

Documenting through Service Provider Accounts Harm Caused by the Department of Homeland Security's Public Charge Rule

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**NATIONAL
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Executive Summary

Accounts from service providers across the United States indicate that from the time it was “leaked” to when it was finalized in the Federal Register, the U.S. Department of Homeland Security’s (DHS’s) “public charge” rule has generated confusion and concern among immigrant communities.

The rule seeks to prevent low-income immigrants from becoming lawful permanent residents (“green card”-holders) if they have used or are likely to use noncash benefits that include the Supplemental Nutrition Assistance Program (SNAP, commonly known as food stamps), nonemergency Medicaid, and housing assistance in the future. The “public charge” determination is based on a review of all of an applicant’s circumstances, including their age, health, income, education/skills, family situation, a sponsor’s affidavit of support (contract promising to support the individual), and new considerations such as English language ability, credit scores, and ability to secure private unsubsidized health insurance. The new test will make it much more difficult for low- and moderate-income individuals to immigrate through their family members.

Interviews with 24 service providers — including benefits enrollers, health care professionals, and attorneys — in 11 states demonstrate that fear of the public charge rule’s potential consequences has dissuaded people from seeking health, nutrition, and other safety-net programs even before its implementation. Service providers’ accounts yielded the following findings:

People not subject to the new DHS rule’s public charge test are going without services

In many cases, “chilled” populations are not themselves targets of the rule, demonstrating the widespread, spillover harm fear about public charge creates for immigrant communities and members of immigrant families, including those who are already lawful permanent residents or U.S. citizens, as well as for survivors of domestic violence, trafficking, or other serious crimes who are applying for U or T status.

The health and well-being of immigrants and their families are at stake

Providers identified troubling implications for their clients' and patients' health and well-being that they associated with fear of being deemed a public charge and other restrictions targeting immigrant communities.

People are making choices, sometimes unnecessary or counterproductive ones, based on fear rather than on an accurate understanding of the rule

Individuals' concerns about public charge intertwine with other fears of restrictive immigration policies, particularly increased immigration enforcement and the potential for deportation and family separation. Accounts by service providers indicate that many noncitizens don't want to place at risk any future opportunities they might have to obtain permanent lawful status, especially in a political climate where immigration-related restrictions are multiplying and becoming more unpredictable.

Fear of "public charge" is creating burdens for providers who work with immigrant communities

Service providers are on the front lines of addressing misinformation and answering questions related to public charge and benefits eligibility. They dispense advice to clients and patients, often encouraging continued access to services and benefits for which the latter are eligible — sometimes successfully, but sometimes not. This work creates additional time burdens for human services and health care professionals who are often already overextended in their work, as well as emotional burdens for those who struggle when they see their clients unable to meet their basic needs because of these policy impacts.

IN ADDITION TO DOCUMENTING the harm that is occurring as a result of the DHS public charge rule, these findings identify particular areas of concern and common misunderstandings among immigrant communities that advocates can continue to address through community education.

Introduction and Background

Whether a non–U.S. citizen is likely to become a “public charge,” which has been an issue within immigration law since the nineteenth century, is a factor considered when immigration officials determine the person’s eligibility for lawful permanent residence. In other words, is the person likely to become primarily dependent on support from the federal government? In 1999, field guidance issued by the Immigration and Naturalization Service (INS), the former federal agency whose functions are now performed by agencies within the U.S. Department of Homeland Security (DHS), clarified that public charge determinations must take into account whether an individual is likely to depend primarily on public cash assistance for monthly income or long-term institutionalization at government expense.

In October 2018, the Trump administration published a proposed rule in the Federal Register whose provisions would make it substantially more likely that certain noncitizens of low income would be determined likely to become a public charge. Under this rule, public charge determinations would also consider whether an individual had received or was likely to receive noncash assistance, including Supplemental Nutrition Assistance Program (SNAP, or “food stamp”) benefits, nonemergency Medicaid (with some exceptions), and housing assistance.

When the final DHS public charge rule was published in August 2019 (with an October 2019 implementation date), it was initially blocked by three nationwide preliminary injunctions issued by federal courts. However, these injunctions were subsequently stayed (lifted): one by the 9th Circuit Court of Appeals in December 2019 and two by the U.S. Supreme Court in January 2020. As a result, the rule is now applicable to applications submitted on or after February 24, 2020. A statewide injunction remains in place in Illinois, preventing DHS from implementing the rule there. Litigation challenging the rule is ongoing.

Even before publication of the proposed rule, draft versions of executive orders about public charge were leaked beginning shortly after President Trump took office in 2017. These leaked drafts were considerably more restrictive than the proposal that was eventually published in the Federal Register. While the final rule does not consider use of the newly named benefits by an individual’s dependents, leaked draft versions would

have allowed for consideration of benefits used by dependents, including U.S. citizens. These drafts also targeted a broader set of programs that were ultimately not included in the final rule, including the Earned Income Tax Credit, Affordable Care Act tax credits, the Children's Health Insurance Program (CHIP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Despite the rule not yet having been implemented at the time they were interviewed for this report, many advocates and service providers were concerned about chilling effects on immigrant families' access to health, nutrition, and other social services and programs associated with public charge. In this report, "chilling effects" refers to when immigrants or their family members are deterred from participating in a program or service for which they are eligible because of a restrictive policy change or policy environment.

These restrictions span multiple policies. In addition to changing the public charge rules, DHS under the Trump administration has eliminated prior, more-humane interior enforcement priorities, so now it targets virtually any undocumented person, continues to conduct militaristic raids at workplaces and in communities, separates families under a "zero tolerance" policy, has severely cut humanitarian protections, and has attempted to rescind the availability of Deferred Action for Childhood Arrivals (DACA).

