

June 19, 2019

Office of the General Counsel, Rules Docket Clerk  
Department of Housing and Urban Development  
451 Seventh Street SW, Room 10276  
Washington, DC 20410-0001

Re: Proposed Rule: "Housing and Community Development Act of 1980: Verification of Eligible Status"  
HUD Docket No. FR-6124-P-01

To Whom It May Concern:

Thank you for the opportunity to comment on the Department of Housing and Urban Development (HUD)'s Notice of Public Rule Making (NPRM) for "Housing and Community Development Act of 1980: Verification of Eligible Status" published on May 10, 2019. On behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and policy and child health experts, please accept these comments and our strong opposition to this rule change that will threaten the health and well-being of families of immigrants, communities of color, and citizen and noncitizen children. In this comment, we detail the ways in which this rule will harm child and family health by placing thousands of families at risk of eviction, homelessness, housing instability, and family separation and inflicting unnecessary trauma and hardships on both immigrants and US citizen children.

Children's HealthWatch is committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four, many of whom are from families experiencing economic hardship. Over the past 20 years, we have surveyed more than 70,000 caregivers. We analyze our data and release our findings to researchers, legislators, and the public to inform public policies and practices that can give all children and their families equitable opportunities for healthy, successful lives.

**The changes proposed in HUD Docket No. FR-6124-P-01 will harm the health of young children, including citizen children:**

We know from our own and many others' research and clinical experience that lifelong health and well-being have their roots in early childhood. Thus to ensure strong communities, all young children and their families need to meet their basic needs, including access to affordable, safe, and stable homes. The proposed changes to section 214 of the Housing and Community Development Act threatens the ability of thousands of mixed-immigration status families to afford a stable home by restricting who is permitted to live in subsidized housing and access housing benefits. This includes evicting family members not receiving public assistance, and no longer permitting eligible children in otherwise ineligible households to receive housing assistance. If passed, this would force mixed status families to make the excruciating decision to either evict as a family and face the possibility of homelessness or unstable housing, or separate in order for some family members to maintain access to affordable housing. Either way, this policy would displace current residents, including children, split families apart, exacerbate hardships experienced by mixed status families, and potentially destabilize the health of entire communities.

The effects of this policy will not only prevent families from accessing evidence-based housing programs for alleviating economic hardships, but also endanger the current health of our youngest children and the long-term health of our nation. One in four children under age 5 in the U.S. has at least one immigrant parent; of those children, 93.3 percent were born in the United States.<sup>1,2</sup> This includes children of undocumented immigrants, as well as other types of immigrants ineligible for housing assistance. Under current law, these US born or otherwise eligible children in mixed status families are still entitled to assistance, even when the caregiver (or leaseholder) is not. The proposed rule would change this by requiring all heads of households and leaseholders be eligible immigrants or US citizens. This change and related loss of benefits would directly and adversely affect the health and development of American children. According to HUD, 70 percent of mixed status families consist of eligible children and ineligible caregivers; by HUD's own estimate, these 55,000 children in approximately 17,000 households that are legally eligible for benefits would be removed from public assistance as a result of the change prohibiting ineligible caregivers to serve as a leaseholder on their behalf.<sup>3</sup> Disqualifying families and eligible children from affordable housing will only exacerbate homelessness, poverty, and suffering across American communities and most significantly among US born and other eligible children who are entitled to equal protection under the law and to government support.

