

July 9, 2019

Office of General Counsel, Rules Docket Clerk
 Department of Housing and Urban Development
 451 7th Street SW, Room 10276
 Washington, DC 20410-0500

Re: HUD Docket No. FR-6124-P-01, RIN 2501-AD89 Comments in Response to Proposed Rulemaking: Housing and Community Development Act of 1980: Verification of Eligible Status

Dear Sir/Madam:

As organizations dedicated to promoting the health of our nation's children and pregnant women, we write to offer feedback on the Department of Housing and Urban Development's (HUD) proposed rule regarding verification of eligible status. The proposed rule's elimination of mixed status families' eligibility for prorated assistance on a permanent basis would result in the loss of vital housing subsidies for eligible children who have parents with ineligible noncitizen status. As a result, mixed status families could be forced to make an impossible decision—either break up to allow eligible family members to continue receiving assistance or forgo subsidies so that the family can stay together. Given the serious negative impacts of homelessness and housing insecurity on the health of children and pregnant women and the long-term implications for child well-being and development, we urge HUD to withdraw the rule in its entirety and to continue to follow current, long-standing regulations.

Section 214 of the Housing and Community Development Act of 1980 (Section 214) limits access to federally subsidized housing programs to U.S. citizens and a specific list of noncitizen categories.¹ Nearly all of the children in mixed status families who are receiving HUD assistance covered by Section 214 are U.S. citizens and lawful permanent residents (LPR) who live with parents or other adults who do not have eligible immigration status. HUD's statistics show that 70% of mixed status families are composed of eligible children and ineligible parents. There are over 38,000 U.S. citizen and otherwise eligible children in these families, and over 55,000 eligible children in mixed status families overall.² Since these children lack the legal capacity to sign leases themselves, the adult heads of household, including those who do not receive assistance, must sign these contracts on behalf of their family. However, by prohibiting the ineligible adults from living in subsidized units, the proposed rule forecloses the possibility of these U.S. citizen and LPR children from receiving any housing assistance under the covered housing programs.

The Department's regulatory impact analysis states "HUD expects that fear of the family being separated would lead to prompt evacuation by most mixed households, whether that fear is justified."³ Because of this

¹ 42 U.S.C.A. § 1436a(a)(1)-(6) (West 2019) (Noncitizens eligible for Section 214 housing programs: Lawful Permanent Residents, VAWA Self-Petitioners, Asylees and Refugees, Parolees, Persons Granted Withholding of Removal/Deportation, Qualified Victims of Trafficking, Persons granted admission for emergent or public interest reasons, Persons granted lawful temporary residence amnesty under the Immigration Reform and Control Act of 1986, Immigrants eligible for registry who entered the U.S. before June 30, 1948, Lawful U.S. residents and individuals who entered the U.S. under the Compacts of Free Association with the Marshall Islands, Micronesia, Palau and Guam, [redacted] Immigrants admitted for lawful temporary residence prior to January 1, 1982).

² See HUD, Regulatory Impact Analysis, *Amendments to Further Implement Provisions of the Housing and Community Development Act of 1980*, Docket No. FR-6124-P-01, at 6-8 (Apr. 15, 2019) (73% of eligible family members are children and there are a total of 76,141 eligible individuals in the covered programs, for a total of 55,582 eligible children; 70% of households are composed of eligible children with ineligible parents, for a total of 38,907 eligible children in households with ineligible parents).

