

GROWING UP IN FEAR: HOW THE TRUMP ADMINISTRATION'S IMMIGRATION POLICIES ARE HARMING CHILDREN

HEARING

BEFORE THE
COMMITTEE ON EDUCATION
AND LABOR
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTEENTH CONGRESS
FIRST SESSION

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C O N T E N T S

	Page
Hearing held on December 4, 2019	1
Statement of Members:	
Scott, Hon. Robert C. "Bobby", Chairman, Committee on Education and Labor	1
Prepared statement of	3
Foxx, Hon. Virginia, Ranking Member, Committee on Education and Labor	5
Prepared statement of	6
Statement of Witness:	
Barajas-Gonzalez, Ms. Gabriela, Ph.D., Assistant Professor, Department of Population Health, Center for Early Childhood and Development, New York University School of Medicine	9
Prepared statement of	11
Falusi, Dr. Olanrewaju, MD, FAAP, Pediatrician and Executive Committee Member, American Academy of Pediatrics' Council on Immigrant Child and Family Health, Past President, American Academy of Pediatrics' D.C. Chapter	35
Prepared statement of	38
Martinez, Mr. Pedro, Superintendent, San Antonio Independent School District	22
Prepared statement of	25
Metcalf, Hon. Mark H., J.D., Former Immigration Judge	28
Prepared statement of	30
Additional Submissions:	
Castro, Hon. Joaquin, a Representative in Congress from the State of Texas:	
Prepared statement from Zero to Three	97
Fudge, Hon. Marcia L, a Representative in Congress from the State of Ohio:	
Prepared statement from Children's HealthWatch	105
Grijalva, Hon. Raúl M., a Representative in Congress from the State of Arizona:	
Prepared statement from UNIDOSUS	114
Hayes, Hon. Jahana, a Representative in Congress from the State of Connecticut:	
Link: U.S. Government Accountability Office Report (GAO)	122
Chairman Scott:	
Letter dated May 8, 2014	123
Working Paper for UCLA Civil Rights Project	146
Immigration Policy's Harmful Impacts on Early Care and Education	175
Social Policy Report Brief	177
Prepared statement from Next100	179
Takano, Hon. Mark, a Representative in Congress from the State of California:	
Link: Trauma At The Border	180
Our Children's Fear (CLASP)	222
Questions submitted for the record by:	
Davis, Hon. Susan A., a Representative in Congress from the State of California	223, 225
Hayes, Hon. Jahana, a Representative in Congress from the State of Connecticut.....	223, 225
Omar, Hon. Ilhan, a Representative in Congress from the State of Minnesota	218, 223

Additional Submissions—Continued**Questions submitted for the record by—Continued**

Sablan, Hon. Gregorio Kilili Camacho, a Representative in Congress from the Northern Mariana Islands	218, 220
Chairman Scott	222
Stevens, Hon. Haley M., a Representative in Congress from the State of Michigan	218, 220
Underwood, Hon. Lauren a Representative in Congress from the State of Illinois	220
Responses to questions submitted for the record by:	
Ms. Barajas-Gonzalez	226.
Dr. Falusi	234
Mr. Martinez	238
Mr. Metcalf	244

**GROWING UP IN FEAR:
HOW THE TRUMP ADMINISTRATION'S
IMMIGRATION POLICIES ARE
HARMING CHILDREN**

**Wednesday, December 4, 2019
House of Representatives,
Committee on Education and the Workforce,
Washington, D.C.**

The subcommittee met, pursuant to call, at 10:18 a.m., in Room 2175, Rayburn House Office Building. Hon. Robby C. "Bobby" Scott (Chairman of the committee) presiding.

Present: Representatives Scott, Davis, Grijalva, Courtney, Sablan, Wilson, Bonamici, Takano, Adams, DeSaulnier, Norcross, Morelle, Wild, Harder, Schrier, Underwood, Hayes, Shalala, Levin, Omar, Trone, Stevens, Lee, Castro, Foxx, Roe, Thompson, Walberg, Guthrie, Byrne, Grothman, Stefanik, Allen, Smucker, Banks, Walker, Comer, Fulcher, Taylor, Wright, Meuser, Johnson, and Keller.

Staff Present: Tylease Alli, Chief Clerk; Ramon Carranza, Education Policy Fellow; Paula Daneri, Professional Staff; Emma Eatman, Press Assistant; Christian Haines, General Counsel; Alison Hard, Professional Staff; Carrie Hughes, Director of Health and Human Services; Ariel Jona, Staff Assistant; Stephanie Lalle, Deputy Communications Director; Andre Lindsay, Staff Assistant; Jaria Martin, Clerk/Assistant to the Staff Director; Richard Miller, Director of Labor Policy; Veronique Pluviose, Staff Director; Carolina Silva, Education Policy Fellow; Loredana Valtierra, Education Policy Counsel; Banyon Vassar, Deputy Director of Information Technology; Katelyn Walker, Counsel; Cyrus Artz, Minority Parliamentarian; Kelsey Avino, Minority Fellow; Courtney Butcher, Minority Director of Coalitions and Member Services; Dean Johnson, Minority Staff Assistant; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; John Martin, Minority Workforce Policy Counsel; Jake Middlebrooks, Minority Professional Staff Member; Carlton Norwood, Minority Press Secretary; Brandon Renz, Minority Staff Director; Chance Russell, Minority Legislative Assistant; and Brad Thomas, Minority Senior Education Policy Advisor.

Chairman SCOTT. The meeting will come to order. The Committee on Education and Labor will come to order and welcome, everyone, to the committee. I note that a quorum is present and the committee is meeting today in a legislative hearing to hear testi-

mony on the subject of growing up in fear, how the Trump Administration's immigration policies are harming children.

Pursuant to Committee Rule 7(c), opening statements are limited to the Chair and Ranking Member. This allows us to hear from our witnesses sooner and provides all members with adequate time to ask questions.

I now recognize myself for the purpose of making an opening statement.

Today's hearing will help us understand and address the impact of the Trump Administration's immigration policies on children, particularly undocumented children and children from mixed-status families. There are roughly 2.9 million children living in the United States today who were born outside of this country. An additional 16.7 million children were born in the United States, but have at least one parent who was not born in the United States. Alltogether, about 27 percent of all children in the United States, a total of 19.6 million are growing up in immigrant families.

While immigration policy is a topic of intense debate, it is not the focus of the hearing, nor is it within the committee's jurisdiction. Let me say that again, while immigration policy is a topic of intense debate, it is not the focus of this hearing, nor is it within the committee's jurisdiction. We are here today because we have a legal responsibility to protect children living within our Nation's borders, regardless of when and how they got here. All children should have a safe and healthy childhood. Not only is this a principle embedded in our moral code, it is reflected in our Federal code as well.

