

# Responding to the Public Charge Rule: Immigrant Well-being and Access to Services

A BIMI Policy Report

**Nadia Almasalkhi**  
**Irene Bloemraad**  
**Esther Cho**  
**Jaco Roesch**  
**Jasmijn Slotjes**





## Preface

This report examines the implications of recent changes to the federal public charge rule and immigrants' ability to access human and social services in the urban and suburban communities of the Bay area. It considers the unique barriers faced by legally precarious immigrants as well as gendered pathways to accessing services. We offer recommendations for responding to the change in the public charge rule and for ensuring immigrant well-being in the region.

The research highlighted in this report has been conducted by affiliates of the Berkeley Interdisciplinary Migration Initiative (BIMI). BIMI is a partnership of faculty, researchers and students at the University of California, Berkeley who investigate human mobility, immigrant integration, and the ways migration transforms societies around the world. The report also draws on interviews with nearly a dozen staff and administrators from Bay Area community-based organizations, county government agencies, and local service providers.

## Acknowledgements

The Berkeley Interdisciplinary Migration Initiative (BIMI) is a non-partisan initiative of migration scholars at the University of California, Berkeley. In writing this report, Jacob Roesch took the lead on reporting on the changes to the public charge rule and Nadia Almasalkhi did initial summaries of BIMI affiliates' research. Drs. Esther Cho, Jasmijn Sloopjes and Irene Bloemraad contributed with fact checking, writing and editing. We gratefully acknowledge the financial support of the Haas Institute for a Fair and Inclusive Society in producing this report.

Suggested citation: Berkeley Interdisciplinary Migration Initiative. 2019. Responding to the Public Charge Rule: Immigrant Well-being and Access to Services. Berkeley, CA: BIMI.



# Executive Summary

This report examines the implications of recent changes to the federal public charge rule and immigrants' ability to access human and social services in the urban and suburban communities of the Bay area. It outlines the unique barriers faced by legally precarious immigrants as well as gendered pathways to accessing services. By drawing on research by BIMl affiliates and interviews with service providers, we offer recommendations for responding to the change in the public charge rule and for ensuring immigrant well-being in the region.

**Public Charge Rule:** On August 14, 2019, the Department of Homeland Security (DHS) announced the final changes to the federal public charge rule, which comes into effect on October 15, 2019. The new rule expands the reasons that an applicant for legal permanent residence can be considered inadmissible because they are likely to become dependent on public benefits, or a "public charge." It lowers the threshold of benefit use from 50% of one's income to only 15%, and it now includes benefits that were not previously considered in judging admissibility, including Medicaid, SNAP, and some housing subsidies, thereby increasing the chances and number of people who may be denied legal permanent residency status.

## Key impacts:

- The rule will produce a "chilling effect," creating fear and mistrust of the government in immigrant communities, and thus lowering usage of public benefits by vulnerable immigrant families.
  - Researchers predict that 15% to 35% of citizen children with at least one noncitizen parent could disenroll from Medicaid, affecting up to 2 million children nationwide. In California, 269,000 to 628,000 children could lose public health coverage.
  - In the Bay Area, 289,000 people may be affected even if they are not directly targeted by the new rule. Assuming a dropout rate of 15 to 35%, 20,000 to 46,000 people in the Bay area may forgo access to nutrition assistance through SNAP/CalFresh, and 42,000 to 98,000 people may withdraw from Medi-Cal. The majority of those losing benefits - 61% - are children.
- Families that forgo benefits out of fear over the public charge rule will face significant financial losses. A family of four, living at 200% of the poverty line, that decides to forgo SNAP benefits, would face a loss equal to 15% of their annual income, or about two months of salary.
- The smaller client pool will impact the health care system more broadly. The California Hospital Association expects to forego \$5 billion dollars in federal reimbursements.
  - In the Bay Area, disenrollment from Medi-Cal could result in a reduction of \$67 to \$157 million dollars of federal funding and the loss of over 2,000 public service-related jobs.
- **Triple jeopardy and immigrant workers' need for services:** Low-income immigrant laborers face triple jeopardy: they are less likely to have health insurance through their employers, are less likely to be in unions that could provide services, and are more likely to be working dangerous and physically taxing jobs that put them in higher need of health care. The resultant health problems impact the entire immigrant family, creating intergenerational trauma.
- **How gender impacts access to services:** Once initial contact between an immigrant and a service provider is made, we see a dramatic expansion in the landscape of social services that immigrants' access. However, initial contact is affected by a person's gender and family situation. Men and those without children face particularly high barriers in accessing care and services since their social networks tend to have more limited links to providers. Norms emphasizing work over health may also discourage service seeking.
- **Spatial mismatch in services and residence:** Research shows a growing spatial mismatch between where immigrants live—including in Bay Area suburbs and "edge cities"—and where critical human, social and legal services for immigrants are located. Outside traditional immigrant enclaves, there are fewer immigrant community organizations than the population warrants, less funding for immigrant services, and more limited outreach or services targeted to immigrant needs among existing organizations.

### Recommendations:

1. Provide immigrants with accurate, consistent information about the new public charge rule through trusted sources and a variety of communication channels to minimize the number of people who choose to stop receiving benefits due to misinformation.
2. Invest in the long-term support of immigrant communities by deepening counties' and cities' relationships to community organizations that work with immigrant populations.
3. Create new organizations for underserved immigrant groups by having foundations partner with local governments and immigrant communities to provide human and social services regardless of legal status and in non-traditional areas of immigration, such as Bay area suburbs and edge cities.
4. Relax eligibility requirements for county-funded health coverage programs, such as Contra Costa Cares and Healthy San Francisco.
5. Develop dedicated efforts to reach male immigrants by hiring male social workers for outreach programs and by incorporating health and social services in organizations that male immigrants already have access to, such as employment centers.
6. Conduct a needs assessment and create a comprehensive database of immigrant services to let stakeholders identify access and service gaps and help them to target resources to fill supply and demand mismatch.
7. Looking forward, the state of California and county governments should also work with municipalities to evaluate immigrants' needs in all California localities, including suburbs and rural areas, and to partner with them to direct funding, outreach and services strategically to address the specific needs of their local immigrant community, especially hard-to-reach populations. This report examines the implications of recent changes to the federal public charge rule and immigrants' ability to access human and social services in the urban and suburban communities of the Bay area. It outlines the unique barriers faced by legally precarious immigrants as well as gendered pathways to accessing services. By drawing on research by BIMl affiliates and interviews with service providers, we offer recommendations for responding to the change in the public charge rule and for ensuring immigrant well-being in the region.



# The Effect of Changing the “Public Charge” Rule for a Noncitizens’ Use of Public Services

## *Why are people refusing help getting food assistance and healthcare?*

A 48-year old immigrant mother struggling to make ends meet refuses food assistance through the Cal-Fresh program, a California food program for low-income residents formerly known as food stamps. A 77-year old woman with a life-threatening medical condition chooses not to enroll in MediCal. Both individuals are eligible to use these programs yet both fear that receiving benefits could put their future applications for permanent residency in the United States at risk.

“They have heard that it could be the worst case scenario if you apply for those benefits,” says Camilo Turbay, a case manager at La Clínica de la Raza in Oakland, California. “And they don’t want to participate.”

Why are people refusing help getting food and health care? In September 2018, the Department of Homeland Security (DHS) formally submitted a proposal to modify the “public charge” rule.<sup>1</sup> When someone applies for legal permanent residency (LPR) status, they are subjected to a public charge test in which an immigration officer considers the applicant’s income, health, and other factors to see if they will be dependent on government assistance for their subsistence. If they are determined to be a “public charge” - or are expected to become one in the future - they will be denied legal permanent residence.