Past evidence of chilling effects associated with immigration policy changes and enforcement indicate how current policies could suppress immigrants' uptake of health and nutrition programs. During the late 1990s, Congress and President Clinton approved "welfare reform" policies that restrict noncitizens' access to public benefits during the same period that they passed new laws curtailing immigrants' rights and making more people subject to being deported. Researchers documented chilling effects on immigrants' uptake of public benefits (including SNAP, Medicaid, and other programs) as well as their access to health care (including children's care, prenatal care, and hospital delivery) during that period.¹

Under the Trump administration, immigrant families are again facing a more aggressive federal enforcement regime. In the administration's early months, physicians published warnings about potential negative impacts on health care use among mixed-immigration status and undocumented families that could result from increased immigration enforcement and exclusionary policies.² Now, an estimated 26 million people could be chilled from seeking health, nutrition, and housing programs because of misinformation and fear associated with the DHS public charge rule.³

Even before the DHS rule was finalized, chilling effects began to manifest in survey and administrative data documenting declines in SNAP and Medicaid participation.⁴ For example, a survey of immigrant families in five U.S. cities found declines in SNAP enrollment among immigrant families in 2018, even as child food insecurity was rising.⁵ Two months after the proposed public charge rule was published, a national survey found more than 20 percent of adults in low-income immigrant families were avoiding benefit

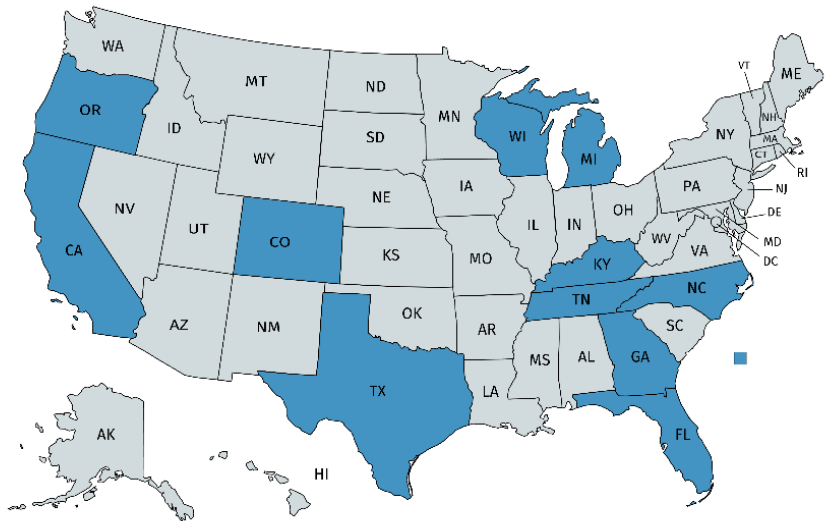
programs.⁶ A study of community health centers found that health care utilization is also depressed among patients in immigrant families.⁷ Researchers and journalists have documented qualitative accounts of chilling effects of the current policy climate on immigrant families' use of health clinics, emergency rooms, social services, enrollment in safety-net programs, and even visiting public spaces such as schools and parks.⁸

These chilling effects reflect a broad climate of fear and confusion generated by multiple axes of restriction at the federal level. They also create strain for practitioners and community organizations that incur costs associated with expanding outreach to meet the needs of the immigrant communities they serve.⁹

Drawing on interviews with 24 service providers working with immigrant communities in 11 states, the findings below contribute to the body of accounts that seek to document the harm that stems from the DHS public charge rule. Interviews were conducted between the time the rule was proposed until just after it was finalized. They reveal the range of individuals and families being chilled from participation in benefits and services and the conditions under which they feel at risk for doing so. These findings also identify implications for the service providers who work in immigrant communities as they seek to inform their clients and patients about the rule, overcome misinformation, and cope with burdens associated with chilling effects.

About the Interviews

This study draws from qualitative, semi-structured interviews conducted with service providers working in health care and health care coverage, nutrition programs, legal services, advocacy for survivors of human trafficking and domestic violence, and immigrant-serving community organizations. Providers included advocates, physicians, attorneys, outreach workers, and Navigators/enrollment workers. States represented by interviewees are highlighted in blue in the map at right. The majority (14) of the interviewees worked primarily in health care coverage and advocacy, but



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there was overlap between occupational categories (e.g., health coverage Navigators who also enrolled clients in or referred them for SNAP). Interviews were conducted between November 2018, shortly after the rule was proposed, and September 2019, shortly after the rule was finalized in the Federal Register but before it was implemented.

See the methodological appendix for more information about research methods and the sample.

FINDINGS

Even People Not Subject to the DHS Rule's Test Are Going Without Services

Under the DHS rule, the public charge test is to be applied to immigrants in the U.S. who are in the process of becoming lawful permanent residents (LPRs or “green card”-holders). Some categories of noncitizen, however, are exempt from the test, including refugees, asylees, and holders of humanitarian visas such as U or T visas for survivors of crime or human trafficking. And there is no public charge test in the naturalization process to become a U.S. citizen or for individuals who already have green cards.

Yet service providers' accounts reveal that the rule and its previous leaked drafts have created chilling effects for populations not technically targeted by it. In this section, we identify the conditions under which chilling effects occur among three groups: (1) immigrants who already have permanent lawful status, (2) noncitizens who are undocumented and who have no pathway to immigration relief or who are part of mixed-immigration status families (including families with U.S. citizen children), and (3) immigrants with special visas for survivors of crimes and trafficking.

Across these categories, three sets of concerns stemming from the public charge rule are pervasive: (1) uncertainty about how the rule applies currently or could apply in the future and a tendency toward risk avoidance, (2) misinformation about which populations and programs are targeted, and (3) concerns about immigration sponsorship.

Chilling effects for immigrants with permanent lawful status

Even though the DHS public charge test applies only to those seeking admission to the U.S. or applying in the U.S. to adjust their immigration status to lawful permanent residence (i.e., applying for a green card), service providers gave several accounts of fear and chilling effects among immigrants who already had permanent lawful residence or even U.S. citizenship. Their clients and patients in these cases were leery of using benefits for themselves and their dependents because they mistakenly believed that

public charge extended to eligibility for citizenship or they were concerned that using benefits would render them ineligible to sponsor a family member to immigrate in the future.