Federal laws protect the right of immigrant children and the children of immigrant parents to access many essential programs and services under the jurisdiction of this committee. Of particular interest, these rights include access to a public education for all students in this country.

In 1982 the Supreme Court's decision in *Plyler v. Doe* found that undocumented children are protected by the Equal Protection clause in the 14th Amendment. Accordingly, all children have the same right to a free public education, regardless of immigration status. Our Constitution prevents undocumented students from being denied public education services due to their immigration status.

Federal law also ensures that all children, regardless of their immigration status or the status of their parents or guardians, are eligible for Head Start, the largest Federal early childhood education program and programs that deliver basic nutritional assistance.

Protecting access to education and nutritional services for all children is critical to ensuring that the nearly 20 million children growing up in immigrant families in our country, regardless of status, have an opportunity to reach their full potential.

Regrettably, over the past 3 years, the Trump Administration has implemented immigration policies and inflammatory rhetoric to discourage or prevent children growing up in immigrant families from accessing basic services for which they are eligible under Federal law. Since taking office, the Administration has expanded deportation policies, including authorizing U.S. Immigration and Customs Enforcement, or ICE, to arrest parents dropping off kids at

school and conducting the largest workplace raid in history, instituted a so-called zero tolerance policy and separated more than 5,400 children from their families, many of whom were held in unsanitary conditions, and they finalized a rule, which is currently being held up in Courts, that allows immigration officials to deny lawful permanent resident status to immigrants based on their use of vital services, including food assistance.

Throughout this period, dating back to the 2016 campaign, President Trump has repeatedly directed a harsh rhetoric aimed at immigrants, creating a culture of fear that has upended the lives of individuals living in immigrant communities all across the country. The combined effect of the President's policy and rhetoric is inflicting physical and emotional trauma on children throughout the country.

The Office of Inspector General of the Department of Health and Human Services has documented distressing conditions in Federal immigration detention centers. According to one of their reports, children who are separated from their parents "expressed acute grief that caused them to cry inconsolably". In the recent study, early childhood providers reported alarming levels of anxiety symptoms and emotional distress among young children. One provider reported that one of her 5-year-old children was so distressed that he is biting his fingertips to the point where they were bleeding.

School administrators have also reported increasing signs of anxiety and emotional stress among K-12 students, as well as a rise in hostile climates, all of which undermine student learning. And providers of food and health in early childhood education programs are reporting steep declines in participation among immigrant communities.

This Administration's actions are jeopardizing access to a safe and healthy childhood for millions of children, undermining their development, and altering the trajectory of their lives. We must recognize that denying any child access to basic services is not only immoral, it is harmful to our school, communities, and even our economy.

Frederick Douglass famously wrote that it is easier to build strong children than to repair broken men.

As policy makers, we must protect the rights of immigrant children regardless of their status so that they can learn, grow, and contribute to our Nation. We must also increase Federal investments in vital education programs that support the development of all children, including programs that help educators work with children suffering from trauma.

I want to thank our witnesses for being with us today and look forward to their testimony.

I now yield to the Ranking Member, Dr. Foxx, for the purpose of an openings statement.

[The statement by Chairman Scott follows:]

Prepared Statement of Hon. Robert C. "Bobby" Scott, Chairman, Committee on Education and Labor

Today's hearing will help us understand and address the impact of the Trump Administration's immigration policies on children—particularly undocumented children and children from mixed-status families.

There are roughly 2.9 million children living in the United States today who were born outside the country. An additional 16.7 million children were born in the United States but have at least one parent who was not. Altogether, about 27 percent of all children in the United States, a total of 19.6 million, are growing up in immigrant families.

While immigration policy is a topic of intense debate, it is not the focus of this hearing nor is it within this Committee's jurisdiction. We are here today because we have a moral and legal responsibility to protect the children living within our nation's borders – regardless of when or how they got here.

All children should have a safe and healthy childhood. Not only is this principle embedded in our moral code, it is reflected in our federal code as well. Federal laws protect the right of immigrant children and the children of immigrant parents to access many of the essential programs and services under the jurisdiction of our Committee.

Of particular interest, these rights include access to a public education for all students in this country.

In 1982, the Supreme Court's decision in *Plyler v. Doe* found that undocumented children are protected by the Equal Protection Clause in the Fourteenth Amendment. Accordingly, all children have the same right to a free public education - regardless of immigration status. Our Constitution prevents undocumented students from being denied public education services due to their immigration status.

Federal law also ensures that all children – regardless of their immigration status or the status of their parents or guardians – are eligible for Head Start, the largest federal early childhood education program, and programs that deliver basic nutrition assistance.

Protecting access to education and nutrition services for all children is critical to ensuring that the nearly 20 million children growing up in immigrant families in our country - regardless of status - have an opportunity to reach their full potential.

Regrettably, over the past three years, the Trump Administration has implemented draconian immigration policies and inflammatory rhetoric to discourage or prevent children growing up in immigrant families from accessing basic services for which they are eligible under federal law.

Since taking office the Administration has:

- * Expanded deportation policies, including authorizing U.S. Immigration and Customs Enforcement, or ICE, to arrest parents dropping off kids at school and conducting the largest workplace raid in history;

- * Instituted a so-called "zero-tolerance policy" and separated more than 5,400 children from their families, many of whom were held in unsanitary conditions; and

- * Finalized a new rule, which is currently being held up in the courts, that allows immigration officials to deny lawful permanent resident status to immigrants based on their use of vital services, including food assistance.

Throughout this period – and dating back to the 2016 campaign – President Trump has repeatedly and unapologetically directed harsh rhetoric aimed at immigrants, creating a culture of fear that has upended the lives of individuals living in immigrant communities all across the country.

The combined effect of the president's policies and rhetoric is inflicting physical harm and emotional trauma on children throughout the country.

* The Office of Inspector General at the Department of Health and Human Services has documented distressing conditions in federal immigration detention centers. According to one of their reports, children who were separated from their parents "expressed acute grief that caused them to cry inconsolably."

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* School administrators have also reported increased signs of anxiety and emotional distress among K-12 students as well as a rise in hostile climates, all of which undermine student learning; and,

* Providers of food, health, and early childhood education programs are reporting steep declines in participation among immigrant communities.

This Administration's actions are jeopardizing access to a safe and healthy childhood for millions of children, undermining their development and altering the trajectory of their lives. We must recognize that denying any child access to basic services is not only immoral, it is harmful to our schools, our communities, and even our economy.

Frederick Douglass famously wrote that, "It is easier to build strong children than to repair broken men." As policymakers, we must protect the rights of immigrant children – regardless of their status – so that they learn, grow, and contribute to

our nation. We must also increase federal investments in the vital education programs that support the development of all children, including the programs that help educators work with children suffering from trauma.