The new rule expands the reasons that an applicant for legal permanent residence can be considered inadmissible because they are likely to become dependent on public benefits by lowering the threshold of benefit use from 50% of one’s income to only 15%, and it now includes benefits that were not previously considered in judging admissibility.

The rule change, which comes into effect on October 15, 2019, applies to two groups of people: those wanting to migrate to the United States from abroad, and noncitizens currently residing in the United States who adjust their status to become long-term permanent residents.<sup>2</sup> The change will have a momentous impact on people outside the country who wish to immigrate. We focus, however, on the rule’s likely impact on noncitizen and immigrant communities already living in the United States, with a focus on residents of the Bay Area.<sup>i</sup>

Immigrants, policymakers and concerned neighbors should all be worried about the repercussions of the changing public charge rule. The change will likely result in significantly fewer noncitizens accessing public benefits out of fear that they will jeopardize their ability to adjust their immigration status in the future.<sup>2,3</sup> Lack of benefits could have far-reaching consequences on the health and well-being of noncitizens and their families.<sup>4</sup> Millions of noncitizens across the country receive benefits legally every year through the main programs targeted by the proposed change—Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP). From 2014 to 2016, roughly 12 million immigrants used at least one of these four benefit programs, and almost 18 million immigrants lived in families in which at least one person received such benefits.<sup>2,9</sup> SNAP and Medicaid are the most used, both in terms of the proportion of immigrants receiving those benefits and in raw dollar amounts.

<sup>i</sup> An analysis by the Migration Policy Institute (2019) finds that prospective immigrants from Mexico and Central America are more than twice as likely to be rejected as ‘public charges’ compared to would-be immigrants from Europe, Canada, Australia, and New Zealand.



While the public charge policy is directed at a specific population - noncitizens who wish to adjust to LPR status - millions more are likely to disenroll or abstain from benefit programs out of fear and misunderstanding, like the women who refused CalFresh and MediCal. Those legally eligible but afraid include citizen children and dependents who live in households with at least one noncitizen, as well as refugees and people who already hold LPR status but nevertheless feel insecure or vulnerable.<sup>3,4</sup> And with many immigrants having already begun to disenroll from benefit programs at the mere announcement of DHS's proposal<sup>14,15</sup>, observers are predicting that many will opt out of programs. Estimates of disenrollment rates range from 15 to 35%<sup>2,3,5</sup>, based in part on a similar chilling pattern seen after the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), also known as the Welfare Reform Act, was enacted.

With rates of disenrollment of 15 to 35%, we would see 2.7 to 7.9 million individuals go off benefits across the country.<sup>ii</sup> In the San Francisco Bay Area alone, the same rate would result in hundreds of thousands of people going without these benefits, the majority of whom are children<sup>5</sup>.

The potential for harm to immigrant communities demands a robust response from policymakers and community leaders. This report makes recommendations based on academic research and nearly a dozen interviews with Bay Area community organizations and local government officials about how local government and community-based organizations can respond to the proposed change.

## Changes to the Public Charge Rule

The public charge rule has a long history in American immigration law, but the government's interpretation of the phrase has been inconsistent. The new DHS rule marks a significant departure from the government's prior interpretation of the phrase, which had been in place since 1999.<sup>1,2</sup>

Under the old rule, someone was deemed to be or likely to become a public charge if they receive more than 50% of their income from cash assistance programs, like TANF or SSI, or if they were institutionalized for long-term care paid for with public funds.

ii If we would use the population of non-citizen adults with US citizen children currently receiving affected benefits, the population at risk would be 18.0 million. If we include households with 1 citizen parent and 1 non-citizen parent who are currently receiving affected benefits, the population at risk would be 22.7 million. Estimates of the chilling effect range from 15-60% of the population. Taking a more conservative chilling effect of 15-35%, the estimated chilling effect would be (18.0 million \* 0.15)= 2.7 million to (22.7 million \* 0.35)=7.945 or almost 8 million. For more information see: 3 references

## BIMI Research Highlight: Immigrant Labor and the Need for Services

In the U.S., whether and for whom you work plays a major role in determining your access to health care. Most Americans get their health insurance through their employer. This puts immigrants who work as manual laborers in the low-wage sector in triple jeopardy. As blue-collar workers, they are less likely to have health insurance covered by their employers. As immigrants, they are less likely to be in unions that secure health benefits for blue-collar workers. And, as both immigrants and laborers, they are more likely to be working dangerous, physically taxing jobs that put them in higher need of health care. This triple jeopardy is one of the reasons why public and non-profit health services for immigrants are so vital.

To shed light on the health needs of immigrant workers, BIMI affiliate Seth Holmes documents the physical illnesses and degrading treatment these workers confront in doing strenuous agricultural work. Holmes, a professor of Medical Anthropology and Public Health, documents in his book, *Fresh Fruit, Broken Bodies*, how Immigrants who are perceived to be undocumented—especially those of Indigenous descent—are usually assigned farm work that entails repetitive motions, heavy lifting, and uncomfortable working positions. For migrants working on farms for long hours every day, for several harvest seasons in a row, these physical demands lead to chronic pain and serious injuries. The result is that many of these immigrants become disabled, so much so that they are no longer able to work and earn a living.

While Holmes' work focuses on agricultural workers, Kurt Organista, a BIMI affiliate and professor in Social Welfare, notes a similar pattern among urban immigrant workers. Latino migrant day laborers working in urban areas are undertrained and work in sites with inadequate safety precautions. The National Day Labor Survey estimates that there are over 117,000 Latino migrant day laborers in the U.S., with about a third residing in California. As most Latino migrant day laborers are undocumented, their access to medical care and worker compensation is extremely limited.

Organista and Holmes both find that the stresses of work on these immigrant workers create illnesses like chronic headaches, depression, and sometimes alcoholism. These illnesses then produce negative effects on family life, as many migrants choose not to contact their families back home during times of difficulty. For those who migrated with their relatives, stress on working parents often produces anxiety in their children. In this way, the conditions of migrant work create intergenerational trauma.

In short, the types of work that low-income immigrant workers typically do put them at higher risk for injury and illness, with attendant need for emergency health services, mental healthcare, and physical therapy. Without access to subsidized health care or insurance programs, immigrants are left to rely on nonprofit and volunteer service providers.

**Recommendation: States and counties should invest more in providing human and social services to immigrant communities regardless of legal status.**

## CURRENT POLICY

“Public Charge” defined as a person who is “primarily dependent” on government assistance (i.e. more than 50% of their income) or requires publicly funded long-term care (i.e. in a nursing home).

### Benefits Considered



Direct Cash Assistance  
(TANF/CalWorks, SSI,  
General Assistance)



Long-term  
Institutional Care

## PROPOSED POLICY

“Public Charge” defined as a person who uses public benefits beyond certain thresholds. An individual who relies on cash benefits like TANF and SSI for more than 15% of their income, or non-cash benefits like SNAP or Medicaid for more than 15 months in a 36-month period will likely to be considered public charge.

### Additional Benefits Considered



Food Assistance  
(SNAP/CalFresh)



Housing Subsidies  
(Section 8)



Medicaid  
(Medi-Cal)

This infogram is based in part on a slide from a UCLA Center for Health Policy Research webinar.