Immigrants' fear of risking their lawful status or eligibility for citizenship

In Florida, Aaron provided an example of how a mother who was a lawful permanent resident was inhibited from seeking Medicaid for her child, a U.S. citizen.¹⁰ Aaron helps families enroll in health coverage after they come through the emergency room of a children's hospital and are designated "self-pay" because they lack insurance or other coverage. In this case, the client referred to Aaron was a family with a child considered "medically complex." Aaron discussed the child's options for coverage, including Medicaid and emergency Medicaid, with his mother.

However, Aaron said the child's mother "just was not remotely interested in trying" to enroll in the programs available to her son because "[s]he was applying for citizenship and she was afraid that it would negatively impact her citizenship." This case, a family with a child with complex health needs and who lacks health coverage, demonstrates how eligible beneficiaries are losing access to coverage they need. At the time that Aaron shared this example, the DHS public charge rule had been proposed but had not yet been finalized.

Luz provided more evidence for chilling effects among LPRs and U.S. citizen children. Luz works as a Navigator in North Carolina, assisting people — primarily Latinx immigrants — to enroll in Affordable Care Act Marketplace coverage, Medicaid, and other affordable health care. She observed fear and reluctance to enroll in coverage among Mexican and Central American clients who were lawful permanent residents during the 2018 open enrollment period after the DHS rule was proposed:

The sad part of all this is that, mainly, all these consumers are already green card-holders. They are already residents, so some of them will apply for citizenship in a few years, some of them ... have been given the green card [W]e have to explain, "You are already a resident, you won't have any problem because this is a proposed rule that will affect from maybe when you are *applying* for residency, so that is not your situation."

Luz gave the example of a client with LPR status who, after renewing her Marketplace coverage and later hearing about public charge, called and "insisted" to terminate her own coverage as well as Medicaid for her U.S. citizen children, even after Luz discouraged her from doing so and explained to the client that "she would harm [her] children and the household finances if she terminates her children's Medicaid and they got sick or have a medical emergency."

Fear of risking family members' future access to lawful immigration status

People with whom service providers worked not only avoided benefits use out of fear of risking their own immigration status, but also out of caution, so as not to harm their family members' future opportunities to obtain lawful status. In California, Rocio, a Navigator at a Federally Qualified Health Center, recalled the example of a mixed-immigration status couple.

She's sponsoring her husband, and they both lost their jobs, she's pregnant, and she says, "I'm a U.S. citizen, I'm trying to fix my husband's papers, but I'm afraid of getting food stamps; I'm afraid of getting Medi-Cal," and she was pregnant. And she was even afraid of getting the WIC program.

Luz and Rocio's examples demonstrate immigrant families' misunderstandings about which people and programs are actually affected by the rule. Service providers frequently discussed such examples during interviews. In Luz's case, her client, a lawful permanent resident, would not be subject to a public charge determination, nor would her U.S. citizen child — the DHS rule's public charge test does not consider the use of benefits by an individual's dependents. In Rocio's case, the sponsoring spouse would not be penalized for receiving noncash benefits. Both Luz and Rocio's clients were also fearful of seeking programs not included in a public charge test — neither Marketplace coverage under the Affordable Care Act nor WIC are considered under the DHS final rule.

Examples like those shared by Aaron and Luz demonstrate that U.S. citizen children may be at risk of losing access to benefits even when their parents already have permanent lawful status. The next section highlights implications of fears surrounding public charge for the U.S. citizen children of undocumented parents.

Chilling effects for undocumented immigrants and their U.S. citizen children

Rocio observed how individuals with different immigration statuses experienced fear related to public charge: "Sometimes people [say], 'I'm just afraid of using public services,' and they are already U.S. citizens. Now imagine people who don't have citizenship, they don't have a green card, or [are] in the middle of applying for their green card; they're more afraid than anybody else."

Fear of missing out on future access to lawful immigration status

Like Rocio, providers generally recounted a high level of anxiety about accessing public benefits among clients who were undocumented or members of mixed-immigration status families with members, usually children, who are U.S. citizens. In their accounts, service providers identified two sets of concerns. First, despite not having a clear path to citizenship, some individuals held out hope that they would one day have an opportunity to obtain lawful status, for example, through sponsorship from U.S.

citizen children or other relatives — an opportunity that they perceive to be threatened by public charge. Although they were not currently in a status adjustment process, these individuals were focused on future opportunities and did not want to jeopardize their chances of obtaining lawful status later.

Lauren, an attorney who provides technical assistance to advocates working on domestic abuse issues, benefits enrollers, and social workers in Wisconsin, explained that in mixed-status families, “There’s that hope in those families that everyone will have status at some point. So, they just don’t want to screw it up.” Lauren explained that some parents and children who have lawful immigration status are forgoing benefits if another family member is undocumented.

Carmen, an advocate for survivors of domestic violence and sexual assault in Wisconsin, noted:

I’ve seen many women come here to get help with the papers on how to cancel their food stamp benefits. They’ve also tried to stop the Medicaid benefits for their [U.S. citizen] kids because they worry it’s going to be a problem in the future ... [I]n the end, it’s their decision. We tell them that maybe they shouldn’t do it (cancel benefits), but they still want to go ahead with it because the fear they have ... So, there’s been a lot of cases where they come here to get help to cancel their food [stamp] benefits — that’s the biggest one.

In general, undocumented people are eligible for very few public services. Arturo, an enrollment supervisor at a clinic in California, said that some patients are even reluctant to apply for a county health program that provides care for individuals who do not qualify for other types of health coverage, like the state’s Medi-Cal program:

The majority of people who apply for [the county program], they have children who are born here. Well, they want to apply one day for any immigration status, right?, under any situation, but they are scared, too, because they say, “Well, it [counts] if I want to apply in the future, if I have an opportunity to get my resident or work permit at least, I’m gonna have problems because of this program.”

Arturo said he tells patients “to think first about their medical needs and *after* they can think about immigration status, because if they don’t have any gates open with immigration, ... so they don’t have to worry and [can] live right now.” His account documents a conflict between, on the one hand, service providers’ encouragement of patients to enroll in the programs they need to meet their current basic needs and, on the other, their clients’ future orientation toward the possibility of permanent lawful immigration status in the U.S. and hesitance to put that possibility at risk.