**Thousands of children and families will become at risk of eviction, homelessness, housing instability, and/or family separations, all of which will inflict unnecessary trauma and hardship that lead to long-term negative health consequences:**

***Families facing eviction because of this rule are at increased risk of adverse health.***

According to the agency's Regulatory Impact Assessment, HUD assumes that most mixed status households will leave HUD's assisted housing as a result of the rule, in order to remain together.<sup>3</sup> This policy is specifically designed to evict families, most of whom are eligible to receive housing benefits, which our research and the work of others links to a sequelae of long-term poor health and hardships. Recently presented research from Children's HealthWatch demonstrated that compared to families without an eviction history, children in families with a history of evictions within the last five years, regardless of immigration status, are more likely to be in fair/poor health and at developmental risk, their mothers are more likely to report depressive symptoms, and their families are more likely to endure multiple economic hardships. Alarming, we show families with a history of eviction are five times more likely to experience homelessness and three to four times more likely to experience other forms of housing instability compared to families without an eviction history.<sup>4</sup> These findings are consistent with a host of others' research, which document the harmful effects eviction has on children, entire families, and communities.<sup>5,6,7,8,9</sup> If implemented, this proposed rule would forcibly displace thousands of individuals and families, including US citizens and children, and directly contribute to poor health and hardships, including homelessness, associated with eviction. By HUD's own analysis of the rule's regulatory impact, half of current residents living in households potentially facing eviction and homelessness are children who legally qualify for aid, putting HUD at odds with its fundamental purpose to assist American citizens and other eligible members of society in accessing safe, stable, and affordable housing.<sup>3</sup> Furthermore, HUD estimates that displaced households would face upfront moving costs of up to \$13 million, and the agency would bear costs up to \$4.4 million. However, this is likely a low estimate as it assumes that all moves would be local and completed without hiring a moving company. Without assistance, many families may be forced to move far distances and out of their communities, thus incurring higher moving costs and creating more stress for families. This policy would

disproportionately target and displace children, as well as improperly take away their right to government protection and assistance.

In addition to the upfront health and financial costs associated with a forced move, as mentioned previously, eviction can often lead to housing instability and homelessness. An extensive body of research, including research by Children's HealthWatch, links housing instability and homelessness with adverse health outcomes across the lifespan.<sup>10,11,12,13,14</sup> Our research defines housing instability as being behind on rent in the past year, moving twice or more in a year, or any experience of homelessness in the lifetime of the young child, all of which would be results of the proposed rule change. In its analysis, HUD confirms this, reporting that "temporary homelessness could arise for a household, if they are unable to find alternative housing, for example in tight markets."<sup>3</sup> For families with young children, an experience of homelessness, even if temporary, can severely affect health during the first years of life. Our research has found homelessness during the prenatal and/or first year of a child's life is associated with poor birth and infant outcomes, which incur huge healthcare costs and adversely change the trajectory of the child's health and ability to succeed.<sup>15,16,17</sup> Homelessness not only has extreme effects on individuals, families, and communities, but is also associated with substantial costs to society; some studies have found that the costs associated with homelessness could be up to \$50,000 per person per year.<sup>18,19,20</sup> This is in addition to incremental and direct costs to healthcare utilization due to homelessness, as well as healthcare costs as a result of health outcomes associated with homelessness, such as low birthweight.<sup>21,22,23</sup>

***Loss of financial resources for rent will likely result in families falling behind on rent, which affects health.***

HUD estimates that on average, mixed household would have to replace \$1,900 per household member annually due to a loss of resources to pay rent.<sup>3</sup> For the average mixed status family consisting of three eligible members and one ineligible member this would equate to replacing \$7,600/year in rental costs, which at the Federal Poverty Level (for a family of 4) is 30% of their income, in addition to what they were already paying in rent with the subsidy. Therefore, if entire families are forced to move and eligible members are cut off from housing assistance, it is likely that they will become behind on rent as a result of this drastic and unaffordable increase in rent payments, if they are able to find a place to live at all. Our research has found behind on rent to be associated with numerous adverse health outcomes for both children and caregivers, including increased number of lifetime hospitalizations, fair or poor health status, and maternal depression.<sup>12</sup> Our research has also demonstrated that children in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed.<sup>24</sup> This is of particular concern, as the majority of those affected by this policy would be children.<sup>3</sup> In addition, we have found behind on rent to be associated with drastic increases in other hardships at both the household and child level, including food insecurity, energy insecurity, health cost sacrifices, and forgone healthcare.<sup>12</sup> Limited resources force low-income families to make trade-offs among basic needs including rent. If families are removed from housing assistance and required to replace \$1,900 per household member annually, they will likely be forced to redirect money away from other basic needs (such as food, energy, and healthcare) to pay for the additional cost of living. Inability to pay for any of these basic needs is associated with adverse child and family health outcomes.<sup>25,26</sup> Even with this damaging re-appropriation of funds, families will still be cost burdened and may become behind on rent. This is not only a risk factor for housing instability, but a risk factor for seriously compromised maternal and child health.<sup>24</sup>