Under the new rule, non-monetizable benefits that were not previously considered—including Medicaid, SNAP, and some housing subsidies—will now be considered evidence that a person is or is likely to become a public charge.

The new rule also considerably lowers the threshold of benefit use, from 50% of one’s income to 15%: anyone receiving more than 15% of their income through cash assistance programs or participating in a non-monetizable benefits program for 15 months (over a 36-month period) would be considered a public charge. Moreover, the use of multiple non-monetizable programs would be stacked. For example, if an individual used three of these programs for five months each, it would be considered equal to 15 months of use of a single program.

Beyond tightening the parameters of public benefit use, immigration officers will be authorized to predict who is likely to become a public charge based on the “totality of circumstances,” and make their determination on whether to give LPR status based on factors such as the applicant’s age, health, income, employment or student status, level of education, and English language skills. The proposal affords individual immigration officers substantial discretion. Decisions about who is granted permanent residency will likely become more arbitrary and less consistent.<sup>7</sup>

**“It’s such an environment of total intimidation and fear and trauma [for immigrants]... It’s so torrential. All the news you get from the border and wherever is so against the community and against immigrants, so it’s sort of reasonable that they would be suspicious of enrolling in benefit programs.”**

Community Health Worker, Clinical Health Education Manager, La Clínica de la Raza, Oakland



## **BIMI Research Highlight: How Gender Impacts Access to Services**

Immigrants' pathways to obtaining social, legal and health services can be twisting and obstructed by high hurdles. However, once initial contact is made between an immigrant and a service provider, the landscape of accessible social services can expand dramatically as immigrants gain referrals, information, and familiarity. It is thus critical to understand the pathways to first contact, as well as subsequent service referrals. Research by BIMI affiliate Dr. Dani Carrillo shows that regardless of one's level of need, a person's gender and family situation can impede access to care and services, creating particularly high barriers for men and those without children.

Male Latino immigrants regularly come to the U.S. alone, looking for work. The social ties that they have in their new communities are mostly to other men. Carrillo's work shows that these male social connections provide help finding housing and work, but men tend not to share information about social services. Carrillo argues that this stems partly from Latino men's limited access to services in the first place, and partly "from a culture of masculinity that emphasizes one's labor over one's health and well-being." As a result, it is more difficult for Latino immigrants to learn about services and, if they are undocumented, to know which services they can access without fear of deportation.

Latina immigrants, on the other hand, usually migrate after some of their relatives have already settled in the U.S. This means that female immigrants have stronger connections to people who can help them navigate American life from the moment they arrive. More established Latina immigrants help newcomers by actively sharing information about social services and guiding new female immigrants through the landscape of U.S. service providers. For women, that initial contact with services also often comes through motherhood. Pregnant women and women with young children are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), even if the mothers or their children are undocumented. Expectant fathers are ineligible for WIC and fathers with young children often do not know that they can apply for WIC for their children.

Female immigrants' status as mothers influences which kinds of services they seek out, and when. The urgency of food assistance and healthcare that comes with pregnancy drives immigrant women to actively look for services like WIC and the Children's Health Insurance Program (CHIP), which covers prenatal care.

Immigrant men, on the other hand, report that they feel the greatest sense of urgency when it comes to finding work. Work is typically prioritized over healthcare since immigrant fathers view their income as impacting their children more heavily than their personal health. Carrillo argues that this is why employment centers that target day laborers and provide on-site healthcare are so successful: rather than wait for immigrant men to seek out healthcare, these organizations put health services where immigrant men already go, placing vital services right along their path.

Relatively few immigrant men visit employment centers though, and not all employment centers have on-site health services. As a result, men often only access medical care in the event of a serious injury or emergency that interferes with their ability to work. This limited access to care leads to worsened mental and physical health outcomes for immigrant Latino men, as preventive care is neglected and chronic conditions are left untreated.

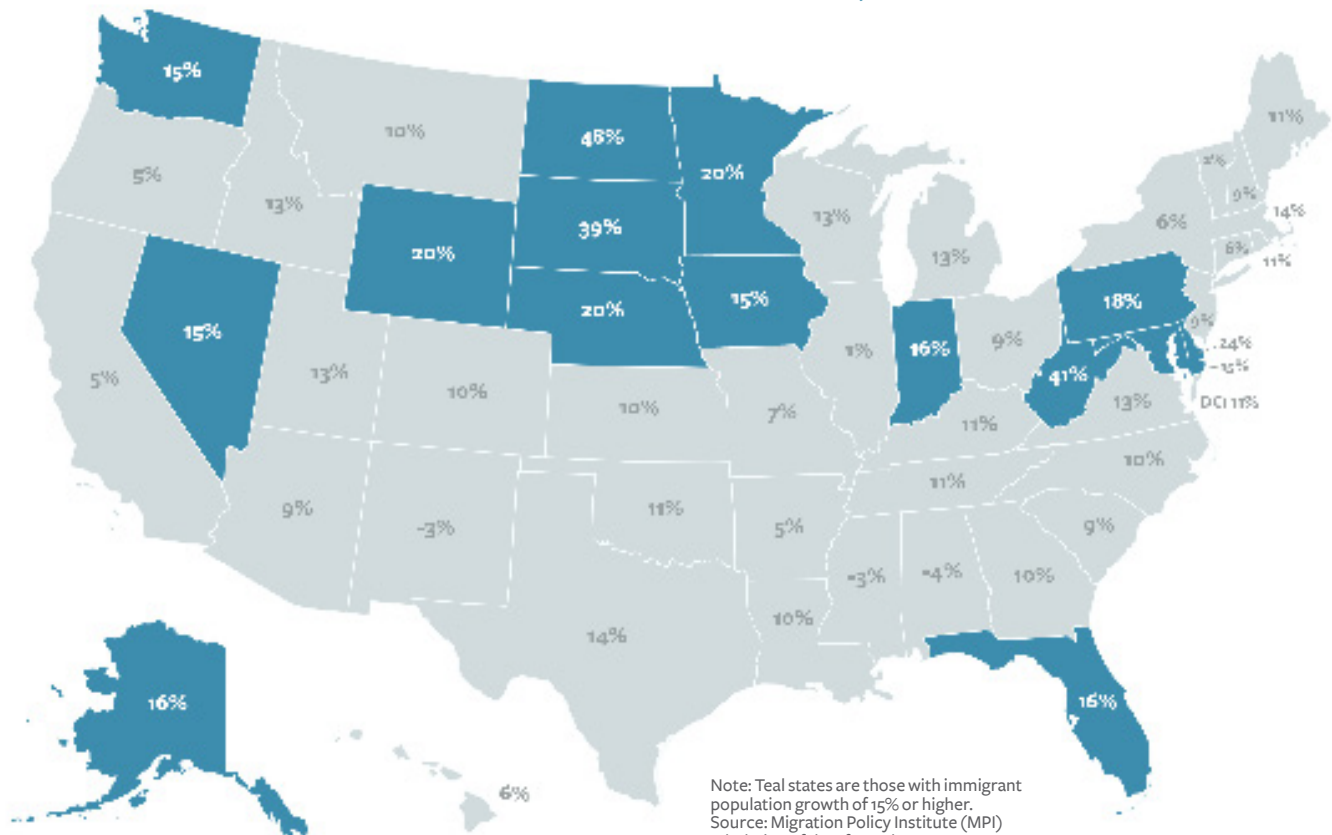
The fact that mothers and children have access to food assistance and health care is an undeniably positive thing. But fathers, childless men, and childless women are in need of those forms of aid, too. Service providers should create points of entry into the world of aid for these populations, like the points of entry that exist for mothers regardless of legal status, such as WIC programs. The opening of even one social program to undocumented men and women without children can have the effect of introducing clients—and subsequently, their contacts—to the full range of service providers accessible to them. The ripple effects would help maximize service providers' impact on their communities, while reducing the need for outreach programs in the long-term.

