent: FPWA

Address: ''

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

n/a in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Lorissa Vasquez

Address: _____

I represent: Planned Parenthood of New York City

Address: 26 Bleeker New York, NY 10012

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Marlon Agustin-Mendez

Address: 640 W 139th St #38

I represent: NASW NYC Chapter

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Pub Charge Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Emma Cathell

Address: 640 W 139th St. #38

I represent: NASW-NYC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Astrid Casarola

Address: 536 W 113th St #44

I represent: NASW NYC Immigration + Global

Address: _____ Sw Committee

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Commissioner Bitta Mostofi

Address: _____

I represent: MOJA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Grace Bonilla

Address: 4 WTC

I represent: NYC Human Resources Administration

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Jerome Nathaniel

Address: 341 Madison St, BROOKLYN, NY 11217

I represent: City Harvest

Address: 6 + 37th St, NY, NY 10018

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Ernie Collette - New York City Bar Association

Address: 100 William Street, 6th FL, NY, NY 10038

I represent: New York City Bar Association

Address: 44 West 46th Street, New York, NY

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Carolyn Cohen

Address: _____

I represent: Chinese American Planning Council

Address: 170 W. 115th St. NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: Nov 15, 2018

(PLEASE PRINT)

Name: Rose Duhan

Address: 111 Broadway, Suite 1402 10006

I represent: CHCA NYLS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Claudia Carlson

Address: 131 West 33rd St #610

I represent: New York Immigration Coalition

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rachel Sabella

Address: No Kid Hungry NY

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: NYasa Hickey

Address: _____

I represent: Brooklyn Defender Service

Address: 177 Livingston St, Brooklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 11/15/2018

(PLEASE PRINT)

Name: Sandhya Pradhan

Address: 7107 Woodside Ave

I represent: Adhikaar - (Nepali speaking community)

Address: 7107 Woodside Ave

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 11/15/18

(PLEASE PRINT)

Name: Danny Alicea, Center for Family Representation

Address: 40 Worth St, NY, NY 10014

I represent: CFR

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Soma Angel, MS MPH

Address: Deputy Commissioner

I represent: Administrator - Dept of Health

Address: (Health Dept) 7244

Please complete this card and return to the Sergeant-at-Arms