

The Impacts of Trump Administration Family Separation Policy on New York City Testimony of Julia L. Davis, Esq.

Director of Youth Justice and Child Welfare

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The Children's Defense Fund's (CDF) Leave No Child Behind® mission is to ensure every child a healthy start, a head start, a fair start, a safe start and a moral start in life, and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective and independent voice for all the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF—New York's unique approach to improving conditions for children combines research, public education, policy development, community organizing and advocacy activities, making us an innovative leader for New York's children, particularly in the areas of health, education, early childhood, child welfare and juvenile justice.

We would like to thank Carlos Menchaca, Chair of Immigration Committee, Mark Levine, Chair of the Committee on Health, and Stephen T. Levin, Chair of the Committee on General Welfare, for the opportunity to submit testimony concerning the impact of current immigration policies on the children of New York City. Specifically, we would like to focus on the unique and unprecedented needs of the many young children that have been separated from their families as a result of the Trump Administration's 'Zero Tolerance' Policy, the ongoing experiences of immigrant children in New York City (including unaccompanied minors), and our concerns about potential changes to federal immigration policy related to "public charge"

determinations that create significant challenges to meeting these children's needs through the public systems best equipped to serve them.

In March of 2018, CDF-NY and UNICEF USA published a report on the gaps between the needs of unaccompanied migrant youth in New York and the legal and social services available to them.¹ CDF-NY organized several focus groups with unaccompanied youth and sponsors in New York City and Long Island, administered a survey to migrant service providers, and conducted multiple in-depth interviews with key service providers. These providers, who had firsthand knowledge of the unaccompanied youth population, provided detailed information and assessments of services in New York. They described the service gaps that youth face, including language barriers, a dearth of services within NYC, a lack of resources, and a lack of funding, which make it difficult for them to effectively serve this vulnerable child migrant community.

Our findings included the following:

- Health and mental health services are the second most needed services after legal services. Many times, unaccompanied migrant youth experience trauma in their home countries or during their journeys to the U.S. Youth need help adapting to their new home, language, and culture and should be seen by a professional health provider to establish a medical history and to assess any mental health needs. However, language barriers often make it impossible for some unaccompanied youth to receive mental health services, because there are only a small number of health providers in New York that offer services in Spanish.
- Unaccompanied migrant youth have education-related needs that make it difficult for them to fully integrate into the City's school system. They face difficulties when enrolling in school, obtaining assessments and evaluations of their educational progress and learning needs, and receiving the supports to participate in school.
- Unaccompanied youth and sponsors face financial burdens on a day-to-day basis. There
 are ongoing costs in providing housing, food, clothing, and transportation to
 unaccompanied youth. Many sponsors face multiple up-front costs with low-wage jobs,
 making it difficult for them to make payments while providing the best care for youth.

Many of these issues related to access to services, education, cultural competence, and language justice, were also raised by advocates at this Committee's April 24, 2018 hearing. We echo the concerns of fellow advocates and families around the impact of escalating ICE detention and deportation on children in New York City.

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¹ Children's Defense Fund-NY and UNICEF USA. 2018. "Unaccompanied Migrant Youth Service Needs and Gaps in the New York Metropolitan Area." http://www.cdfny.org/research-library/publications/2017/unaccompanied-migrant-youth.pdf

Now that the City has become home to an estimated 200 children as a result of the Trump Administration's failed family separation policy, these issues take on new urgency.² We were happy to learn of the Administration for Children's Services' announcement last week that the City is taking proactive steps to ensure that children receive the services and support they need. This is especially important in light of the uniquely young age of many of these children, and their substantial mental health needs.

Reports from the City's health care practitioners describe children presenting with symptoms resulting from significant and ongoing trauma. Young children who have suffered trauma may regress developmentally, losing skills they once mastered. Others may have behavioral symptoms like severe tantrums or difficulty sleeping. Some, even those as young as preschool children, face depression and experience suicidal thoughts, according to City providers.³

There are also significant long-lasting health consequences that immigrant children exposed to trauma may experience. When children suffer strong, frequent, and/or prolonged adversity without adequate adult support or emotional buffering, they could experience toxic stress response. This kind of prolonged activation of the stress response systems, which continues even after the stressor has been removed, can damage brain architecture and other organ systems in children, and also increase the risk for stress-related disease and cognitive impairment, well into the adult years.⁴⁵

In light of what we know about the immigrant children we are caring for in New York, it is imperative that the City Council play a leadership role in ensuring that our City agencies are able to meet these children's needs. This becomes complicated by the changes that the Trump Administration is apparently considering in what is known as "public charge" determinations made by U.S. immigration officials.