### **Recommendations:**

- **Services and service providers should be inclusive of everybody, regardless of gender or family composition.**
- **Health and social services organizations must make extra efforts to reach male or childless female immigrants. One option is by hiring more male social workers for outreach programs.**
- **Incorporate health and social services in organizations that male Latino immigrants already have access to, such as employment centers.**



### CHANGE IN STATE IMMIGRATION POPULATION, 2010-16



Note: Teal states are those with immigrant population growth of 15% or higher.  
 Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau 2010 and 2016 American Community Survey (ACS).

The new policy would keep some important features of its predecessor. The public charge test would still not apply to refugees or asylum seekers, and officials would still consider only the individual applicant’s use of public benefits, allowing other citizen and noncitizen members of the applicant’s family or household to continue receiving benefits. The new test to determine one’s likelihood of becoming a public charge would not be applied retroactively, and emergency use of health care services will not be considered. Individuals with wealth or income above 250% of the federal poverty level (FPL) for their family size would not be subject to the public charge rule, and individuals whose assets come close to the threshold would have the option of paying a \$10,000 bond in order to be allowed to change their status.

**“The public charge [rule change] does not change any eligibility for public benefits... but what it can change is the mindset of someone deciding whether or not they’re going to apply for those benefits.”**

Anissa Basoco-Villarreal,  
 Policy Director Alameda County Office of Policy,  
 Evaluation, and Planning

## **BIMI Research Highlight: Spatial Mismatch in Services and Residence**

CBOs are critical for immigrant service provision and advocacy. But research suggests that there is a growing spatial mismatch between where immigrants live and where services are located. Large cities like New York and San Francisco have been traditional destinations for immigrants, yet today suburban areas, new destinations and rural areas see increasing numbers of immigrant neighbors as immigrants seek affordable housing and job opportunities. These new destinations are also sites of rising poverty. Today, more than half of Americans in poverty live in the suburbs. Service providers and policymakers have not, however, kept pace with this changing reality. The increase in low-income immigrants living in suburbs has not coincided with an increase of services in those areas.

Research by BIMI Affiliate Kurt Organista and his colleagues describes the living conditions of a population that demonstrates the resultant hardships: Latino migrant day laborers (LMDLs). LMDLs typically work for minimum wage or less, making it nearly impossible to afford housing in urban centers. As a result, LMDLs tend to live on the outskirts of a bigger city (places sometimes referred to as “edge cities”) with four to five roommates. Organista’s research shows that poverty and crowded living conditions leads to depression and *desesperación* -- a Spanish idiom describing extreme frustration and dissatisfaction -- among LMDLs. Depression has been connected to negative health effects like obesity and heart disease. All of these health conditions require professional attention, but LMDLs living in edge cities face serious barriers to getting help. The lethargy and hopelessness that accompany depression pose a considerable obstacle to accessing care on their own. And when those barriers are coupled with a lack of nearby social services, the likelihood of a person getting help severely decreases.

Indeed, there is evidence that edge cities with large immigrant populations lack social services of all kinds for immigrants. BIMI Director Irene Bloemraad along with colleagues Els de Graauw and Shannon Gleeson document discrepancies between the sizes of poor, immigrant communities in suburban areas and the amount of Community Development Block Grant (CDBG) funds allocated to immigrant services in that area. They argue that this spatial mismatch is due to government officials’ lack of awareness about the characteristics of their constituents. Municipal and state officials in new immigrant destinations often do not realize that the places they represent are homes to large populations of immigrants, many of whom need assistance.

Even when government officials are aware of new immigrant communities in their district, suburbs in large metro regions often “free ride” on the services of the nearby central cities. Suburban officials believe that the

bureaucratic structures in their municipality are unable to provide immigrant services, or they may view the local immigrant population as not warranting services. This way of thinking forces immigrants to travel to the closest major city or go without services entirely. For immigrants in poverty, a BART ticket from Fremont to San Francisco and back, added to the time taken off work, can be a major obstacle in accessing vital services.

New immigrant destinations are also growing in states and regions with limited experience integrating immigrants, from the Plains to the US South. Research by BIMI affiliate Catherine Albiston, professor of Law and Sociology, reveals that poor people and immigrants outside of metropolitan regions are at a significant disadvantage in accessing a very important type of service: legal aid. Public Interest Law Organizations (PILOs) help people with legal issues relating to housing, immigration, family law, civil rights violations, and more. Albiston shows that PILOs are concentrated in major coastal cities and in Chicago. The few PILOs that exist in smaller cities and rural areas have significant restrictions on their activities. These restrictions do not just come from limited resources, but also from funding conditions, conditions that often shut out immigrants in particular.

Agricultural laborers and their families face a similar situation when it comes to accessing services of all kinds. Farms are located in rural areas, and for noncitizens farm workers, obtaining a driver’s license and commuting to work may not be an option. The result is that there are large communities of immigrants living in rural areas, far from the service providers of the cities. Some service providers set up short-term travelling clinics to fill the gap. While these are certainly helpful, Seth Holmes’s research describes how visiting clinics fail to provide the kinds of services that immigrant agricultural workers need, namely mental health care, chronic illness management, and physical therapy.

### **Recommendations:**

- **Immigrant service organizations should be strategically distributed beyond central cities to include suburbs, edge communities, new settlement destinations and rural areas.**
- **We must assess immigrant service needs and the supply of assistance. Resources should be directed to areas and populations with the greatest needs.**
- **Local governments and service providers should work together to address the specific needs of their local immigrant community, especially hard-to-reach populations.**



## Nationwide Impact

**Impact on Immigrants:** The new public charge rule will apply to hundreds of thousands of individuals seeking to become LPRs every year, and the stricter standards will likely lead to higher rejection rates. Failing to meet certain standards on the range of issues listed above—such as age, health, income, and employment status—is considered a heavily-weighted negative factor in a public charge determination. For example, earning below 125% of the FPL or lacking a high school diploma are both considered heavily-weighted negative factors. It is strikingly common for applicants to fall short of the standards in at least one category: among applicants from 2014-2016 applying for LPR status from within the United States, 264,000 people—nearly 70% of applicants—had at least one heavily-weighted negative factor, and 164,000 people—43%—had two.<sup>2</sup> While the vagueness of the evaluation system and the discretion afforded to individual immigration officers makes it difficult to say how many negative factors will lead to being labeled a public charge, these numbers suggest that the rule change could result in the denial of large numbers of LPR applicants.

Some populations will be more affected than others<sup>2,3,6</sup>: Young and elderly applicants will be more likely to be rejected simply on account of their age, women will be more likely to be rejected than men since they are less likely to be gainfully employed, and people with disabilities or chronic illnesses will be more likely to be rejected due to their health conditions. Low-income applicants earning less than 125% of the FPL would also be heavily impacted due to their poverty. Middle-income applicants earning between 125 and 250% of the FPL will also be at risk, especially if they have other characteristics that will count against them, such as having poor English language skills or being unemployed. By contrast, high-income applicants are far less likely to be affected: earning more than 250% of the FPL will be considered a heavily-weighted positive factor.