³ HUD, Regulatory Impact Analysis, *Amendments to Further Implement Provisions of the Housing and Community Development Act of 1980*, Docket No. FR-6124-P-01, at 7 (Apr. 15, 2019).

fear, the rule could result in as many as 108,000 individuals in mixed status families (in which nearly 3 out of 4 are eligible for assistance) losing access to public housing, Section 8, and other programs covered by the proposed rule.⁴ This loss of housing assistance will cause increased rates of homelessness and unstable housing among an already vulnerable population.⁵ Although HUD contends that the proposed rule is a means of addressing the waitlist crisis faced by a majority of Public Housing Authorities nationwide,⁶ HUD's own analysis of the proposed rule concludes that fewer, not more, families are likely to receive assistance as a result of the rule.⁷ We share the Department's concern that millions of U.S. households struggle to find affordable housing in the ongoing nationwide housing crisis, but the real issue that must be addressed is the lack of sufficient funding to ensure that every child and family, regardless of immigration status, has access to one of the most basic of human needs—a safe place to call “home”.

Health and Related Effects of Homelessness and Housing Insecurity

Child health and housing security are closely intertwined, and children without homes are more likely to suffer from chronic disease, hunger, and malnutrition than are children with homes.⁸ Research shows that families who are evicted are more likely to experience homelessness, move into substandard or overcrowded housing, and have a sequence of adverse physical and mental health outcomes.⁹ The alternative for mixed status families under this proposed rule would be family separation – a stressful and traumatizing experience for children, which can alter the architecture of a child's developing brain and have lifelong consequences.¹⁰

Children affected by homelessness may experience a variety of challenges to their health because of difficulty accessing health care, inadequate nutrition, education interruptions, trauma, and family dynamics.¹¹ These impacts can be particularly pronounced for children with underlying chronic or complex medical conditions. Homeless children have shown higher rates of acute and chronic health problems than low-income children with homes. Cross-sectional surveys conducted in the 1990s reveal increased rates of multiple infectious, respiratory, gastrointestinal, and dermatologic diseases and otitis media, diarrhea, bronchitis, scabies, lice, and dental caries.¹² Both the prevalence and severity of asthma are markedly increased among homeless children, and homeless children suffer from higher rates of accidents and injuries than low-income children with homes.¹³ In one study, homeless children were 2.5 times more likely to have health problems and 3 times

⁴ *Id.* at 8.

⁵ PRATT CTR. FOR CMTY. DEV., *CONFRONTING THE HOUSING SQUEEZE: CHALLENGES FACING IMMIGRANT TENANTS, AND WHAT NEW YORK CAN DO* (2018), <https://prattcenter.net/research/confronting-housing-squeeze-challenges-facing-immigrant-tenants-and-what-new-york-can-do>.

⁶ Tracy Jan, *Trump Proposal Would Evict Undocumented Immigrants from Public Housing*, WASH. POST (Apr. 18, 2019), https://www.washingtonpost.com/business/2019/04/18/trump-proposal-would-evict-undocumented-immigrants-public-housing/?utm_term=.c6fd40565b83.

⁷ HUD, Regulatory Impact Analysis, *Amendments to Further Implement Provisions of the Housing and Community Development Act of 1980*, Docket No. FR-6124-P-01 (Apr. 15, 2019).

⁸ AAP Council on Community Pediatrics, “Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity,” (June 2013), <https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf>

⁹ Bovell-Ammon A & Sandel M., *The Hidden Health Crisis of Eviction*, BOS. U. SCH. OF PUB. HEALTH (2018), <http://www.bu.edu/sph/2018/10/05/the-hidden-health-crisis-of-eviction/>; Desmond M. & Tolbert Kimbro R., *Evictions Fallout: Housing, Hardship, and Health*, 94 SOCIAL FORCES 295 (2015).

¹⁰ Simha S., *The Impact of Family Separation on Immigrant and Refugee Families*, 80 N C MED J. 95, 96 (2019).

¹¹ AAP Council on Community Pediatrics, “Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity,” (June 2013), <https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf>

¹² *Id.*

¹³ *Id.*

more likely to have severe health problems than children with homes.¹⁴ Children without a stable home are more likely to skip meals, worry about the availability of food, and consume foods with low nutritional quality and high fat content.¹⁵ As a result, they suffer from high rates of malnutrition, stunting, and obesity.¹⁶ Not only do these health challenges have a detrimental effect on children’s ongoing development and long-term well-being, they can drive up health care spending at the state and federal levels as these children are more likely to be sicker when they ultimately receive care.