I want to thank our witnesses for being here today, and I yield to the Ranking Member, Dr. Foxx, for the purpose of an opening statement.

Mrs. FOXX. Thank you, Mr. Chairman.

Mr. Chairman, I am disappointed for the lack of notice that staff received in order to prepare for this hearing. While the staff of the Majority met the requirements under the rules of this committee, the notice certainly did not meet the standard that you set at the beginning of this Congress to be a model bipartisan committee. If the majority were interested in having a serious conversation about this issue, it would have given committee Republicans more than 1 day's notice heading into a holiday week.

I am also concerned by the partisan preconceptions surrounding the hearing title. The implication that the Trump Administration is intentionally harming children is disgusting. The sad truth is that children are often used as pawns by smugglers and other nefarious networks to gain entry to the U.S. That is why House Republicans have introduced legislation that would protect children by addressing the factors that fuel illegal immigration and fraud at the border.

Before we hear from our witnesses about the impact immigration policies may have on children's development, I would like to set a couple of facts straight.

First, school age children, regardless of their or their parent's immigration status, have access to free education and several federal programs, which include health and nutrition benefits. Second, children coming to the U.S. illegally who are separated from their parents are provided medical care, mental health care, and education services. Other services available to children, regardless of their or their parent's immigration status, are provided through Head Start and Early Head Start programs, which aim to help with children's growth in areas such as language, literacy, and social and emotional development.

Most notably, states and school districts are obligated under *Plyler v. Doe*, as you noted, to provide all children, regardless of their immigration status, access to public education at the elementary and secondary level. Federal elementary and secondary education programs also serve students who are illegal immigrants.

This idea that this Administration's actions are denying children access to education and child nutrition programs is false.

That said, we know that all children, including those U.S. born with immigrant parents, or children who are immigrants themselves, may face trauma. As we learned during the Subcommittee on Civil Rights and Human Services hearing in September, the statistics are heartbreaking. Studies show that 26 percent of children in the United States will witness or experience a traumatic event before they turn 4. And more than 2/3rds of children reported at least 1 traumatic event by age 16.

These traumatic events can significantly affect the child's education and impair their ability to learn. That is why Congress must address the root causes of the immigration crisis, not its symptoms. Unfortunately, House Democrats are so obsessed with impeaching

President Trump and trying to undermine the Trump Administration that we have been unable to get to work on bipartisan solutions.

And once again, instead of working on bipartisan solutions, the Democrats are using this hearing to cherry-pick stories to advance a partisan narrative.

I look forward to the testimony of Mark Metcalf, who has worked on these issues as an attorney and immigration judge. Judge Metcalf is proposing solutions that should have bipartisan support that would address the trauma and fear immigrant children face. Many of these solutions have also been proposed by the Trump Administration and Republicans in Congress.

I thank our witnesses for being here today and look forward to hearing your testimony.

Thank you, Mr. Chairman. I yield back.

[The statement by Mrs. Foxx follows:]

Prepared Statement of Hon. Virginia Foxx, Ranking Member, Committee on Education and Labor

Mr. Chairman, I am disappointed by the lack of notice staff received in order to prepare for this hearing. While the staff of the majority met the requirements under the rules of this Committee, the notice certainly did not meet the standard you set at the beginning of this Congress to be a model Committee. If the majority was interested in having a serious conversation about this issue, they would have given Committee Republicans more than one day's notice heading into a holiday week.

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I want to thank our witnesses for being here today and I look forward to hearing your testimony.

Chairman SCOTT. Thank you.

Without objection, all other members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5:00 p.m. on December 17.

I will now briefly introduce our witnesses.

Our first witness will be Gabriela Barajas-Gonzalez, who is an assistant professor at the Center of Early Childhood and Health Development at the Department of Population Health at the New York University School of Medicine. Her research focuses on prevention of mental health problems and the promotion of academic achievement in health and children from immigrant and ethnic minority populations.

At this point I am pleased to recognize my colleague, Representative Castro, to briefly introduce his constituent, Mr. Martinez, who is before us today.

Mr. CASTRO. Thank you, Chairman.

I would like to introduce a fellow San Antonian, Pedro Martinez. Mr. Martinez joined San Antonio Independent School District as its superintendent in June 2015. Since then, he has brought a laser like focus on improving academic achievement for the district.

In January 2016 Superintendent Martinez unveiled the SAISD blueprint for excellence, target 2020, a 5-year plan with 10 academic goals. The district has since seen a continued upward trajectory with strong gains in academic achievement. By 2019 its accountability ratings from the Texas Education Agency, the district received an overall grade of a B, a wide improvement from just a few years before where they received an F.

Throughout his 20 years of experience in education, Superintendent Martinez has received numerous awards and recognitions for his commitment to turning around educational systems that have struggled academically.

I want to thank him for being here today and for sharing his experience in the district.

One final note, Chairman, the San Antonio Independent School District, where I went to school, where my brother went to school, was part of probably the most significant case in education in the Nation's history, known as SAISD v. Rodriguez, which was decided by the Supreme Court in 1973 and unfortunately where the Supreme Court said that education is not a fundamental right in the United States. But since then so many folks have been working and fighting for the students of San Antonio and the students like them across our country.

Thank you, Superintendent, for being here.

Chairman SCOTT. Thank you.

I will now recognize Representative Guthrie to briefly introduce his constituent, Judge Metcalf.

Mr. GUTHRIE. Thank you. Thank you, Mr. Chairman Scott, for yielding. And I am proud to introduce the Honorable Mark Metcalf today. He is a constituent of mine, lives in one of my 21 favorite counties of Kentucky, Garrard County.

Mr. Metcalf is the Garrard County Attorney in Lancaster and he has been there since 1990. He has been the 2013 Kentucky's Outstanding County Attorney of the Year, and he has twice represented Kentucky before the U.S. Supreme Court, and is also Reserve Lieutenant Colonel in the Command Judge Advocate General.

Really appreciate him being here. I was in Garrard County, which is about two and a half hours from my home, on Monday and was going to say hello to him, but they said he is preparing for a hearing, so he should be prepared today because he was prepared on Monday for sure.

I would like to yield to my fellow Kentuckian, Mr. Comer.

Mr. COMER. Thank you, Representative.

And I just want to echo what Representative Guthrie said about Mark Metcalf. He has been a lifelong friend of mine. Appreciate your leadership, your public service. And Mark Metcalf is one of the premier immigration experts in Kentucky, so we are glad to have you here.

Representative Guthrie, I yield back.

Mr. GUTHRIE. I yield back, Mr. Chairman.