**“This is a very hard situation to accept: I have patients that could die at any time, people with a very fragile medical condition who could die in one month, two months, three months. And that person has no income... But they still won’t go on benefits, because they don’t want to put their future at risk.”**

Community Health Worker

**269,000 TO 628,000 CHILDREN  
COULD LOSE PUBLIC HEALTH  
COVERAGE IN CALIFORNIA**



**“The confusion around who is eligible and who is not eligible, who is being targeted and who is not being targeted, is going to lead people who are still entitled to these services to disenroll or to not ever enroll in social safety net programs that they are entitled to by law.”**

Vanessa Cedeno, Deputy Chief of Staff, Office of Alameda County Supervisor Wilma Chan

**Impact Beyond Immigrants:** The change to the public charge rule is a significant public health concern. It not only affects immigrants directly but also the communities in which they live and the medical professionals who serve them. An important indirect effect of the policy will be a reduction of federal funds going to support the administration of health care services due to the reduced number of clients. An analysis by the Kaiser Family Foundation<sup>3</sup> suggests that 15 to 35% of citizen children with at least one noncitizen parent could disenroll from Medicaid, affecting up to 2 million children nationwide. When these same disenrollment rates are applied to California - home to roughly 1.8 million Medicare-enrolled children in immigrant families - an estimated 269,000 to 628,000 children could lose public health coverage, as many as 455,000 of whom have a “current or recent medical diagnosis, disability, or need for specific care.”<sup>7,8</sup> This smaller client pool will impact the health care system more broadly: the California Hospital Association expects to forego \$5 billion dollars in federal reimbursements for the care they will not provide to noncitizens and their citizen children, putting additional strain on the system as a whole.<sup>9</sup>

The rule change will also have significant cost implications for the economy. According to the UCLA Center for Health Policy Research, the economic ripple effects are consequential. In California alone, a reduction in federal benefits due to disenrollment could lead to a total of 7,600 to 17,700 jobs being lost, particularly in the health-care industry, and \$65 to \$151 million dollars less in local and state tax revenue. The change in the public charge rule does not only impact the well-being of millions of vulnerable immigrants, but it also impacts the health and economy of society as a whole.



## The Chilling Effect

Many of those who work with immigrant communities worry that the new public charge rule will lead millions of people to disenroll from health and social benefits. Some may be worried about a future application to adjust their status. But millions more might avoid getting help due to misinformation about who is covered by the rule or inaccurate information about how accessing benefits might affect family members. The fallout after the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, also known as Welfare Reform, provides one example of the possible “chilling effect” such policy changes can have, creating fear and mistrust of government in immigrant communities. Usage of various programs among immigrant families fell between 17 to 53% between 1994 and 1998 after passage of Welfare Reform, bigger drops than changing eligibility rules would warrant.<sup>12,13</sup>

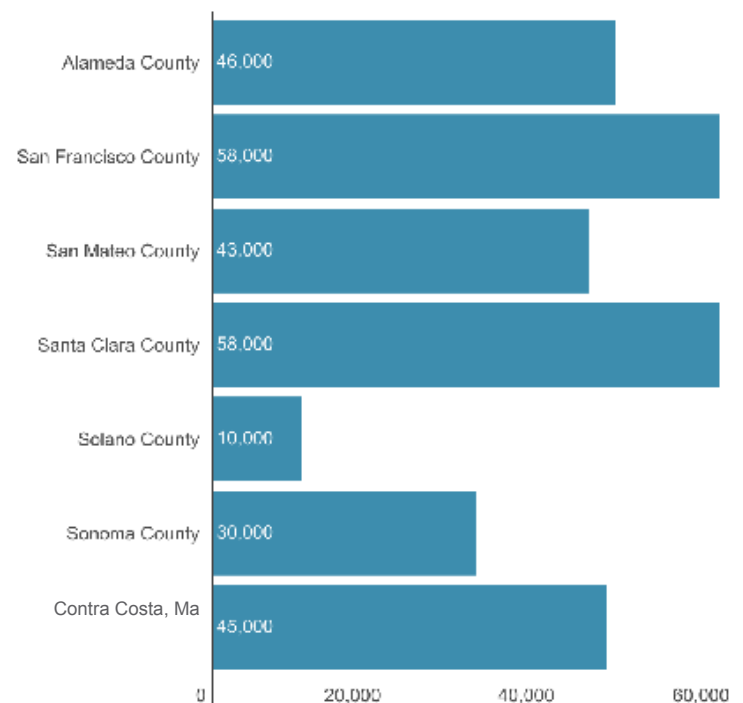
Looking forward, the proposed changes to the public charge rule will certainly decrease noncitizens’ use of public benefit programs, although the full magnitude of the chilling effect is uncertain. Even before the final rule came into effect, anecdotal reports and survey research indicated that immigrant families were disenrolling from safety net programs out of fear of potential immigration consequences. Rates of those avoiding or dropping out of a noncash benefit program were especially high among low-income (20.7%) and Hispanic (20.6%) immigrants, and families with children (17.4%). This chilling effect is also apparent among groups to which the rule does not apply. Benefit use is appearing to drop even in families in which all foreign-born members are US citizens (9.3%) and among families in which all noncitizens are permanent residents (14.5%).

## Bay Area Impact

California has the largest immigrant population in the country<sup>16</sup>, with over 5 million noncitizens, and over 10 million people who live in a household with at least one noncitizen<sup>17</sup>. The 9-county Bay Area is home to just over one million noncitizens, and almost two million people live in households with at least one noncitizen. Tens of thousands of these people will be subjected to a public charge test when applying to adjust their immigration status, and hundreds of thousands more could end up disenrolling or abstaining from benefit programs due to misinformation and the chilling effect.

**“There are still a lot of myths out there. For example, I spoke to one lady with two kids, and she told me there was no way, no how that she would ever use CalFresh. She knew that she was eligible because she was already receiving other benefits that had the same income threshold, because she heard from her friend had told her that she was potentially risking losing her kids... I explained to her that that’s not how it works, but that was a real fear that she had.”**

Blanca Gutierrez, Project Coordinator  
Community Clinic Consortium, Richmond



CHILLING EFFECT POPULATION BY COUNTY

**The chilling effect:** Defining the “chilling effect population” as income-eligible noncitizens who are enrolled in SNAP/CalFresh and/or Medi-Cal with federal funding, a UCLA Center for Health Policy Research study found that 289,000 people in the Bay Area may be affected by the new rule even though they are not directly targeted<sup>5</sup>. It is difficult to predict with certainty how people with varying immigration statuses—from those who already have a green card, to refugees, to citizen children of noncitizens who have not been granted LPR status—will react. But assuming a dropout rate of 15 to 35%, the rule change would result in 20,000 to 46,000 people in the Bay area foregoing access to nutrition assistance through SNAP/CalFresh, and 42,000 to 98,000 people foregoing access to Medi-Cal. The study estimated that the majority of those losing benefits—61%—are children. Families throughout the Bay Area would be affected, with those living in San Francisco, Santa Clara, and Alameda counties impacted most severely.

**Impact on immigrant families:** The loss of benefits would hit the finances of noncitizens and their families hard. Average individual SNAP benefits amount to between \$140 and \$150 dollars per month<sup>18</sup>, with a family of four receiving up to \$640 per month in food assistance, or \$7,680 per year<sup>19</sup>. For a family of four earning \$50,000 per year—equal to 200% of the poverty line—this accounts for about 15% of their annual income. If they drop out of the program, it would be like losing about two months of salary, a significant loss.