Fear of deportation and family separation

A second set of circumstances leading to chilling effects for undocumented or mixed-immigration status families stems from the threat of deportation and family separation. Specifically, people fear being identified and therefore deported as a result of their family’s participation in benefits programs. Researchers have found that individuals who fear deportation associate participation in government safety-net programs with an even greater risk of “removal” from the U.S., i.e., of being deported.¹¹ Fear of the public charge test, therefore, is intertwined with concerns about a broader set of policies related to increased interior enforcement and associated perceived risks, such as family separation.

Dr. Ramirez, a physician who serves primarily undocumented Latinx patients at a clinic in California, explained the immediate chilling effects of the proposed rule in her community and the intersection of public charge with other restrictive immigration actions, such as raids by U.S. Immigration and Customs Enforcement (ICE):

There’s fear of participation, even in the school lunch programs ... It swept through the community. “Get your kids off all these services or you’re going to be deported or they’re searching your papers. They’re going to interfere and block change in status for immigration for residency.” So ... even though they couldn’t afford food or basics, they went without, and their kids went without until the fear started passing little by little ... [T]he public charge issue does go in waves of panic, and there will be times where [ICE] was very active in this community, and [patients] never showed up at their appointment. The clinic remained empty for weeks at a time.

Lauren, in Wisconsin, explained that the public charge issue feeds into a “cumulative effect” of restrictive policies targeting immigrants, which have “just created this sense of fear and inability to trust organizations, institutions. There’s just a fear that anything that an immigrant does will now lead to deportation. Or even, in a lot of people’s eyes, worse — separation from family members.”

These examples suggest that mixed-status families with undocumented members and U.S. citizen children may be particularly vulnerable to public charge-related fear, even though the DHS rule does not actually apply to them. Families are sacrificing health and nutrition programs that they need and for which they are eligible because they are fearful of risking the chance of obtaining lawful immigration status in the future. Their hesitation to use these programs intersects with heightened fear about increased immigration enforcement and the belief that eligible family members’ participation in benefits programs could put undocumented relatives at risk of deportation.

Chilling effects for survivors of human trafficking and other crimes

Federal law makes exemptions from the public charge ground of inadmissibility for certain vulnerable groups. These include U-visa applicants and holders (crime victims who have suffered mental or physical abuse) and T-visa applicants and holders (victims of human trafficking). The process of getting a U or T visa is difficult. Survivors seeking lawful immigration status may endure long waiting periods, multiple requests for evidence, and sometimes fraught interactions with law enforcement. Yet advocates who work with survivors of domestic abuse, sexual assault, and human trafficking explained that these populations were hesitant to access public benefits because they did not want to jeopardize their chances of obtaining permanent lawful immigration status.

Diana, who works with trafficking survivors in Kentucky, spoke about a client who had recently received a T visa. Her client is a single mother with four children who fled circumstances that included a forced child marriage, a forced employment arrangement, and a subsequent abusive relationship. Upon becoming eligible for benefits, Diana recounted that her client did not want to apply for food stamps or health coverage:

With her T-visa approval, she's now qualified for benefits. So in sitting down with her and explaining to her that she got her visa and what that means and the fact that she has permission to work now, she just couldn't believe it. She's like, "I did not believe this day would ever come. I'm so happy right now." ... Then I said, "Also, you can now qualify for some benefits. For example, I know you get food stamps for your children, but you can also increase your food stamps now, because you can be added on because now you qualify. So they'll give you more, and you can also get medical insurance now. I just need to get this benefits letter for you from HHS [Health and Human Services]." She said, "No, I don't want to do that, because then I won't be able to become a permanent resident. They'll deny me." So she refused.

Even when Diana explained to the client that public charge wouldn't apply to her as a T-visa holder, the client was "still very anxious about it." General anxiety and uncertainty in a shifting policy climate have left some people unwilling to take risks even in circumstances when they receive correct information and advice about whether the rule would impact them. Diana explained:

People feel like we can't be confident that it won't change again or become more restrictive or that we still won't get in trouble ... I think there's some misinformation, but I also think that there's just a realistic fear that there's this constant changing, so how can I be sure? And then I think there's just a fear that even if the rules say this, that something worse will happen.

In another example, Jessica, an attorney who works with Spanish-speaking survivors of interpersonal violence at a health center in California, described concerns she had noticed among her clients. “When the very first [public charge] announcement came out, we started seeing lots of questions immediately ... from pretty much anyone who is an immigrant.” She gave an example of one client who had applied for a U visa and was fearful of using Medi-Cal for her cancer treatment on the advice of an immigration attorney.

Her attorney had advised her that she should see if there were any other private health insurance options that she could pay for out of pocket to cover the cost of her treatment so that her immigration application wouldn't be affected. And so she then came to me referred by a *promotora* at the health center, and she said to me, “I'm just going to stop my cancer treatment because I don't want to jeopardize my immigration status.”

Jessica was able to intervene successfully and speak with the immigration attorney so her client would continue treatment, noting, “But if I hadn't seen this client — like this is the most extreme example I've seen — I think that she may have stopped her cancer treatment because she was so afraid and because she'd gotten bad advice from her lawyer.” Service providers frequently noted that some clients had received inaccurate advice from immigration attorneys who did not understand public benefits and public charge determinations (more about this below).

Cases such as Diana's and Jessica's suggest that even though the rule provides exemptions for vulnerable populations such as survivors of crime and trafficking, in practice these individuals are still dissuaded from accessing the programs for which they are eligible. Unlike many people without authorization to be in the U.S., people fleeing exploitative relationships and human trafficking can have a path to permanent lawful status through these special visas. Providers' accounts demonstrate that these survivors are willing to forgo vital nutrition and health programs if they believe — realistically or not — that it means risking their future access to permanent lawful status.