Chairman SCOTT. Thank you.

Dr. Olanrewaju Falusi is a pediatrician at Children's National Hospital in Washington, DC, a past president of the DC Chapter of the American Academy of Pediatrics, and an executive committee member of the AAP Council on Immigrant Child and Family Health. She has practiced and taught primary care pediatrics for over a decade and serves as a Medical Director of Advocacy Education at the Child Health Advocacy Institute at the Children's Hospital.

We appreciate all of the witnesses for being here today and look forward to your testimony. We remind the witnesses that we have read your written statements and they will appear in full in the hearing record.

Pursuant to Committee Rule 7(d) and committee practice, each of you is asked to limit your oral presentation to a 5-minute summary of your written statement. Let me remind the witnesses that pursuant to Title 18 U.S. Code Section 1001, it is illegal to knowingly and willfully falsify any statement, representation, writing, document, or material fact presented to Congress, or otherwise conceal or cover up a material fact.

Before you begin your testimony, please remember to press the button on the microphone in front of you so that it will turn on and the members can hear you. As you speak, the light in front of you will turn green. After 4 minutes the light will turn yellow to signal that you have 1 minute remaining. When the light turns red your 5 minutes have expired and we would ask you to wrap up.

We will let the entire panel make presentations before we move to member questions. When answering a question, please remember to once again turn your microphone on.

We will now begin with Dr. Barajas-Gonzalez.

TESTIMONY OF GABRIELA BARAJAS-GONZALEZ, PH.D., ASSISTANT PROFESSOR, DEPARTMENT OF POPULATION HEALTH, NYU SCHOOL OF MEDICINE

Ms. BARAJAS—GONZALEZ. Good morning, Chairman Scott, Ranking Member Foxx, and distinguished members of the committee. Thank you for inviting me to this important hearing. This is truly an honor.

I commend you all for your focus on this important issue and hope you find my testimony today useful.

Approximately 5 million U.S.-born children, that is about 7 percent of all children in K–12 schools living in the U.S., have at least 1 undocumented parent. Immigration policies and their enforcement have the potential to adversely influence millions of students in our Nation's schools.

I come before you today to share findings from my research with pre-K and K–12 educators, school-based mental health professionals, and parents from several regions across the country. The data I am gathering corroborates the growing literature base documenting the negative impact of immigration enforcement activity and threat of activity on children and school communities.

The immigration-related rhetoric that preceded the 2016 elections and subsequent immigration policy changes and enforcement practices have left many children and families with feelings of deep anxiety. I began this research, which consists of interviews with parents, educators, and mental health professionals after teachers, with whom we had been working with for 5 years as part of a longitudinal study of child development, started asking for resources to address the fear and angst they were seeing in their classrooms. Children and youth who perceive their parents to be vulnerable to immigration detention, regardless of parents' documentation status, are enduring various degrees of fear and anxiety at home, in their communities, and at school. Because children's perceptions of their own safety is closely linked to the perceived safety of their caregivers, many children with immigrant parents across the nation do not feel safe.

Children's anxieties and fears are being fueled by chronic uncertainty about their rights and their own safety and by a persistent and pervasive fear of losing a parent.

Given the negative pre-election immigration related rhetoric, when the results of the 2016 election were announced, some children believed that their parents would be immediately taken away by police or ICE agents. A 10-year-old asked his parents, am I going to have to care for my sisters? When do you have to go? Where are your suitcases?

In July 2019, after threats of national ICE raids, an 8-year-old panicked when she learned that her mother was going to go buy groceries and begged, don't go outside, mommy, I don't need to eat.

I share these examples to illustrate that children believe that their parents are in danger of being taken away from them at any

moment. Children are not only worried about their parents, but are also fearful for their own safety and that of their siblings.

What does this daily fear, uncertainty, and anxiety mean for children's learning and well-being? Children's perceptions of the current immigration climate may impact their learning and well-being in at least three ways. One, an inability to make it to school. For children, extreme worry and fear about their parents being detained may lead them to not want to do things that require them to be separated from their family, like going to school. Two, when they do make it to school, children may not be able to stay in school due to inconsolable distress. Three, an inability to focus when in school. Children are wondering if their parents will be home when they get home and are vigilant for threat in their everyday activities.

Teachers, school administrators, and mental health professionals indicate that they are being impacted in at least three ways. One, given the shortage of mental health professionals in schools, teachers and administrators are spending extra time trying to manage children's distress. Two, teachers and mental health professionals are spending extra time connecting to students who are absent. And, three, teachers, administrators and mental health professionals are also experiencing a range of emotions due to the current immigration climate, including anxiety, guilt, stress, uncertainty, and hopelessness.

Additionally, mental health professionals indicate they are being impacted by the climate in two additional ways. Their workload has increased and their work has gotten harder as the children already in treatment are getting harder to treat. Teachers, administrators, and mental health professionals indicate they want and need more professional development training around trauma informed approaches to education, training around implicit bias, legal resources to help navigate the current immigration climate, more mental health professionals and support for these professionals in schools.

Several counselors I spoke with were the only counselors for 500 students or for 750 students. The recommended ratio is 250 to 1.

I hope the information I have shared with you today provides a deeper understanding of the potential breadth and depth of harm caused to students who are vulnerable or perceive themselves to be vulnerable to our national immigration policies.

Thank you for the opportunity to share this research with you.
[The statement of Ms. Barajas-Gonzalez follows:]

R. Gabriela Barajas-Gonzalez
Assistant Professor of Population Health
Center for Early Childhood Health and Development
New York University School of Medicine

Testimony before the House Committee on Education and Labor

Growing Up in Fear:
How the Trump Administration's Immigration Policies Are Harming Children

December 4, 2019

Chairman Scott, Ranking Member Foxx, and distinguished members of the Committee, thank you for inviting me to this important hearing. As a developmental psychologist who strives to do policy relevant work in the area of child health and education, this is truly an honor. I commend you all for your focus on this important issue. I hope you find my testimony today useful.

I come before you today to share findings from my research with prekindergarten and kindergarten-12th grade educators, school-based mental health professionals and parents from several regions across the country. This qualitative research is intended to add to our understanding of the adverse impact of immigration enforcement activity, and the threat of enforcement activity, on children and school communities.¹ The data I am gathering through my research corroborates the growing literature base documenting the negative impact of immigration enforcement activity and threat of activity on children and school communities.²⁻¹²

The immigration-related rhetoric that preceded the 2016 elections and subsequent immigration policy changes and enforcement practices have left many children and families with feelings of deep anxiety.^{11,15} I began this line of research, which consists of interviews with parents, educators and mental health professionals, after teachers - with whom we had been working with for five years as part of a longitudinal study of Latino child development- started asking for resources to address the fearfulness and angst they were seeing in their classrooms.