***Some families may be forced to move frequently as a result of lack of housing assistance, which disrupts school and community continuity and threatens health.***

Becoming cost burdened and potentially falling behind on rent again puts families at risk for eviction or homelessness, and can force families into multiple moves. Our research has found similar adverse associations with multiple moves, another indicator of housing stability.<sup>12</sup> As mentioned previously, these health outcomes, such as increased lifetime hospitalizations, developmental risk, child and caregiver fair/poor health, and caregiver depression, have huge costs to both individuals and society. This is in addition to increased financial and material hardship multiple moves places on a family.<sup>12</sup> Extensive literature also documents the long term impact of multiple moves on child physical, mental, and social health, educational outcomes, and quality of life.<sup>27,28</sup> Among many, substance use, behavioral problems, cognitive difficulties, juvenile delinquency, and teen pregnancy are associated with constant changes in family residences.<sup>29</sup> Frequent moves in residence are often paired with frequent moves in schools and communities, which make it difficult for families to maintain relationships and stable communities, and among school-age children can impede school performance, social skills, and behavior.<sup>30,31,32</sup> Multiple moves even within the same community place immense stress on families, and are associated with adverse health outcomes. Furthermore, a forced move often compels renters to accept substandard housing, which can result in additional poor health and development, and/or drive them to move soon again.<sup>33</sup> Among others, this includes poor quality homes and overcrowding.

***Healthcare expenditures will likely increase as more families experience housing instability because of this rule change.***

All of these outcomes are indications of housing instability, and are inevitable results of the proposed rule. As described previously, this has serious health and economic implications on individuals, families, communities, and society as a whole. Our recent research found that unstable housing among all families with children regardless of immigration status will cost the US **\$111 billion in avoidable health and education expenditures over the next ten years.**<sup>34</sup> This estimate assumes that the current number of families living in unstable homes persists. The proposed policy would add to this already huge cost, by increasing the number of families with children – which, again, is 76% of the mixed status families subject to the new rule – experiencing housing instability. Given the large and robust body of research demonstrating the adverse health, educational, and loss of work productivity outcomes associated with housing instability and other economic hardships, the magnitude of population health and financial consequences would very likely be greater than any benefit HUD envisions with this proposal.

***Children in families who separate in response to this policy will experience increased and unnecessary trauma and stress.***

Additionally, this policy may cause family separation among immigrants, which has profound impacts on child health and well-being.<sup>35,36</sup> Instead of facing the economic cost or threat of homelessness posed by family eviction, eligible members may remain in assisted housing while their loved ones, who do not receive benefits or place any burden on the public housing system, are displaced. Family separation is an extremely stressful and traumatizing experience for children, which neuroscience shows can alter the architecture of a child's brain and have lasting consequences.<sup>37</sup> It also can have long term impacts on family bonding, development, and child social, emotional, and behavioral outcomes.<sup>38</sup> Given this overwhelming evidence on eviction, housing instability, homelessness, and family separation, we believe that the proposed rule would put at risk an already economically and socially vulnerable population of Americans and immigrants who rely on housing assistance, with no benefit to our country as a whole.

