



NETWORK
of Jewish Human
Service Agencies

50 Eisenhower Drive, Suite 100, Paramus, NJ 07652
201-977-2400 • www.networkjhsa.org

December 7, 2018

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

Re: DHS Docket No. USCIS-2010-0012, Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes,

On behalf of the Network of Jewish Human Service Agencies, thank you for the opportunity to comment on the Department of Homeland Security (DHS) Public Charge policy revision. I write today to urge DHS to withdraw its proposed “Public Charge” rule. We believe that, if implemented, the changes proposed would significantly decrease legal immigrants’ access to essential federal safety net programs and have an adverse broad impact on public health.

The Network of Jewish Human Service Agencies (NJHSA) represents 140 non-profit organizations in the United States, Canada and Israel. Our members provide a full range of human services for the Jewish community and beyond, including healthcare, career, employment and mental health services, as well as programs for youth, family and seniors, Holocaust survivors, immigrants and refugees, people with disabilities and caregivers. We are guided by traditional Jewish values of communal responsibility, promoting independence, and human dignity.

Of particular relevance to the proposed public charge regulation and its impact on legal immigrants, each and every one of our American member organizations provides critical services to our country’s most vulnerable. The proposed policy revision would have significant negative impacts on our network’s ability to provide the maximum possible care for the individuals and families we serve.

Penalizing lawfully-present immigrants for accessing social safety net programs would present significant and unnecessary challenges to immigrant communities, as well as the country at large. It forces lawfully-present immigrants to make unconscionable decisions regarding their personal and familial wellbeing. **No one should be forced to avoid seeking medical care when sick, food when**

hungry, or housing when homeless. Yet those are exactly the decisions millions of immigrant families will be faced with if this policy is revised in this manner.

The United States is made stronger by its numerous vibrant immigrant communities. Immigrants who uproot their lives and come to this country do so at great personal cost, and often arrive with limited resources and opportunities. **The changes proposed in this rule will reverse longstanding federal policy designed to help legal immigrants become participating, productive, and healthy members of our society.** The proposed rule could lead to non-citizens opting to disenroll from or forego enrolling in benefits for which they are now eligible (such as Medicaid, Medicare Part D Low-Income Subsidies, the Supplemental Nutrition Assistance Program (SNAP) or Housing subsidies or public housing). It also could lead to citizen families being dissuaded from using eligible benefits due to concerns that their receipt of these non-cash benefits would put their immigrant family status at risk.

Failure to access health care in a timely manner can lead to more serious health conditions for an individual, as well as impact the health and well-being of all within a community. In fact, the proposed rule itself highlights some of the direct and indirect negative effects to health outcomes that would be associated with the rule's implementation, including: (a) an increased prevalence of obesity and/or malnutrition; (b) reduced prescription adherence; and (c) an increased prevalence of communicable diseases due to a deterrence to treat and a decrease in vaccinations.

Furthermore, the fear created by this rule will extend far beyond any individual who may be subject to the “public charge” test, harming entire communities and the infrastructure that serves all of us, such as children and family services agencies and vocational services agencies. For instance, this rule will affect staffing at many of our member agencies. Immigrants often serve as essential care workers and have median wages close to or below the poverty threshold. Programs like SNAP, CHIP, and Medicaid are designed to help these lower-income individuals meet their families' basic needs to keep them healthy and safe. To penalize hardworking families for using the program specifically designed for them will have a downstream effect on care to seniors and residents of these service agencies that rely on immigrant workers to fill caregiving positions.

DHS's proposed rule will also penalize immigrants, children with physical and mental disabilities, and older adults:

1. It would encourage health and disability-based discrimination by instructing DHS officials to negatively weigh any medical condition that is likely to require extensive medical treatment or institutionalization, or that will interfere with the legal immigrant's ability to care for him or herself, to attend school, or to work.
2. The proposed rule discounts future advancements in medical science and social norms by allowing DHS officials to make present-day judgements about an individual's future capabilities. For example, in the 1950s, Type 1 diabetes was a disabling condition. Now, adults and children with this disease lead full, productive, independent lives. Similarly, conditions such as major depression, anxiety or bipolar disorder and post-traumatic stress disorder (PTSD)

are all responsive to treatment. Unfortunately, however, the stigma surrounding mental illness still creates barriers in seeking treatment across all socio-economic classes. Immigration-based discrimination would then add one more factor discouraging legal immigrants and their children from seeking and obtaining the physical and mental health care they need.

3. Older adults live in families that benefit from programs that support their basic needs, health, and wellness. Almost a quarter of U.S.-born older adults who are naturalized citizens are part of families receiving these benefits and the proposed "public charge" rule will likely result in documented immigrants who are vulnerable forgoing basic needs such as healthcare, prescription drugs, and food given their reliance on safety net programs that provide them such as SNAP, Medicaid, and Medicare.

Finally, as a collection of Jewish human service agencies, our founding Jewish values cause us to have reservations about this policy. The Torah commands us never to oppress a stranger. Telling the strangers we have welcomed in as our neighbors that they are unwanted if they seek society's aid, particularly aid that they pay to support via income and sales taxes, is contrary to the teachings of our tradition.

We believe that the proposed "public charge" rule represents a substantial risk to lawfully present immigrants' access to public programs and health care services. In the interest of health and the well-being of all, we strongly urge DHS to reconsider its decision on amending the Public Charge provision and withdraw this proposed rule.

Sincerely,



Reuben Rotman
President & CEO
The Network of Jewish Human Service Agencies