From my own research and decades of existing work in developmental science, it is clear that the perceived hostility of current immigration policies, the communication about these policies, and the enforcement of these policies are having a negative impact on children and school communities.^{2,11,13-15} To illustrate this impact, I share some narrative from participants in my study around children's fears regarding their immigrant parents' safety. I then briefly discuss the way fear and uncertainty arising from the threat of immigration enforcement is having an adverse impact on children, teachers and school personnel, and mental health professionals. Finally, I discuss what teachers, school administrators and mental health professionals say they need to address the distress caused by immigration enforcement activity, and threat of activity, in their school communities.

Children and youth who perceive their parents to be vulnerable to immigration detention, regardless of parents' documentation status, are enduring various degrees of fear and anxiety at home, in their communities and at school.^{1,2,12} Because children's perception of their own safety is closely linked to the perceived safety of their caregivers¹⁶ many children with immigrant parents across the nation are not feeling safe. Children's anxiety and fear are being fueled by chronic uncertainty about their own safety and their rights, and by a persistent and pervasive fear of losing their parents.^{2,12,17}

Given the negative pre-election immigration-related rhetoric, when the results of the 2016 presidential election were announced, some children believed that their parents would be immediately taken away by the police or by Immigration and Customs Enforcement (ICE) agents. An 8-year-old said to his mother, "Mommy, when do you have to leave? Today or tomorrow?" A 10-year-old asks his parents, "Am I going to have to take care of my sisters? When do you have to go? Where are your suitcases?" In July 2019, after threats of national ICE

raids, an 8-year-old panicked when she learned that her mother was going to leave the home to buy groceries, and begged, “Don’t go outside mommy – I don’t need to eat.” I share these examples to illustrate that children of immigrants believe that their parents are in danger of being taken away from them at any moment. Children are not only worried about their parents, but are also fearful for their own safety and that of their siblings.

What does this daily fear, uncertainty and anxiety mean for children’s learning and well-being?

Children’s perceptions of the current immigration climate may have an impact on their learning and well-being in at least 3 ways: (1) an inability to make it to school (greater absenteeism); (2) an inability to stay in school; and (3) an inability to fully focus when in school.

Greater absenteeism

When children are extremely scared for their safety, they may experience separation anxiety reactions, and want to be with their primary source of care - their primary caregiver.¹⁸ For children, extreme worry and fear about their parents being detained may lead them to not want to do things that require them to be separated from their family - like going to school. For example, one mother of a 3rd grader shared her child’s rationale for staying home, “It’s better to stay in the house, that she wouldn’t go to school, that she would stay with me to take care of me so they (immigration) wouldn’t take me [...].”

Emerging studies confirm that immigration policies and immigration enforcement practices are linked to absenteeism.^{19,20} Absenteeism may either increase or decrease, depending on whether schools are perceived as safe places in times of increased risk of deportation or arrest.^{19,21} Analyses using the newly available Stanford Education Data Archive (SEDA),²² a dataset with average county achievement indicators across the U.S. for schools years 2008-2009 through 2012-2013, indicate larger gaps in chronic absenteeism between non-Latino White students and Latino students in the years that districts had more deportations occurring within 25 miles.¹⁹ Analysis of student attendance data in a high school district that serves an immigrant-dense community indicates that between 2013-2016, 27 unique incidents involving ICE arrests led to ~50,000 days of missed school among all high school students across four years. Effects were strongest for Latino students, students with a disability, students eligible for free or reduced priced lunch, English learners and migrant students.²⁰

Inability to stay in the classroom due to unmanageable distress

When children do make it to school, they may not be able to stay in their classroom due to their distress. Several of the mothers I interviewed shared that they have been called to school to console their young children because of children’s inconsolable crying. For example, one mother shared, “there was one day the teachers called us, ‘you know, you should come speak to your children because they are crying and crying, there is no one that can help them stop.’” The mothers end up having to take the children home from school because the children could not function apart from their mothers.

Difficulty focusing on curriculum when at school

When children are at school they are not able to fully engage in learning activities, given their constant worry about their parents' safety, and by extension, their own safety. Children are vigilant toward threat in their daily environment. For example, one elementary school principal shared with me, "I was outside doing supervision and then there was an airplane and a helicopter in the playground and all of a sudden all these kids started running and crying. Because they flew over the playground and they thought it was immigration watching them to come and pick them up. All of a sudden we have all these kids, one starts crying and [then] the other. We sent the first ones to the counselor and the next bell is ringing and there was another group of kids still playing, but they came in running. I remember bringing them back to the counselor and the counselor comes to me and says, 'they're afraid that the helicopter is going to pick them up.'"

In addition to principals, teachers and school based mental health professionals also shared with me that many children are having difficulty focusing in school due to worry and fear.¹⁴ One school-based mental health counselor that I interviewed stated, "The upper grades, I want to say third, fourth and fifth grade, kind of similar reactions. Children kind of shutting down in class and wanting to talk to someone about it and wanting to share their fears. Some children crying in class because they're just really fearful about what's going to happen to their parents."

Older students who are able to self-report are also reporting difficulty focusing in school due to concerns about their parents' safety.¹⁵ After the 2016 election, an adolescent shared, "I am not as happy. I live in fear. [My fears] don't let me concentrate in school. I'm always thinking if my parents are still with me if they haven't been deported."¹⁵ Youth are also describing how increased fear and anxiety influence their behavior, acknowledging that they are more cautious and hyperaware. In describing how she has been impacted by the 2016 presidential election, one 15-year-old describes "I have also become scared of cars that slowly roll by from where I live or cars going slowly wherever I'm at because I think it may be the immigration police...at some point I just won't be able to step outside of my house [because] of how bad my fears have gotten."¹⁵

Absenteeism, inability to stay in school due to distress, and inability to fully concentrate in school due to fear about immigration enforcement are all being noted by educators and mental health professionals. Some mothers shared with me that their children's grades have dropped. Educators participating in surveys after the 2016 election also note a drop in achievement.^{10,14} Given the length of time required to conduct and publish studies that can quantify the impact of immigration policies and enforcement since the 2016 election on academic achievement, there currently no published studies regarding the period since 2016.

Published studies examining immigration policies and enforcement practices and associations with indicators of achievement are using data from 2000-2016, if not earlier. That small, but growing, literature indicates that in addition to absenteeism, immigration policies and immigration enforcement practices are also related to grade retention and school dropout,²³ lower school enrollment,²⁴ and lower academic achievement.^{19,25} Studies indicate that immigration enforcement policies and practices may differ in their effects on student schooling based on the

magnitude or type of enforcement activity (e.g. a worksite raid in the community versus local partnership of police officers with immigration enforcement officers), proximity of immigration enforcement activity to schools, age of the students, and strength of partnership between local police officers and ICE agents.