The Health and Well-being of Immigrants and Their Families Are at Stake

Their fear of accessing necessary programs and services has troubling implications for the personal and public health and well-being of low-income immigrants and their families. For immigrants who are low-wage workers, public benefits are a lifeline. Carmen described a mother in Wisconsin who chose to disenroll from the SNAP program despite struggling to make ends meet working two jobs:

I had a lady who told me, “I pay the rent, or I buy food.” And with \$150 that she receives every month [from SNAP], she was able to provide a decent meal for her kids. And when she canceled those benefits because of fear, she was looking for another job. That would be the third job — she already had two. So I think that it’s taking away from the kids’ time [with] parents because they have to go out and find another job to be able to provide for that and for food.

Fear results in prioritization of health care over nutrition

Providers noted that clients sometimes incorrectly believed that they had to choose between benefits and, in such cases, tended to prioritize health care over nutrition. In Georgia, Amanda, who helps Latinx clients enroll in SNAP, noted a sharp decrease in client applications compared with the prior year. She said she used to have a waiting list of people seeking help applying for benefits:

It’s been like a 70 percent decline in the last few months. Whereas before we had to have a waiting list ... We’re hearing the clients say, “Yeah, I’m good. I don’t want to do food stamps. I want to actually close it.” ... They’re like, “Look, I prefer to have Medicaid over food stamps because Medicaid is so much more expensive. And I don’t want to get caught in a situation. I’d rather feed my kid tortillas for dinner.”

In these cases, families risk food insecurity and may be more likely to rely on private sources of support, like food pantries, creating burdens for community organizations. Amanda’s organization, a Latinx resource center, offered a food pantry to people who do not receive food stamps. Amanda noted that the center’s pantry had been running out of food more quickly:

[My supervisor] was like, “Are we out of food already?” We’re like, “Uh, yeah.” ... I told her, “Yeah, we’ve been getting a lot of people coming in without benefits or that just haven’t been renewed or are just struggling.” ... I was shocked to see some of the folks that were coming to get food. Like, “Hey, you don’t get food stamps anymore? Why are you getting food? Did they not approve your case yet or what happened? Do you not get food stamps?” Some of them are like, “No, you know, I just don’t want to get it. Or, they haven’t approved it. Or I just stopped. I didn’t want to do it anymore.”

Mark, an advocate at a food bank in California, also noted the strain on alternative sources of food support that results when people are afraid to enroll in SNAP:

For every meal provided by a food bank in this country, a dozen are provided by SNAP. So the food banks are the putty in the wall, but the wall is SNAP. We are not some thousand points of light that are going to provide a backstop. We just don't have that kind of capacity. ... How are [our member agencies] supposed to meet that gap? ... This is not some kind of alternative strong safety net that's ready to swing into place. The food banks are fragile, under-resourced, and we need the SNAP program to be strong.

Mark's observation highlights the interconnectedness of public and private social safety-net programs and illustrates the systemic impacts of the public charge issue. If eligible populations are deterred from participating in public programs — which are better-funded and equipped to serve more people — private and community sources of support may experience disproportionate demand without the necessary resources to meet it.

Harmful health impacts of declining to enroll in health coverage

In addition to the implications for nutrition programs, as earlier examples demonstrate, health coverage is not immune from chilling effects. Choosing not to enroll in health coverage or to seek care can have harmful health impacts. For example, providers discussed the risks for patients who do not receive preventive care because they lack coverage.

In California, Dr. Ramirez provided stark examples of the physical and psychological health consequences when patients avoided or waited too long to seek care because of fears related to their immigration status:

A diabetic wouldn't pick up their medication. They got real sick and end up in the ER calling 911. So it's a terrible thing to live in chronic fear, and it really, I think, destroys your body, your mind, and your reason for living ... They've waited months, even a year, to address a tumor or a mass, and they upstage their cancer. They end up with renal failure

Dr. Rossi, a pediatrician at a children's hospital in Texas, said that families without coverage are less likely to receive recommended outpatient therapy or appointments with specialists. In some cases, this resulted in patients being rehospitalized because they could not receive the necessary care. "They come in and they end up getting admitted for something that could've been prevented."

In other cases, patients stay in the hospital longer because they lack coverage for care that they could otherwise receive at home. While children qualify for emergency Medicaid during their hospital stay regardless of immigration status, Dr. Rossi explained, "it does not cover any outpatient things they might need ... [such as] very simple antibiotics like amoxicillin." As a result, Dr. Rossi noted

I've also had patients whose hospitalizations have been significantly prolonged compared to a typical kid with having whatever illness that they had because they are immigrants ... [S]ome of these patients have to stay in the hospital for weeks sitting here getting IV antibiotics, which they can get at home potentially.

Financial consequences of declining to enroll in health coverage

Health service providers also recognized how lack of access to health coverage or preventive services risks financial consequences for low-income clients. Arturo gave the example of patients with diabetes:

The majority of them, they have to have their medicine. If they don't take the medicine, they're going to get worse. And they're going to go to the emergency [room]. They're going receive a big ... medical bill ... [S]ometimes they come in with a bill for a lot of money, they are so sick.

Carmen warned clients about the economic consequences when they avoided Medicaid and instead relied on sliding-scale community health clinics. "They rely on community clinics ... I explain to them, 'If there's an emergency, you're not going to be covered by that, and then you're going to have a bill.'"

These accounts demonstrate that, whether or not people actually are subject to the public charge determination, chilling effects from public charge–related fear and a generally restrictive environment for immigrants puts at risk the health, food security, and well-being of immigrants and their families.

Public Charge Is Creating Extra Burdens for Providers Who Work with Immigrant Communities

The fear, questions, and confusion generated by the DHS public charge rule create extra work for service providers. Providers felt obligated, and they wanted, to educate clients about the rule, to overcome misinformation and encourage enrollment in the benefits and programs for which their families qualify. These efforts create additional time burdens outside of providers' typical scope of work, and they especially create strain for those who lack formal training in immigration law and policy. Some providers felt a high burden of proof to convince clients that the information they provided was accurate. Providers, who care deeply about their clients' well-being, also described experiencing emotional strain and frustration.