Under longstanding federal law, immigration authorities have permission to deny admission into the United States and deny lawful permanent residence to any individual deemed a "public charge." The former policy only considered dependence on public cash assistance for income maintenance and institutionalization for long-term care at the government's expense for public charge determinations. However, the Trump Administration appears prepared to adopt significant changes to "public charge" policies that restrict family immigration and deter the use

² LaMantia, Jonathan. 2018. "NYC Health and Hospitals says it is treating migrant children in ERs." http://www.crainsnewyork.com/article/20180621/HEALTH_CARE/180629973/nyc-health-and-hospitals-says-it-is-treating-migrant-children-in-ers

³ Klass, Perri M.D. 2018. "The Challenges For Doctors Treating Migrant Children Separated From Their Parents." https://www.nytimes.com/2018/06/25/well/migrant-children-separated-parents-doctors.html

⁴ Prevent Child Abuse New York. 2018. "The Impact of Damaging Immigration Policies/Practices on Childhood Trauma."

⁵ Wolff, Megan Ph.D. 2018. "Fact Sheet: The Trauma of Childhood Separation." http://psychhistory.weill.cornell.edu/pdf/Trauma_of_Separation.pdf

of crucial public services. The result would be a back-door strategy to essentially bar immigration for the poor.

While not yet operative, the new definition that the Administration is reportedly exploring could result in any person who is likely at any time to use or receive public benefits being designated a "public charge." The rule would also apparently allow the Department of Homeland Security to consider requests, receipt or use of public benefits by any dependents, including U.S. citizen children, in making public charge determinations. These public benefits could range from government assistance through cash or check assistance to use of meanstested aid, services or other relief, such as health and nutrition programs like Medicaid and CHIP. Any person classified as a public charge may either be denied admission into the United States (for those seeking a visa) or become unable to change their status to Legal Permanent Resident ("LPR").

The changes to the definition of public charge may include a number of programs that children and families rely upon every day – programs that State and City agencies administer:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Nutrition Assistance Program for Women, Infants and Children
- Housing assistance
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program (LIHEAP)

If these programs are included in any final rule, immigrant families will need to consult with immigration attorneys to determine whether they should seek the services they need, or disenroll from programs and services that may put them in legal jeopardy. This is a terrible result, as these safety-net systems are, in many cases, the only supports available to vulnerable children.

While we are aware of City-wide coordination and advocacy, led by the Mayor's Office of Immigrant Affairs (MOIA) to oppose the possible changes to the federal public charge rules, and plan for the City's response, we are concerned about the scope of the crisis that would ensue. MOIA estimates that there are 400,000 undocumented and temporary-status immigrant residents with at least one family member that receives means-tested benefits. An additional 600,000 individuals live in these households. These include family members with U.S. citizenship, green cards, or other forms of non-temporary legal status. This puts 1 million New Yorkers at risk of not being able to meet their basic needs.

While MOIA has stated that the City is working on rapid response and training to ensure that front line workers at the City's agencies are ready to help immigrant families navigate the new

law, the question is how the immediate needs of children and families will be met for those who cannot, or do not seek safety-net programs, for fear of being designated as ineligible for a visa or permanent residency.

The City Council should ensure that the City is ready to establish creative and comprehensive supports, including working closely with private religious and community organizations who may be able to provide essential non-means tested resources, including food, medicine and housing assistance. This may require sharing information with local organizations and philanthropy about the projected and real-time impact of the new rule in terms of family needs in different communities, in order to help coordinate a response that does not rely on public sector benefit programs.

Going forward, we urge the City Council to continue to monitor our City Agencies' response to this crisis, to ensure that our immigrant children and families are getting the support they need. We also urge the City Council to work with stakeholders in the private sector to plan for alternative means of support to children and families who may withdraw from a host of different public programs that help to maintain their well-being. We would welcome an opportunity to help in any way we can.

Thank you for carefully considering our testimony. If you have any questions or you would like further information, please contact Julia L. Davis, Director of Youth Justice and Child Welfare, Children's Defense Fund-NY at 212-697-0882 / JDavis@childrensdefense.org.