For example, the first study to examine the relation between immigration enforcement and student achievement with administrative test score data from all U.S. counties was published October 2019.²⁵ That study uses math and English language arts test scores from school years 2008-2009 through 2012-2013, from the SEDA. Findings indicate a significant association between removal of individuals due to ICE activity and reduced achievement for Hispanic students, with counties experiencing higher levels of removals having larger decreases in achievement among Hispanic students. Given the drastic shifts in federal approaches to immigration enforcement since January 2017,²⁶ the link between greater immigration enforcement practices and absenteeism, achievement gaps, and lower academic achievement promises to be strengthened if students continue to be chronically fearful for their safety or for their families' safety. For example, in March, 2017, nearly 2,000 students stopped going to school in the days after ICE raids in Las Cruces, New Mexico.²⁷ Following the biggest ICE raid in U.S. history in August, 2019, more than 25% of a Mississippi school district's Latino student population was absent.²⁸

What is the impact of the perceived hostile immigration climate on educators and mental health professionals?

Teachers, school administrators, and mental health professionals indicate they are being impacted in at least 3 ways: (1) Teachers and administrators spend extra time trying to manage children's distress given a shortage of mental health professionals, (2) teachers and mental health professionals spend extra time connecting to students who are absent, and (3) teachers, school personnel and mental health professionals feel anxious due to the immigration climate.

Teachers and administrators spend extra time trying to manage children's distress given a shortage of mental health professionals

In some districts, school communities (defined as teachers, administrators, mental health counselors, paraprofessionals and support staff) are working with an "all hands on deck" approach to help manage the needs of children threatened by the current immigration climate. A principal shared with me, "We generally in a way need additional support to deal with the trauma of this. We have at our school 2 full-time counselors. Our school population is very close to 1000, just under a thousand, so our counselors are working very, very hard to address the needs of our kids. You know, that trauma manifests itself in different ways, so we have kids who are very sad when they come to school or they want to avoid coming to school. Many kids, some of them they're afraid to come and they are afraid mom and dad won't be there when they get back. We support families to help keep the kids to stay here, but all those personal interactions with kids who are having those types of trauma require a lot of time from admin and counselors."

Teachers and mental health professionals spend extra time connecting to students who are absent

A teacher shared, "It has become a challenge to work with students excessively absent due to immigration fears; contact numbers are constantly being changed." This challenge is echoed in larger survey studies of school personnel gauging the impact of the 2016 election.^{14,15}

Teachers, school personnel and mental health professionals feel anxious and uncertain due to the immigration climate

Teachers, administrators and mental health professionals share that they are also experiencing a range of emotions¹⁵ due to the current immigration climate including anxiety, guilt, stress, uncertainty and hopelessness.

A school mental health counselor I interviewed shared, "[...]but I really don't have hope that, you know, people won't be deported. It's kind of hard to, you know, to help people when you also feel like, well this is horrible and you may really have to have to go [...] So having to help people when I'm also stressed out about it, of course, not as much as they are. Not at all, you know, don't pretend that that's the case, but it's just, it's, you know, it's sad and it hurts."

One teacher shared, "I was having really severe anxiety for most of like around my children. It was so much triggered from the media, from the separation of families, from seeing the shootings, a mass shootings in the mall, to the extent that I saw children crying, mothers crying, families like on the media in the photos, to the extent that I was losing-my worry and fear around losing my children was like heightened to the extreme."

Mental health professionals are impacted in two additional ways: (1) their work load has increased and (2) their work is harder as the children already in treatment are getting harder to treat.

Mental health professionals are noticing that some children who are already in treatment are getting harder to treat because the children do not want to engage in social activities or are no longer disclosing as much about their home lives in an effort to protect their family. For example, a social worker shared, "This 8-year-old that we were talking about, she was already having some academic anxiety and then she was having a difficult time navigating peer relationships. One of the things that mom was doing, she was trying to get her involved in a sport like outside so that she could cultivate other relationships outside of school and it was a soccer team in the community [...] and she didn't want to go because it was in the park which was a public place and had more visibility [...] She doesn't want to be outside because like the police could be outside just coming through the park [...] Then a situation happened where I guess she saw on the news, I don't know if it was a specific raid or if somebody got picked up outside of a house of worship, then she didn't want to go to church. So that actually warranted a conference [...] about how fear can be paralyzing and can cause you not to engage in your day to day activities and things that you enjoy and the things that you enjoy are also what helps you cope with feeling anxious."

I quote a psychiatrist supervising the work of social workers, "the secrecy- they become - becoming electively mute a little bit. They don't want to share, they are afraid to share. And let alone when they see, for example, there was a situation one time when we call one of those codes-someone an aggressive patient-and the kids that were terrified. They saw some hospital police forget it. They were crying and I didn't know why at that time. I then found out, of course, it's like a PTSD phenomenon. Flashbacks, you know, they see someone, hear someone knock on the door without knowing for fear that it would be *la migra* [immigration enforcement agents]. And they're terrified. So they live in a constant state of fear. This is pervasive in them and it has become more difficult to treat because of the secrecy."

Mental health professionals and school personnel are also noting concern about students not receiving treatment they may need, given protocols prioritizing attention to children who disrupt the classroom.

The impact of our current immigration climate on students' well-being can look dramatically different. Some students express their fear, anxiety, and inability to regulate their attention outwardly,⁸ with behaviors that can't be missed, while others quietly struggle to process their lived experiences. Some mental health professionals are voicing concerns that much needed resources are not getting to all those in need. For example, a social worker shared, "Ok so if I think about the cohort of students that I know from my experience working directly with who are manifesting some of the impacts of how immigration would impact them or would impact their family - how they're outwardly manifesting them is still lower, observationally, than students who may or may not have the same needs but they have other academic, mental health, or development needs. So they're under the radar for lack of a better term. Traditionally, if we're thinking about safety and we have a kid that's throwing chairs you have to make sure like everybody's safe. But if we have a kid in the back of the room that's like writing down all of these really difficult feelings he's feeling about his family, about himself, that's not a thing that we know because we don't observe it. You know we see, 'oh Juan is a diligent student. He's always writing in his notebook. He's always you know so thoughtful and intentional' but we don't know what that thoughtful intentional practice contains. And we're not going to think about looking at it because right now he's in a safe space writing in his notebook; whereas, Jorge out here is throwing chairs. So we need to deal with that right away. That's the struggle."

What are school communities' needs to help address the adverse impact of the immigration climate?