Because of public charge, serving clients takes more time, patience, and effort

Service providers spend extra time learning the complicated rule's nuances

Stacy's case exemplifies how the rule has generated extra responsibility for outreach workers who feel responsible for learning its nuances. Stacy is a health coverage outreach worker in Florida and described her experiences in the period after the rule was proposed. She said, "I'm always patient but [now I have] just a little bit more patience with the family and gather as much information as possible. I mean I've printed out the public charge rules, and I've read almost all of it just so I can be educated myself." Stacy's supervisor, Ana, was also participating in this interview and interjected:

I have to tell you — sorry Stacy — she is sitting here and she has, I don't know, 500 pages, maybe, of [the DHS rule] by her. She has highlighted things. I mean, she's a rock star; she has gone above and beyond to do things for these families, so she's being humble.

Stacy explained that she has put forth this additional effort both to help her clients and to avoid misinforming them. "I don't want to give them any misinformation, because it's ... scary enough, so [I'm] just trying to read up on what I can find and educate myself in order to be able to help the families." Still, many service providers are neither attorneys nor immigration experts, and understanding the rule can be challenging for those who lack formal training in immigration law and policy. Stacy had printed out, read, and highlighted the entire rule but said, "[I]t's still hard to understand."

Eligibility meetings and assessments with clients take more time

These additional responsibilities create new burdens for workers and advocates who, in many cases, are already overburdened and who are not receiving additional time or financial resources to cope with them. Arturo, an enrollment supervisor at a health clinic in California, said that each meeting with patients took extra time and effort because of public charge during the period after the DHS rule was proposed:

Because you don't have to do just the application, you have to educate them and explain to them and probably have, like, proof ... And it's taking more time for us to explain to them and ask them ... at the end if they want to apply or no. It's taking more time because you have to bring all the information from online, bring the information together from your training ... [I]t's taking more time because you have to, like, basically convince that person they're not going have this situation in their cases like other people.

More follow-up and persistence are required

Some providers, like Ana, who works in health benefit community outreach in Florida, gave examples of “going above and beyond” in their persistence to reach clients fearful of public charge. She gave the example of a family with a U.S. citizen child who had recently been hospitalized. Although the child was eligible for Medicaid, his parents, who were in the U.S. on student visas, were fearful and did not want to apply for Medicaid after the DHS rule was proposed. Ana said:

I had been emailing this family and texting this family, I don't know for how long — calling, I don't know, maybe now two weeks. I mean two weeks, two months, I don't know. But finally, yesterday, I got an email from the mom saying, “Yes please help me, because I really need the help.” So she wants to apply for Medicaid for the baby. So I can't wait to do this ... And they had been saying, “No, no, no,” so I didn't give up. I kept checking on them. Emailing them. Texting, calling and finally, finally yesterday, after I sent an email in the morning saying, “Hey, I'm here, you know, you ... can still apply.” But she replied and told me, “Yes, please help me, I really need the help.” So, I don't know, maybe I'm being more persistent than I was before because I know ... that's what they need, more patience....

Stacy's, Arturo's, and Ana's accounts each highlight different ways that public charge creates time burdens for providers. Stacy printing out and highlighting the 500-page rule is an example of the extra effort it takes for providers with no formal training in immigration policy to learn about the rule so they feel adequately educated to inform their clients. Arturo shared that each appointment with patients in a busy health clinic was taking additional time, as enrollment workers presented information to anxious patients and addressed their questions and concerns about the rule. Finally, Ana's example shows how enrolling a hesitant family in benefits required extra follow-up and persistence.

Service providers must overcome misinformation and confusion about the DHS rule

To fully understand the DHS rule and how it does or does not apply to their clients, service providers identified that they need expertise in two areas: immigration law and benefits eligibility. In many cases, service providers in health and nutrition fields may possess the latter but not the former. Conversely, private immigration attorneys whom clients retain understand immigration law but tend to lack knowledge about eligibility for benefits. Several service providers expressed concern about the risk of providing inaccurate information to clients.

Even when providers felt they were offering the advice their clients needed, some felt that they had to overcome misperceptions, including incorrect information that had been

provided to their clients by professionals. Providers reported that clients most commonly found out about public charge through TV and radio news, typically from ethnic media outlets, and from word-of-mouth through their social networks or social media.

Misinformed and counterproductive advice provided by lawyers

Overcoming misinformation dispensed by lawyers is particularly challenging for providers. Grace, a Navigator in Wisconsin, noted that it was easier to overcome word-of-mouth information from social networks. “Usually I can say, ‘Okay, well that’s good that your cousin told you, [but] this is what it actually is,’ and then it’s kind of a done deal.” But “when they hear it from a lawyer, ... that’s when a real, a full, conversation has to be had in order to convince them to enroll in a program that they’re eligible for.”

Like Jessica, whose client was fearful of accessing Medicaid for cancer treatment on the advice of her immigration attorney, several providers reported that they had addressed inaccurate advice from immigration attorneys who lacked substantive knowledge of benefits eligibility. Arturo, for instance, encountered patients whose attorneys told them not to enroll in the health coverage programs for which he was helping them apply. “Some immigration lawyers say, ‘Hey, please don’t apply for anything, because they’re going to deny your case or they’re going to deport you,’ or this and that”

Arturo said this created confusion and a burden for patients, giving the example of a recent patient with diabetes whose attorney recommended withdrawing from Medi-Cal:

So she canceled the Medi-Cal, but a month after, she came back and said, “You know what, I need medicine. I have diabetes and I need my medicine. I’m getting sick and I don’t understand why my immigration lawyer told me to cancel. What can I do right now with no insurance?” You know, it’s hard for us because ... you’re trying to help someone, but it’s someone outside saying, “Don’t apply because they’re not going to approve your case.”

Arturo said that he even prints out information about public charge for patients to share with their lawyers, but that patients feel caught in the middle of conflicting professional advice. “[T]hey are confused because they don’t know if I’m saying the truth or the lawyer [is].”

Some interviewees noted discrepancies in advice given by private immigration attorneys, who took conservative approaches, giving clients advice about disenrolling from benefits, versus attorneys from Legal Aid and other programs who had more specialized expertise related to benefits eligibility. Providers sometimes referred clients to immigration attorneys whom they trusted had a sufficient understanding of public charge and benefits eligibility. Lauren explained:

[We] have been really mindful of who the referral sources are, because I think private immigration attorneys ... will often not really know public charge very well. And so they'll just be more conservative and say, "Nobody should be on any benefits." ... I think private immigration attorneys that don't work with low-income people routinely are often being way too conservative.