**Impact beyond immigrants:** Disenrollment from Medi-Cal would also have serious implications for the financial operations of federally-funded local health care providers. Drop-out rates of 15-35% would result in a reduction of \$67 to \$157 million dollars of federal funding and the loss of over 2,000 public service-related jobs in the Bay Area alone.<sup>5</sup>

## WHAT FACTORS ARE CONSIDERED IN THE PUBLIC CHARGE TEST?

These factors will count against the applicant and make it more likely that they will be considered a public charge.

### Medical Problems

Chronic conditions or medical problems likely to require expensive or ongoing treatment, especially if the applicant does not have much health insurance

### Use of Public Benefits\*

Current or recent (in the last 36 months) use of public benefits  
Previous designation as a public charge

### Unemployed and Out of School

Applicants who currently, recently, or habitually unemployed, and not currently studying

### Low Education

Lack of high school diploma or college degree, other job skills, certifications, etc. Lack of English language skills.

### Low Income or Not of Working Age

Applicants who earn below 250% of the federal poverty line are more likely to be considered a public charge, especially those earning below 125%. Applicants under 18 and over 61 are more likely to be considered a public charge.



\*Includes federally-funded benefits SNAP, Medicaid, SSI, TANF, General Assistance, Section B or other housing subsidies



## **Recommendations:**

### **Mitigating the Impact of the New Public Charge Rule in the Bay Area**

Community groups and county authorities began to address the public charge rule in early 2018, when drafts of the proposal first circulated. To minimize the chilling effect, local leaders provided multilingual information and leveraged partnerships between county governments and community organizations to keep immigrant communities informed. Such partnerships are in keeping with a long track record of Bay Area support for immigrant communities; the East Bay and county of Santa Clara have been ranked as the top two regions in California for the integration of immigrants.<sup>21</sup>

These efforts have had some success. According to county administrators across the Bay Area, the available data suggest that a dramatic drop in Medi-Cal enrollment has been avoided thus far. However, anecdotal evidence indicates that many immigrants feel vulnerable and afraid, leading to some disenrollment or avoidance of benefits. Stakeholders have done commendable work, but much more is needed, especially now that the final rule has been published.

Based on available research and interviews with service providers and county administrators, we offer a range of actions that counties, foundations, and Community Based Organizations (CBOs) can implement. Many of these policies have proven successful in the few localities where they have been implemented. The recommendations are based on three goals:

- Ensure that all of those who are directly or indirectly affected understand how the new policy will apply to their particular situation;
- Ensure that noncitizens eligible to receive public benefits continue to do so if they wish;
- Expand and deepen the range of community services available to immigrants by improving information on services, broadening outreach, and encouraging new service provision.

**“Sometimes the news reports can be very confusing, and make it seem like changes have already happened.... Probably one of the most disturbing things I heard was a lawyer come onto an ethnic news media station and advise the viewers to disenroll from all benefit programs. When I saw that, I kind of freaked out, knowing what I know.... Sure enough, people started calling health clinics and saying they didn’t want to come in for their appointments. Or they just didn’t show up.”**

Blanca Gutierrez, Project Coordinator  
Community Clinic Consortium, Richmond

## 1. CONSISTENT AND ACCURATE INFORMATION

Providing accurate and consistent information will reduce the number of people who choose to stop receiving benefits due to fear, misinformation, and misunderstanding. Because of the complexity of the policy—and the general atmosphere of uncertainty and distrust of government institutions among immigrant communities—we recommend an information campaign that provides 1) accurate and consistent information, that is 2) delivered by trusted sources, and 3) through a variety of communication channels to target a broad audience.

### 1.1 Improving the provision of consistent and accurate information

Training sessions for stakeholders ensure that information provision is up-to-date and consistent. Staff education can further be a forum for sharing information, discussing policy, developing overarching strategies of engagement, and coordinating consistent messaging.

### 1.2 Deliver information through trusted sources, such as CBOs

Local governments should collaborate with CBOs so information comes from a trusted community source. Interviews with community organizations and government officials highlight that CBOs are often perceived as more credible and trustworthy by immigrants. Many immigrants are wary of interaction with government and do not necessarily draw a distinction between federal government and local entities.

### 1.3 Information should be delivered through different communication channels to reach a broad public

Sharing information through various communication channels ensures reaching a broad audience. Social media, radio, flyers, word of mouth, etc. are all important ways which will each contribute to reaching a broader audience.

**“As much as we’re doing a good job, in general people have a distrust towards government agencies, and passing information through CBOs has proven to be more effective than providing information ourselves.”**

Margareta Hodzic, Asst. Director of Department of Employment and Benefits Services at the Social Services Agency of Santa Clara County

## 2. IDENTIFY GAPS IN IMMIGRANT SERVICE PROVISION BY CONDUCTING A NEEDS ASSESSMENT AND CREATING A DATABASE OF AVAILABLE SERVICES

A lack of information about the specific needs and demographics of local immigrant communities is an obstacle to providing the services. Currently, no comprehensive overview of all available services for immigrant communities exists in the Bay area, especially one which provides detailed information on whether language services are provided, if services are free of charge, who is eligible for these services, etc. A comprehensive immigrant services database and search tool would allow immigrants and service providers to easily find the services they do have access to and that provide the types of services they need (e.g. Korean translation, free mental health services, etc).

Building such a database and conducting a needs assessment must include both collecting relevant data on organizations and immigrants (such as socioeconomic background, language needs, lack of health insurance) and making data available to stakeholders in accessible formats. Having such data would allow researchers to analyze the gaps between needs and the availability of services, whether by service or residential location. Such information would also allow funders, service providers, and policy makers to specifically target the areas where they can have the biggest impact with limited resources.

Looking forward, the state of California and county governments should work with municipalities to evaluate immigrants’ needs in all California localities, including suburbs and rural areas, and to partner with them to direct funding, outreach and services strategically to address the specific needs of local immigrant communities, especially hard-to-reach populations.

### **3. BUILD STRONG PARTNERSHIPS BETWEEN COUNTIES, FOUNDATIONS AND CBOS**

Beyond addressing the looming changes to the public charge rule, counties must invest in the long-term support of immigrant communities by deepening their relationship with community organizations that work with immigrant populations. Administrators in Santa Clara county cite their long-standing relationships with immigrant community groups as essential to their success in mitigating the chilling effect of the public charge rule so far. Meeting monthly with stakeholders, with over 100 people representing more than 25 immigrant-serving organizations, Santa Clara county officials ensure that they are informed about the needs of their local communities and aware of how they can support immigrant-serving organizations

Relying on existing CBOs will not be enough, however, given the chilling effect and growth of significant immigrant communities in suburbs and edge cities around the Bay area. With the help of private foundations, county and city governments must help immigrant communities create new organizations attentive to local needs and capable of providing human and social services to immigrants regardless of legal status.

### **4. RELAX COUNTY ELIGIBILITY REQUIREMENTS FOR COUNTY-FUNDED HEALTH COVERAGE PROGRAMS**

Health care programs such as Contra Costa Cares, Healthy San Francisco, and Alameda County HealthPac are county-funded services and therefore not subject to the public charge rule. They are intended to serve uninsured adult county residents of any immigration status who are low-income and are not eligible for MediCal. However, people directly affected by the new public charge rule will likely disenroll from MediCal to avoid problems when applying for LPR status. Since those people will technically remain eligible for MediCal, they will be unable to utilize these county-funded health services. Counties should fill this gap by allowing for the enrollment of individuals who can demonstrate that disenrolling from MediCal is reasonable given the particulars of their immigration status. For example, as of July 2019, California has become the first state to extend its health care coverage to adult-aged undocumented populations. Now undocumented young adults under the age of 26 are eligible to receive health care through the state's Medicaid program, MediCal. If an individual applies for country care and is not directly threatened by the public charge rule change, this would also be an opportunity to correct misunderstandings and misguided fears.