Parents, teachers, administrators and mental health personnel are all indicating that schools need more mental health professionals and supports for these professionals. Several mothers I spoke with shared feelings of despair and frustration at not being able to get mental health supports for their children who were demonstrating symptoms of anxiety, despite their multiple attempts to do so at their child's school. In an interview, a school counselor talked about the need for more support given the diverse mental health needs of students, in addition to the anxiety from the immigration climate, "The other I think, which is just normally even though I have great support systems, looking into the future, I think burnout, it's tough. Sometimes it's tough to hear all these different things. For example, these last three weeks, we've had a really

big increase and self-harm and suicide in our students. It's not necessarily this topic, but numerous other ones that also come up as well". This counselor is the only counselor for 750 students. The American School Counselor Association recommends a ratio of 250-to-1.²⁹

School personnel are voicing a need for more professional development training around trauma informed approaches to teaching. Schools need more mental health professionals that understand that the behaviors being expressed by children who are constantly fearful about their safety and that of their family are normal given the current immigration climate. Not wanting to leave your mother's side when your father was just deported, fearing the sounds of helicopters, avoiding soccer games because of fear of ICE raids at the park – all of these behaviors are normal in the face of perceived threat. Mental health professionals and professional development that focuses on social emotional supports for children are needed to help learning communities manage distress. Mental health professionals need training and support to deepen their own trauma informed practice and to support the educators around them.

Teachers and mental health professionals are voicing a need for more training around implicit bias, noting that some school personnel are unaware of how their own interactions with children are causing children distress. A middle-school teacher I interviewed shared, "I think, um... the number one thing I can think of is like, like I know teachers are thought of generally as they care and stuff but I think teachers need their own, like school-wise training on checking their bias - like being more empathetic towards students who are going through that because, at least for my school, I work with a lot of white colleagues and I think sometimes they are not aware of their privilege, and their privilege can negatively affect the students that we're working with."

Teacher practices that elicit fear in students are also noted by some parents. For example, a parent shared that her son came home one day concerned about a "joke" his coach had made during soccer practice. Her son said to her, "You know what the coach said when we were practicing, there was a helicopter passing, like an airplane, he says 'Run! Run everyone, hide! Immigration is coming for you'. I said, 'what did you all do?', he said 'some of the boys threw themselves to the ground to hide'. I said, and what about him (referring to the coach), 'he was dying of laughter.'"

School communities want more legal resources.

Educators, parents and social workers indicate a need for more legal resources to help them navigate immigration changes in policy. A social worker shared with me, "One of the workshops they had I remember in early 2017 was an immigration workshop [...] I don't remember if it was legal aid, but it was some similar type of organization that came and was providing just general information because there was cause for concern. It was the largest turn out of a workshop that they've ever seen because people were very worried".

A school counselor shared with me, "we've had families come in, where especially recently, within the last few months, where a parent has been taken on their way to work. We have a lot of parents that work in landscaping and in the field. We've had, you know, if its dad that got taken, just the mom comes in, and will ask us, 'what do you guys think we should do?' Who do we turn

to for legal advice? We have some resources that we have just found. Now, as far if I have had uncertainty, absolutely."

Qualitative data corroborates quantitative studies, adding to our understanding of the multiple ways children and school communities are negatively impacted by harsh immigration climates

A growing evidence base indicates that immigration policies and immigration enforcement practices – marked by the coupling of immigration with legality and the partnering of police officers with immigration enforcement officers over the past few decades^{3,30} – are associated with significant child and adolescent anxiety and mental health distress.^{2,31-34} For example, a study with 397 U.S.-born Latino adolescents found that nearly half of the youth participants worried at least sometimes about the personal consequences of the US immigration policy (n = 178 [44.8%]), family separation because of deportation (177 [44.6%]), and being reported to the immigration office (164 [41.3%]). Those with high (versus low or moderate) scores on the Perceived Immigration Policy Effects Scale (PIPES)³⁵ had higher anxiety scores and worse sleep quality scores. Moreover, youth with high PIPES scores had a statistically significant increase in levels of anxiety between the first time they underwent a health assessment (before the 2016 presidential election, at age 14 years) and in the first year after the election (at age 16 years).²

The fear, distress, and chronic uncertainty regarding safety, resulting from perceived hostile enforcement practices and the threat of enforcement activity in children's daily spaces, merits concern from policymakers because the effects of living with chronic fear and uncertainty about one's safety can harm the developing brain and impair cognitive control and learning.^{36,37,38} As the examples shared above illustrate, children's immigration-related fears regarding their parents' safety – and by extension, their own safety – are having a detrimental impact on their health.^{2,31-34}

Approximately 5 million U.S. born children, 7% of all children in K-12 schools in the U.S., are living with at least one undocumented parent.³⁹ An additional 675,000 children under the age of 18 are living in the U.S. without formal legal status.³⁹ Immigration policies and their enforcement have the potential to adversely influence millions of students in U.S. schools, particularly – but not only^{3,10,12,14} – immigrant-origin and/or Latino/a students.

As a developmental psychologist, I have come to understand that, for some children, the chronic uncertainty regarding safety and fear born from a perceived hostile immigration climate is a form of psychological violence.¹ It is with a violence framework that researchers, educators, mental health providers and policy makers can begin to understand both the short term and long-term impact of chronic uncertainty and fear on children's well-being and academic achievement. The qualitative data I have shared with you today provides a deeper understanding of the potential breadth^{30,41} and depth of harm caused to students who are vulnerable, or perceive themselves to be vulnerable, to our national immigration policies. Further, this research provides insight into the challenges experienced by teachers, administrators and mental health professionals who work with communities that experience immigration enforcement activity or perceive immigration enforcement threat. School communities indicate a need for more mental health providers, more implicit bias training and trauma-informed supports, and access to legal resources to weather the negative impact of immigration enforcement activity, and threat of activity, on the lives of children. Thank you for the opportunity share this research with you.

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Chairman SCOTT. Thank you.
Mr. Martinez.

TESTIMONY OF PEDRO MARTINEZ, SUPERINTENDENT, SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Mr. MARTINEZ. Chairman Scott, Ranking Member Foxx, and members of the committee, thank you for providing me the opportunity to speak with you this morning about the issues facing immigrant students and their families in San Antonio and across the country.

My name is Pedro Martinez and I serve as the superintendent of the San Antonio Independent School District, SAISD in San An-

tonio, Texas. Our district covers the urban core of San Antonio, serving approximately 49,000 students in over 90 campuses.

I am also the board chair and member of Chiefs for Change, a nonprofit bipartisan network of state and district education leaders committed to increasing student outcomes. The more than 30 chiefs who are part of the network oversee education systems that collectively serve more than 7 million students. My fellow members and I share a core belief, that all children should be free to learn, free from fear, and that schools should be safe and welcoming places for all children and their families. It is not only our legal obligation to serve all of the students who come through our doors, but it is our moral obligation.