### **Expanding, not limiting, access to rental assistance will improve health and well-being:**

Rental assistance has been shown to improve health for adults and children and have a positive ripple effect through communities.<sup>39,40,41</sup> Rental assistance not only sharply reduces homelessness and housing stability among families, but is also associated with reductions in food insecurity, foster care placements, and domestic violence compared to unassisted families.<sup>42</sup> For the lowest income families in our nation, housing assistance programs lifts millions of children out of deep poverty.<sup>42</sup> HUD already restricts currently underfunded housing assistance resources to US citizens and eligible noncitizens, ensuring that only a limited and specific group of individuals are able to benefit from subsidies. Moreover, many of these eligible individuals do not receive benefits since funding is insufficient. The proposed loss of benefits for mixed status families that include eligible members and children will lead to adverse health outcomes and increased economic hardships, including healthcare hardships, food insecurity and housing instability.

HUD and the National Low Income Housing Coalition (NLIHC) estimates that approximately 25,000 mixed status families – around 108,000 individuals – would be affected by this rule change, the majority of whom live in New York, California, and Texas.<sup>43</sup> It is impossible to predict how many families will choose to stay together and become housing unstable or homeless or, conversely, choose to stay in their unit and therefore be forced to split up the family unit. Either way harm will be done – to children, to families, to public health, to the communities they live in, and – not least – to the cost of health care and other services as people become sicker and more in need of help.

Across the nation, and in these states in particular, the waiting list for housing assistance is millions of people long.<sup>44</sup> Due to inadequate funding, currently three out of four families eligible for rental assistance are left unaided. While HUD claims that this rule change would address long waiting lists, the reality is some families may separate, with eligible members remaining in assisted housing and thus not freeing up units these families currently occupy. Among those evicted in order to remain together or due to loss of child eligibility, as noted many would likely become homeless, live in unsafe or overcrowded conditions, or move to substandard quality housing as a result of inability to afford market-value rent for the entire household.<sup>6</sup> Even if all estimated 25,000 families are forced to evict, this would hardly address waiting lists numbering in the millions. Nonetheless, 25,000 is a huge number of families to become abruptly homeless or housing unstable. Rather than evicting families from housing, the department should increase resources for subsidies in order to ensure more families, not less, live in stable homes that promote health.

### **The changes proposed would undermine legislative intent, cost taxpayers millions of dollars, and decrease the quality and quantity of housing assistance:**

This proposed rule fundamentally contradicts the HUD mission “to create strong, sustainable, inclusive communities and quality affordable homes for all.” Although reducing regulatory burdens, enhancing effectiveness of regulations, and ensuring consistency – three of the four justifications described by HUD – are important regulatory priorities, we believe it is the government’s responsibility to put the health and wealth of our nation, particularly our children, first. When carefully considered, the motivations described in the proposed rule change pale in comparison to the long-term impact this would have on destabilizing already vulnerable families and communities and dismantling the fundamental purpose of HUD. This rule change also appears to be in complete opposition to its attempt to improve the

regulatory process, as it would make the procedure of identifying eligibility of all family members *more* complicated and burdensome.

In addition to these regulatory reasons, HUD seeks to change this rule in an effort to align with section 2(e) of the President's Executive Order 13828, urging agencies to "adopt policies to ensure that only eligible persons receive benefits and enforce all relevant laws providing that aliens who are not otherwise qualified and eligible may not receive benefits." Indeed, under current law, this is *already* the case; there is no need for change. The housing subsidies of mixed-immigration status families are prorated so that ineligible family members do not receive any financial assistance. This existing law ensures that only eligible persons receive housing benefits, and is already consistent with the Executive Order HUD claims it is seeking to promote. Furthermore, the proposed rule is unnecessary to achieve the purported goal of ensuring that federal housing programs are not subsidizing persons with ineligible immigration status due to existing requirements and legislative intent of section 214 that *already* prevent this. Not only does this rule change seek to unnecessarily replicate existing law, it also undermines the entire purpose of HUD and legislative intent of the existing rule by revoking assistance to predominantly eligible participants. When considering this proposed rule, it is imperative to emphasize that although this policy may aim to target ineligible immigrants and non-citizens, **the reality is that 71 percent of the people it will affect are *eligible* citizens and non-citizens, in particular children.**