**“The real issue is under federal jurisdiction.... That’s the ultimate policy recommendation: Congress should legislate public charge out of existence.... It’s antiquated, and there are ways America keeps people out as it is, ways that don’t put people’s health at risk.”**

Justin Rausa, Senior Policy Analyst,  
Asian Health Services

**“The struggle is, this is something we have almost no control over from a policy perspective. That makes it extremely difficult. The actions we can take here locally are limited in terms of continuing to set the right tone, speak about our values, oppose policies that we know are going to be harmful and have bad impacts on human beings and the economy. But beyond that, the structural and system reforms have got to mostly come from the federal government.”**

Devorah Levine, Asst. Director of Policy and Planning, Contra Costa County Employment and Human Services Department



## Glossary

CBO	Community Based Organizations
CDBG	Community Development Block Grant
CHIP	Children's Health Insurance Program
DACA	Deferred Action for Childhood Arrivals
DHS	Department of Homeland Security
FPL	Federal Poverty Level
LMDL	Latino Migrant Day Laborers
LPR	Legal Permanent Residency
LSC	Legal Services Corporation
NGO	Nongovernmental Organizations
PILO	Public Interest Law Organizations
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
SSI	Supplemental Security Income
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

### **PUBLIC CHARGE:**

*Current definition:* An individual who is “primarily dependent” on government assistance (i.e., more than 50% of their income) or requires publicly funded long-term care (i.e., in a nursing home).

*New definition:* An individual who uses public benefits beyond certain thresholds. An individual who relies on cash benefits like TANF and SSI for more than 15% of their income, or non-cash benefits like SNAP or Medicaid for more than 15 months in a 36-month period.

Targeted at documented noncitizens who wish to adjust their immigration status to legal permanent residency status.

### **CHILLING EFFECT:**

A phenomenon in which individuals disenroll from or are discouraged from enrolling in public benefit programs

### **CHILLING EFFECT POPULATION:**

Income-eligible noncitizens who are enrolled in programs dependent on federal funding, e.g., SNAP/ CalFresh, Medi-Cal, etc.

## List of Informants

**Laurel Lucia**

Director of the Health Care Program at UC Berkeley Labor Center  
laurel.lucia@berkeley.edu

**Justin Rausa**

Senior Policy Analyst at Asian Health Services, Oakland  
JRausa@ahschc.org

**Tenzin Kyizom**

Administrative Project Coordinator at Asian Health Services, Oakland  
tkyizom@ahschc.org

**Anna Dorman**

Communication Specialist and Clinical Health Education Manager at La Clínica de La Raza, Oakland

**Margaret Hodzic**

Asst. Director of Department of Employment and Benefits Services  
at the Social Services Agency of Santa Clara County

**Vanessa Cedeno**

Deputy Chief of Staff for Alameda County Supervisor Wilma Chan  
Vanessa.Cedeno@acgov.org

**Blanca Gutierrez**

Project Coordinator at Community Clinic Consortium, Richmond  
bgutierrez@clinicconsortium.org

**Devorah Levine**

Asst. Director, Policy & Planning Division,  
Contra Costa Dept. of Employment & Human Services  
dlevine@ehsd.cccounty.us

**Anissa Basoso-Villarreal**

Policy Director, Alameda County Office of Policy, Evaluation, and Planning (OPEP)  
abvillarreal@acgov.org

**Camilo Turbay**

Case Manager at La Clínica de La Raza, Oakland

# References

1. Inadmissibility on Public Charge Grounds, 84 Fed. Reg. 41292. (2019). Retrieved from <https://www.federalregister.gov/d/2019-17142>.
2. Dept. of Homeland Security (2018). Inadmissibility on Public Charge Grounds; Notice of proposed rulemaking. Retrieved from [https://www.dhs.gov/sites/default/files/publications/18\\_0921\\_USCIS\\_Proposed-Rule-Public-Charge.pdf](https://www.dhs.gov/sites/default/files/publications/18_0921_USCIS_Proposed-Rule-Public-Charge.pdf)
3. Capps, R., Greenberg, M., Fix, M., & Zong, J. (2018). *Gauging the Impact of DHS Proposed Public-Charge Rule on U.S. Immigration*. Migration Policy Institute.
4. Kaiser Family Foundation. (2019). *Changes to “Public Charge” Inadmissibility Rule: Implications for Health and Health Coverage*. Retrieved from <https://www.kff.org/disparities-policy/fact-sheet/public-charge-policies-for-immigrants-implications-for-health-coverage/>
5. Batalova, J., Fix, M., & Greenberg, M. (2019). *Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families’ Public Benefits Use*. Migration Policy Institute.
6. Ponce, N., Lucia, L., & Shimada, T. (2018). *How Proposed Changes to the ‘Public Charge’ Rule Will Affect Health, Hunger and the Economy in California*. Retrieved from UCLA Center for Health Policy Research website: <https://healthpolicy.ucla.edu/newsroom/Documents/2018/public-charge-seminar-slides-nov2018.pdf>
7. Finno-Velasquez, N., & Jones, J. (2018). *Why the Proposed Public Charge Rules are Especially Harmful to Kids*. Retrieved from Children’s Hospital of Philadelphia PolicyLab website: <https://policylab.chop.edu/blog/why-proposed-public-charge-rules-are-especially-harmful-kids>
8. Finnegan, K., & Zallman, L. (2018). Public Charge Rule Could Prompt Up to 455,000 California Kids Who Need Care to Leave Medi-Cal [Web log post]. Retrieved from California Health Care Foundation website: <https://www.chcf.org/blog/public-charge-rule-prompt-thousands-kids-need-care-leave-medi-cal/>
9. The Children’s Partnership. (2018). *Potential Effects of Public Charge Changes on California Children*. Retrieved from <https://www.childrenspartnership.org/wp-content/uploads/2018/11/Potential-Effects-of-Public-Charge-Changes-on-California-Children-Brief.pdf>
10. Kemp, A., & Keefe, A. (2018). *Report Examines Medicaid Payments at Risk for Hospitals Under Public Charge Proposed Rule* [Press release]. Retrieved from California Hospital Association website: <https://www.calhospital.org/cha-news-article/report-examines-medicaid-payments-risk-hospitals-under-public-charge-proposed-rule>
11. Rosenbaum, S. (2018). A New Public Charge Rule Affecting Immigrants Has Major Implications for Medicaid [Web log post]. Retrieved from The Commonwealth Fund website: <https://www.commonwealthfund.org/blog/2018/new-public-charge-rule-affecting-immigrants-has-major-implications-medicaid>
12. Wimer, C., Fox, L., Garfinkel, I., Kaushal, N., & Waldfogel, J. (2013). Trends in Poverty with an Anchored Supplemental Poverty Measure. Retrieved from City University of New York website: [https://www.gc.cuny.edu/CUNY\\_GC/media/LISCenter/Readings%20for%20workshop/Madrack2.pdf](https://www.gc.cuny.edu/CUNY_GC/media/LISCenter/Readings%20for%20workshop/Madrack2.pdf)
13. Kaestner, R. & Kaushal, N. (2001). *Immigrant and Native Responses to Welfare Reform*. National Bureau of Economic Research.
14. Fix, M., & Passel, J. (1999). *Trends in Noncitizens’ and Citizens’ Use of Public Benefits Following Welfare Reform*. Urban Institute.
15. Sanchez, T. (2018). As new Trump policy looms, fewer Bay Area immigrant families are signing up for public benefits. *Mercury News*. Retrieved from <https://www.mercurynews.com/2018/11/26/as-new-trump-policy-looms-fewer-immigrant-families-are-signing-up-for-public-benefits/>
16. Evich, H. B. (2018). Immigrants, fearing Trump crackdown, drop out of nutrition programs. *Politico*. Retrieved from <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>
17. Migration Policy Institute Data Hub. (n. d.). *US Immigrant Population by State and County; Data From U.S. Census Bureau’s pooled 2013-2017 American Community Survey*. Retrieved from <https://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county>
18. Manatt, Phelps & Phillips, LLP. (2018). *Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard*. Retrieved from <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>