In addition, homeless children are at an increased risk of abuse, exposure to violence, and psychological trauma. Emotional distress, developmental delays, and decreased academic achievement are all more common in this population with long-term implications for well-being and productivity.¹⁷ Homeless children also may experience frequent moves that interrupt their education and impact school performance. In a study in elementary school students, homeless children scored lower on math and reading achievement tests than low-income students living in homes.¹⁸ A study in homeless adolescents who received crisis services at a homeless shelter revealed just 34% of those students attained a high school diploma or general equivalency diploma (GED) by 18 years of age.¹⁹

Effects of Homelessness and Housing Insecurity on Access to Health Care

Children and families in unstable housing often do not have access to a regular source of health care. As a result, they are more likely to receive fragmented health care and rely on the emergency department as a primary source of care.²⁰ Some of the barriers that prevent homeless children and families from accessing optimal care include difficulty obtaining affordable, accessible, and coordinated health care services; frequent and unpredictable changes in living circumstances that prevent timely presentation for care, follow-up, and communications with health care providers; inadequate access to storage places for medication and medical supplies; and potential exposure to violence or fear of violence that limits freedom.²¹ Gaps in needed services can have long-term implications for a growing child’s ability to reach his or her full potential to become a contributing member of society, especially if the child is experiencing developmental delays or has ongoing health problems.

Housing Assistance Supports Child Health and Overall Wellbeing

It is well known that the receipt of housing assistance can lead to better child health outcomes—children of families receiving housing assistance had a 35 percent higher chance of being labeled a “well child,” a 28 percent lower risk of being seriously underweight and a 19 percent lower risk of food insecurity.²² Research also shows that rental assistance for households with children results in significant positive effects for overall child wellbeing and family economic security. Housing assistance lifts about a million children out of poverty each year,²³ and can improve a child’s chances for long-term economic mobility—one study finds that children in households receiving Housing Choice vouchers have higher adult earnings and a lower chance of

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² Elizabeth March, “Rx for Hunger: Affordable Housing,” *Children’s Health-Watch; Medical-Legal Partnership*, December 2009, http://www.vtaffordablehousing.org/documents/resources/435_RxforhungerNEW12_09.pdf.

²³ Liana Fox, “The Supplemental Poverty Measure: 2017,” September 2018, <https://www.census.gov/library/publications/2018/demo/p60-265.html>.

incarceration.²⁴ In part, this is due to the fact that access to affordable housing provides stability for families and frees up income for other necessities such as food and transportation. Low-income households with children that pay more than half of their monthly income on rent spend considerably less on other basic necessities—they spend \$200 less per month on food, nearly \$100 less on transportation, and about \$80 less on healthcare.²⁵

Thank you for the opportunity to provide feedback on this request. Given the negative health outcomes for children and pregnant women associated with housing insecurity and homelessness and the positive effects associated with housing assistance, we urge you to rescind this rule. If you would like any additional information, please contact Tamar Magarik Haro, Senior Director, Federal & State Advocacy of the American Academy of Pediatrics at tharo@aap.org or 202-347-8600.

Sincerely,

American Academy of Pediatrics
Children's Defense Fund
Children's Dental Health Project
Children's Hospital Association
Family Voices
First Focus on Children
Georgetown Center for Children and Families
March of Dimes
National Association of Pediatric Nurse Practitioners

²⁴ Andersson, Fredrik and Haltiwanger, John C, et. al. "Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing." National Bureau of Economic Research, Working Paper No. 22721, September 2018, <http://www.nber.org/papers/w22721>.

²⁵ "The State of the Nation's Housing 2018", Joint Center for Housing Studies of Harvard University, tabulations of US Bureau of Labor Statistics, 2016 Consumer Expenditure Survey, 2018, http://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2018.pdf