Luz, an eligibility and enrollment provider who works for a legal services organization, said she refers clients to an attorney within her organization who has expertise in public charge. "But sometimes," she said, "clients have an immigration attorney and they will trust [them] more than what we are saying, so that's definitely a challenge."

Some service providers were intentional about letting clients make their own decisions, recognizing their own limitations in predicting the future consequences of clients' enrollment in programs. Carmen said that she provided the information that she knew about program eligibility but encouraged clients to make their own decisions, because she could not make them any promises. "They want me to assure them that nothing is going to happen to them if they keep taking the benefit, and I can't do that. Because I don't know their whole situation."

Consular processing v. adjustment inside the U.S.

Likely compounding confusion are the U.S. State Department's 2018 revisions to its Foreign Affairs Manual, which governs visa applications processed by consular officers abroad. These changes allow for consideration of noncash benefits used by applicants, sponsors, and family members in determinations of whether a person is likely to become primarily dependent on government cash assistance or long-term care in the future. Under the revised instructions, a valid affidavit of support or contract signed by a sponsor is no longer sufficient to overcome the public charge test, requiring more scrutiny of a sponsor's relationship with the immigrant, the immigrant's age, health, income, employment prospects, etc. These changes have exponentially increased public charge-related denials.

Because many people living in the U.S. must go to a U.S. consulate abroad for their green card interviews, this has made it more difficult to provide clear legal advice. Lauren, an attorney, noted:

I think the thing that people are the most confused about ... [is] the Foreign Affairs Manual and when that is used. People are really confused about consular processing versus adjusting status. And I notice that confusion with professionals, social service providers. They don't know the difference. And then, I think, in the community, unless someone is working with an immigration attorney, they don't know if they would have to consular process

or adjust status. So they don't know if they're subject to the more stringent public charge rules in the Foreign Affairs Manual or, if it's still under adjustment of status, if it's still the current rule.”

Carmen mentioned consular processing changes as an example of not always having enough information to adequately answer clients' questions about public charge, saying “there's always something new” to learn about and that she is often triggered to learn about new developments by the questions clients ask.

[A client] called last week saying that — she's a green card-holder — that she couldn't leave the country because they were going to ask her ... if she was getting benefits, and I haven't heard about *that* one.

As Lauren's and Carmen's accounts demonstrate, confusion about how public charge applies in consular processing abroad versus status adjustment in the U.S., and the different bureaucratic procedures guiding each, highlights the complicated nature of public charge and the inaccessibility of information about it not only for people worried about how it might affect them, but also for service providers who want to help them.

Misperceptions of service providers themselves

A few service providers themselves expressed misperceptions about the scope of the DHS public charge rule, including thinking that any federally funded program would fall under the rule, that it applies to people who are applying for U.S. citizenship, or that it is a law passed by Congress rather than a set of regulations written by the executive branch. These misunderstandings are not surprising, given that immigration policy is outside the most human services professionals' and health care providers' scope of work.

Service providers care deeply about their clients and patients, and are experiencing emotional burdens

While service providers acknowledge that making space for clients to make their own choices to disenroll or abstain from receiving benefits was important, doing so was also a source of concern and frustration. As mentioned previously, providers faced a conflict between, on the one hand, encouraging their clients to meet their current needs and, on the other, their clients' hopes for the future and their associated aversion to participating in programs they thought would put their opportunities for lawful immigration status at risk.

Accounts revealed that this tension creates emotional burdens for outreach workers and service providers, who care deeply about their clients' welfare. When asked about the health implications of food insecurity for patients, Dr. Rossi, the pediatrician in Texas, said:

When I hear these stories about families who aren't signing up for food stamps for their kids and they have trouble putting food on the table, or they're having to ration things out or cut the amount of food that they're giving to their kids, it breaks my heart. I've gone home crying a couple of times because I just feel so helpless in how much I can help these families.

Amanda, who helps immigrant families enroll in nutrition benefits, shared a similar frustration:

This ... whole system, it's hard. And that's one of the reasons that as frustrated as I get, ... I feel like I want to give up. I want to quit. I can't do this. This is so stressful. I get headaches, tension headache. My shoulders hurt. Sometimes I get teary-eyed. And then when I go home and I think about leaving and not doing this work because it's too much, it's just not worth my time, I'm like, "If I don't do it, who else will?"

Service providers working in immigrant communities already tend to feel overburdened by their work. Their accounts indicate that public charge and other restrictive policies that create fear for their clients and patients make their jobs even more difficult.

Discussion

These findings indicate that chilling effects from fear of public charge, along with broader fears of enforcement, undermined immigrants' and their family members' access to health and nutrition programs — even before the DHS rule had been implemented. Immigrants face difficult choices in a restrictive policy climate that makes them question the opportunity cost of pursuing programs for which they are eligible and which they need in order to thrive.

The impacts of the DHS public charge rule are not limited to people who are actually subject to the rule's public charge test (green card applicants in a status adjustment process). They are also harming people who already have lawful permanent residence, U.S. citizens, children in immigrant families, and survivors of violence and human trafficking. This highlights a disconnect between the rule as written and the way it is being perceived on the ground. For example, while whether a person is likely to become a public charge is a determination made about an individual, in practice people find it difficult to separate their own use of benefits from their family members' use of them.

These accounts also demonstrate the interconnectedness of the Trump administration's public charge policy and other restrictive policies and structural barriers that low-income immigrants must navigate in accessing safety-net programs. For example, in some cases it can be difficult to tell whether people are avoiding health and

nutrition programs because of fear of enforcement and deportation in the present moment or whether they fear they won't be able to adjust their status in the future because they'll fail the public charge test. In addition, providers identified that their clients already faced language and literacy barriers, lacked adequate transportation, and experienced stigmas and misinformation about benefits eligibility.