19. Kaiser Family Foundation. (2017). *Average Supplemental Nutrition Assistance Program (SNAP) Benefits Per Person*. Retrieved from <https://www.kff.org/other/state-indicator/avg-monthly-snap-benefits/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
20. Legal Services of Northern California. (2017). *How much in CalFRESH Benefits a Household Gets Each Month*. Retrieved from <http://calfresh.guide/how-much-in-calfresh-benefits-a-household-gets-each-month/>
21. Weiss, J., & Tschirhart, M. (1994). Public Information Campaigns as Policy Instruments. *Journal of Policy Analysis and Management*, 13(1), 82-119.
22. Pastor, M. et al. (2012). *California Immigrant Integration Scorecard*. Retrieved from Center for the Study of Immigrant Integration, University of Southern California website: [https://dornsife.usc.edu/assets/sites/731/docs/California\\_Immigrant\\_Integration\\_Scorecard\\_web.pdf](https://dornsife.usc.edu/assets/sites/731/docs/California_Immigrant_Integration_Scorecard_web.pdf)
23. Statista. (2017). Frequency of Reading Print Newspapers by Consumers in the United States by Age Group. Retrieved from <https://www.statista.com/statistics/714189/us-reading-print-newspapers-age-group/>
24. Livingston, G. (2011). *Latinos and Digital Technology, 2010*. Pew Hispanic Center.
25. Holmes, S. (2013). *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Oakland, California: University of California Press.
26. Organista, K. C., Ngo, S., Neilands, T. B., & Kral, A. H. (2017). Living Conditions and Psychological Distress in Latino Migrant Day Laborers: The Role of Cultural and Community Protective Factors. *American Journal of Community Psychology*, 59: 94-105.
27. Carrillo, D. (2018). *Navigating Aid: Latinx Immigrants Accessing Services in a Post Welfare Reform Era*. (Unpublished doctoral dissertation). University of California, Berkeley.
28. de Graauw, E., Gleeson, S., & Bloemraad, I. (2013). Funding Immigrant Organizations: Suburban Free Riding and Local Civic Presence. *American Journal of Sociology* 119(1), 75-130.
29. Albiston, C. R., Li S., & Nielsen, L. B. (2017). Public Interest Law Organizations and the Two-Tier System of Access to Justice in the United States. *Law & Social Inquiry* 42(4), 990-1022.
30. UCLA Center for Health Policy Research. (2018). *Proposed changes to immigration laws could cost California jobs, harm public health: Data tables*. Retrieved from <http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/Public-Charge-Data-Tables-2018.pdf>

# About the Authors

**Nadia Almasalkhi** is a Ph.D. student and Magistretti Fellow in Sociology at the University of California, Berkeley. Before beginning graduate school, she worked as a casework intern in a refugee resettlement agency, as a legal assistant to immigration attorneys, and as a research assistant investigating the effects of trauma on refugees in the U.S. She holds a B.A. in International Studies and a B.A. in Arabic and Islamic Studies, both from the University of Kentucky. Her research interests include the experiences of Middle Eastern emigrants, the politics of immigration law, and the intersection of nationalism and forced migrations. Her current project studies Syrian American transnational activism.

**Irene Bloemraad** is the Class of 1951 Chair and Professor of Sociology at the University of California, Berkeley. She is also the founding director of UC-Berkeley's Interdisciplinary Migration Initiative. An internationally recognized expert on migration, Bloemraad studies how immigrants become incorporated into the political communities where they live, and the consequences of migration for politics and understandings of membership. She is the author or co-editor of *The Oxford Handbook of Citizenship* (2017), *Rallying for Immigrant Rights* (2011), *Civic Hopes and Political Realities* (2008) and *Becoming a Citizen* (2006). In 2014-15, she served as a member of the U.S. National Academy of Sciences panel reporting on the integration of immigrants into U.S. society. Bloemraad believes that excellence in research and teaching go hand-in-hand. She has been honored with the University of California, Berkeley's American Cultures Innovation in Teaching Prize (2013), the Division of Social Sciences' Distinguished Teaching Award (2012), and the Sarlo Distinguished Mentoring Award (2008).

**Esther Yoona Cho** holds a PhD in Sociology from the University of California, Berkeley and oversees undergraduate research programs at Stanford University. Prior to joining the doctoral program, she worked on educational research at the Social Science Research Council and the Organization of Economic Cooperation and Development. She also holds a B.A. in International Comparative Studies from Duke University and a Ed.M. from the Harvard Graduate School of Education. Her intellectual journey has been motivated by her passion for understanding and eradicating stratification structures that disenfranchise immigrant and refugee populations. Her recent research explores intersections of race and illegality by examining the camouflaged community of Asian undocumented immigrants. She has published her work in the Russell Sage Foundation *Journal of Social Sciences*, the *Asian American Law Journal*, and the *New York Times*.

**Jaco Roesh** is a recent MPP graduate of the Goldman School of Public Policy at UC Berkeley. He has worked on migration-related issues for over five years, both in the US and abroad. Before returning to school, he was a teacher and policy advocate for migrant education in Thailand, and also produced a documentary about labor conditions and the lack of opportunities for Burmese migrant workers. In the US, he has been involved in research projects and produced podcasts covering intimate partner violence among asylum seekers in Latin America, family detention in south Texas, and most recently, the public charge rule change.

**Jasmijn Slotjes** is the Executive Director of the Berkeley Interdisciplinary Migration Initiative (BIMI) at the University of California, Berkeley. She coordinates BIMI's research projects, training programs, public engagement and grant writing. Before joining BIMI, Jasmijn worked at Google and completed her Ph.D. research about how migrants overcome health problems as obstacles to labor market integration (VU University Amsterdam, 2017) and was the coordinator of the Migration Diversity Centre at VU University. Besides her academic interest in immigrant integration, she has a strong interest in applying scientific insights to policy issues. She was a Pat Cox Fellow at the Migration Policy Group in Brussels and worked as a policy researcher at the Urban Advice Council on Migration in Utrecht. Jasmijn holds a M.Sc. in Migration, Ethnic Relations and Multiculturalism from Utrecht University (2012), a B.A. from University College Utrecht (2010) and is a Humanity in Action senior fellow (2009).

## Contact

---

Berkeley Interdisciplinary Migration Initiative  
bimi@berkeley.edu  
<https://bimi.berkeley.edu>

124-126 Moses Hall  
Berkeley, CA 94720