On top of the huge financial impacts this rule change would have on individuals and society described previously, the exchange of housing assistance (i.e. the transfer from mixed status families to those with only eligible members) will cost millions of dollars and lead to decreased quality and quantity of assistance. HUD reports that mixed families generally receive lower subsidies and would likely be replaced with families who need higher subsidies. The agency estimates that this difference in subsidy, an average of roughly \$4,000 per family, would cost the government as much as an additional \$227 million per year, an amount that HUD says Congress is unlikely to appropriate. To make up for this cost difference, HUD would most likely decrease the number of households served under the Housing Choice Vouchers program, and reduce the quantity and quality of assisted housing, including decreased maintenance and likely deterioration of units.<sup>3</sup> Instead of further restricting family eligibility to create relatively minimal openings of decreased quality units for those on the housing assistance waitlist, HUD should focus on improving housing quality and expanding affordable housing and funding for rental assistance to improve the livelihood of individuals, families, and children as well as the health and wealth of the nation.

### **The "chilling effect" may amplify the harm to immigrant families:**

As clinicians who frequently care for immigrants and mixed status families, we have heard increasing accounts of fear and confusion within these communities, and even discontinuance of use of vital public assistance programs for which they are eligible due to anti-immigrant policies and rhetoric.<sup>45,46</sup> This fear and stress, and the difficult decisions they force, negatively affect children's physical and mental health and cognitive development. Young children's physical and mental health, cognitive development, and overall well-being are threatened by poor housing conditions and housing instability even without this proposed rule change. Adding the fear of immigration policies and actions only exacerbates these harmful outcomes.<sup>47</sup> In HUD's own analysis on the impact of the proposed rule, the agency describes an expectation that fear of the family being separated would prompt evacuation by most mixed households.<sup>3</sup> When the government supports policies that seek to exclude immigrants, including

children, from public participation and support, it sends a strong and dehumanizing message to communities across the US that they are not welcome – a message in complete contrast with historical American values. After similar anti-immigrant policies have emerged over the past two years, such as proposed changes to public charge, families in our pediatric clinics reported making agonizing choices to remove their families from vital assistance programs out of fears for their future immigration status and family safety. Research on data collected at Children’s HealthWatch sites across the country suggest participation in some public assistance programs is declining among immigrant mothers, even though their U.S. citizen children are eligible.<sup>48</sup> These choices have immediate and lasting consequences for the young patients in our clinics that imperil their current and future health.

Immigrant families are an integral part of our communities — they are our neighbors, coworkers, friends, and fellow parents. The changes detailed in this rule threaten our country’s health as it forces immigrant families to choose between having their family remain together, and having a safe, affordable place to live.

Our future national prosperity depends on the well-being of our nation’s young children and their families. With one in four children in the U.S. today living with at least one immigrant parent, and their disproportionate experience with economic hardship and housing instability,<sup>49,50</sup> it is crucial to provide the opportunity for those children and their families to thrive. We know from our research and clinical experience that children and families in stable, affordable homes are healthier than those who struggle to afford their basic needs; we also know that the costs associated with treating families with children in unstable homes are in the billions.<sup>32</sup> As those who care for the health of America’s children, we strongly oppose any administrative action that would harm the health of children and their families and urge the administration to withdraw this proposal in full immediately.

Sincerely,



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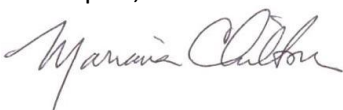
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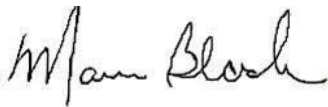
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