Inhibited access to health and nutrition programs has troubling implications for the health and well-being of immigrants, their families, and U.S. communities more broadly. Particularly troubling is the finding that some clients believed they had to choose between health and nutrition programs. Children in immigrant families, who represent about a quarter of all U.S. children, live in poverty at rates more than double those in nonimmigrant families.¹² The threat of increased food insecurity and less access to health care, therefore, may have detrimental long-term effects for a large proportion of American youth.

Findings reported here also indicate that the current administration's threats against immigrant communities are creating a burden for service providers, thus extending the onus of federal immigration policy to community organizations, hospitals, and health clinics that do not necessarily have additional financial resources or time to cope with this added burden. Service providers who have expertise in benefits eligibility, for example, may understandably lack the immigration law and policy expertise to advise clients or patients about public charge. Conversely, immigration attorneys may lack expertise in benefits eligibility and may not consider the health and social welfare implications for families when encouraging them to decline benefits for which they are eligible.

These findings make it clear that both the communities directly impacted by the public charge issue and the service providers who work with them need more and better information. They highlight specific areas of misunderstanding that advocates must continue to address through community education, including distinguishing between those impacted by the DHS rule versus those impacted by the changes to the Foreign Affairs Manual, clearly delineating which programs are considered in the DHS rule's public charge test and which are not, and reinforcing that the public charge test does not distinguish between nutrition and health benefits.

Individuals have received conflicting advice about public charge and benefits eligibility from different sources — the media, social networks, and attorneys. The techniques necessary to overcome misinformation, therefore, must be varied to address different sources, such as training immigration attorneys, educating the media, and addressing misleading rumors.

APPENDIX: Methods

Findings reported here are based on semi-structured interviews conducted with service providers in California (n=5), Florida (n=5), Oregon (n=3), Wisconsin (n=3), Texas (n=2), Colorado, Georgia, Michigan, Kentucky, North Carolina, and Tennessee (n=1). Data collection began shortly after the DHS public charge rule was proposed, in November 2018, and continued until just after the rule was finalized, in September 2019. All interviews were conducted before the DHS rule was actually implemented.

We used qualitative interviews to gain insight into the processes of how public charge–related chilling effects are manifesting in communities and their impacts for immigrant communities and service providers. Interviewing service providers, specifically, was beneficial for gaining a birds’-eye view of community impacts and provided access, through the lens of the providers, to the stories of directly impacted people. Interviews included discussion of service providers’ jobs, the communities and clients with whom they work, the barriers clients/patients face in accessing programs and services, and how public charge, specifically, has come up in the context of their work.

Using a convenience sampling strategy, interviewees were recruited through partnerships affiliated with the national Protecting Immigrant Families (PIF) campaign cochaired by the National Immigration Law Center and the Center for Law and Social Policy (CLASP). PIF is a coalition of immigrant, health, nutrition, faith-based, and anti-poverty groups working to spread awareness of the public charge rule and advocate for immigrants’ access to health, nutrition, and other programs and services.

Most service providers interviewed worked in health outreach and eligibility and enrollment for health programs such as Medicaid and ACA Marketplace coverage (see Table 1 for a breakdown of interviewees’ occupational categories), but there was overlap between categories. For example, some legal service providers and survivors’ advocates did work related to health and nutrition benefits eligibility, and some interviewees who worked primarily in health coverage also provided information or referred people to nutrition programs such as SNAP.

Table 1. Participants’ Occupational Categories

Primary occupational category	N
Health care providers	3
Health coverage – enrollment and advocacy	14
Sexual assault, domestic violence, and trafficking survivor advocacy	3
Nutrition programs – enrollment and advocacy	2
Legal services	1
Other	1

All interviews were conducted over the phone, recorded (with participants' consent), and transcribed. The author used an inductive analytic strategy by coding emergent themes and patterns using ATLAS.ti qualitative coding software.

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Notes

¹ Watson, “Inside the Refrigerator”; Hagan et al., “The Effects of Recent Welfare and Immigration Reforms on Immigrants’ Access to Health Care”; Fix, *Immigrants and Welfare*.

² Page and Polk, “Chilling Effect?”

³ <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

⁴ “Fact Sheet: SNAP Enrollment Trends in New York City”; Bernstein et al., “One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018”; Bovell-Ammon et al., “Trends in Food Insecurity and SNAP Participation among Immigrant Families of U.S.-Born Young Children”; Tolbert, Artiga, and Pham, “Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients.”

⁵ Bovell-Ammon et al., “Trends in Food Insecurity and SNAP Participation among Immigrant Families of U.S.-Born Young Children.”

⁶ Bernstein et al., “One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018.”

⁷ Tolbert, Artiga, and Pham, “Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients.”

⁸ The Children’s Partnership and California Immigrant Policy Center, “Healthy Mind, Healthy Future: Promoting the Mental Health and Wellbeing of Children in Immigrant Families”; Evich, “Immigrant Families Appear to Be Dropping out of Food Stamps”; Ehley, Colliver, and Rayasam, “Fearing Deportation, Immigrants Forgo Medical Care”; Armus, “A Proposed Federal Policy Won’t Target Immigrants for Using Welfare. In Texas, They Might Drop out Anyway.”; Fleming et al., “A Qualitative Study on the Impact of the 2016 US Election on the Health of Immigrant Families in Southeast Michigan”; American Public Health Association, “Study”; Artiga, Dec 13, and 2017, “Living in an Immigrant Family in America”; Greenberg, Feierstein, and Voltolini, “Supporting the Resilience of America’s Immigrant Communities: How Community Organizations Are Responding to Federal Policy Changes”; Rodriguez et al., “Declared Impact of the US President’s Statements and Campaign Statements on Latino Populations’ Perceptions of Safety and Emergency Care Access.”

⁹ Greenberg, Feierstein, and Voltolini, “Supporting the Resilience of America’s Immigrant Communities: How Community Organizations Are Responding to Federal Policy Changes.”

¹⁰ All names used in this report are pseudonyms to protect the privacy of participants and their clients.

¹¹ Alsan and Yang, “Fear and the Safety Net.”

¹² National Academies of Sciences, Engineering, and Medicine, *A Roadmap to Reducing Child Poverty*.