I sit before you today not as a Republican, not as a Democrat, but as an American, an immigrant, the leader of a school system that has been enriched by the presence of immigrant students. I am not here for a political debate, I am here to offer my perspective and the importance of serving all students well, regardless of their immigration status.

As someone who was born in Mexico himself, I know the experience of being an immigrant student, an English-language learner firsthand. With the support of the Chicago Public Schools, the Catholic Church, and a strong family of 12, I was able to succeed in becoming the first in my family to graduate from high school, from college, from graduate school, and being a naturalized citizen. It fills me with pride that most of my younger siblings followed in the same path. In fact, three of them are now teachers in the Chicago Public Schools.

Our story shows the greatness of this country. My parents never had a job where they earned more than \$7.00 an hour, and now all of their living children have risen out of poverty and are proud Americans, helping improve our Nation, including a veteran who served three tours in Iraq as a proud Marine.

In San Antonio we also have a history of proud high school graduates moving on to contribute to the workforce, the community, and the country. Nearly 9 out of every 10 students in our district identifies as Hispanic and Latino. Roughly 70 percent of our students are considered at risk, while 90 percent qualify as economically disadvantaged. But we continue to see improved performance across all of our subgroups. Graduation rates and college-going rates are on the rise, while dropout rates are falling. The diversity of our students is a source of strength and pride in our district.

San Antonio itself is a city rich with immigrants. They are productive and hardworking individuals who become great contributors to the community and our schools.

Having led SAISD for the past 4 1/2 years, I have seen a remarkable turn in conditions for our immigrant students and their families. Conditions in SAISD changed dramatically in the spring of 2017 after national elections and the Texas Legislature passing Senate Bill 4, which punished sanctuary cities and forced police to start looking at immigration status of our citizens. The combined effects of these events has led to fear in my community. This atmosphere has contributed to student attendance dropping, parents and other family members becoming less likely to attend school events, and some enrollment decline. I have witnessed a growing

culture of fear within the community among immigrants, many of them who are afraid to send their children to school because they fear arrest and deportation. These fears have risen in both documented and undocumented residents and undoubtedly impact the health and happiness of our students.

Here are some quotes that reflect the fear in San Antonio. Quote number one, "Although my children were born here in the U.S., I am always nervous about enrolling them in certain school programs that ask for my information. I don't want the school to know that I don't have status here." Quote number two, "I get so worried every time I drive my children to school. My neighbor recently got deported after the school stopped him and his children on their way to school. For this reason I don't drive as much or engage in school events." Quote number three, "I have a son in fifth grade who constantly asks me if I am going to get deported. It breaks my heart because I can't tell him that it won't happen to me."

I have witnessed the strength of the family unit and that is what it takes for these families to be so successful despite many incredible struggles. The fear of a tear in that family unit or the effort to regain strength because of a tear in that family unit, shows up as a great and enduring scar on the body of humanity, a great suffering for lack of compassion.

It is evident our community in San Antonio is dealing with trauma resulting from the uncertainty around the immigration status. In this environment we have built a strong response by creating a welcome center, we have trained our teachers and counselors, we partner with our community to ensure that all these children are successful. And I am seeing evidence of this every single day. As Representative Castro said, last year our district has the largest achievement gains in the entire State of Texas. We are now the fastest improving district in the state, even as we are dealing with these challenges.

But, again, we have had to partner with our community, with organizations, we have had to train our teachers and counselors to ensure that our children know their rights and that they are not afraid to come to school every day.

Thank you.

[The statement of Mr. Martinez follows:]

Chairman Scott, Ranking Member Foxx, and members of the Committee,

Thank you for providing me an opportunity to speak with you this morning about the issues facing immigrant students and their families, in San Antonio and across the country. My name is Pedro Martinez, and I serve as the superintendent of the San Antonio Independent School District (SAISD) in San Antonio, Texas. The district covers the urban core of San Antonio, serving approximately 49,000 students at over 90 campuses.

I am also the board chair and a member of Chiefs for Change, a nonprofit, bipartisan network of state and district education leaders committed to improving student outcomes. The more than 30 chiefs who are a part of the network oversee education systems that collectively serve more than 7 million students across the United States. My fellow members and I share a core belief that all children should be free to learn, free from fear—and that schools should be safe and welcoming places for all children and their families. It is not only our legal obligation to serve all students who come through our doors, but also our moral obligation.

As someone who was born in Mexico myself, I know the experience of being an immigrant student and an English Language Learner firsthand. With the support of the public schools in Chicago, the Catholic Church, and a strong family of 12, I was able to succeed in becoming the first in my family to graduate from high school, college, and graduate school. It fills me with pride that most of my younger siblings have followed the same path. In fact, three of them are now teachers in Chicago Public Schools. Our story shows the greatness of this country: My parents never had a job where they earned over \$7/hour—and now all of their living children have risen out of poverty and are proud Americans helping improve our nation including a veteran who served three tours in IRAQ as a proud marine.

In San Antonio, we also have a history of proud high school graduates moving on to contribute to the workforce, the community, and the country. Nearly nine out of every ten students in our district identifies as Hispanic/Latino. Roughly 70 percent of our students are considered at risk, while almost 90 percent qualify as economically disadvantaged. We continue to see impressive performance across all subgroups: graduation and college going rates are on the rise, while dropout rates are falling. The diversity of our students is a source of strength and pride for our district.

San Antonio itself is a city rich with immigrants. They are productive and hard-working individuals who become great contributors to the community and our schools. Even when families struggle because of lack of official paperwork, parents of immigrant children have been some of the most responsive and supportive parents in our community, at their school, and at their church. However, recently, San Antonio has felt more like “an underground culture” where people stay in the shadows, support others quietly, and rarely go to community resource centers for help.

Having led SAISD for the past 4 and a half years, I have seen a remarkable turn in the conditions for our immigrant students and their families. Conditions in SAISD changed dramatically in the spring of 2017 due to both the election of President Trump and the Texas legislature passing Senate Bill 4. The combined effect of these events has led to fear in my community. This atmosphere contributed to student attendance rates dropping, parents and other family members becoming less likely to attend school events, and some enrollment decline.

I have witnessed a growing culture of fear within the community among immigrants, many of whom are afraid to send their children to school because they fear arrest and deportation. These fears have risen in both documented and undocumented residents and undoubtedly impact the health and happiness of our students. Here are some quotes that reflect the fear in San Antonio:

- 1) “Although my children were born here [U.S.], I’m always nervous about enrolling them in certain school programs that ask for my information. I don’t want the school to know that I don’t have a status here.”
- 2) “I get so worried every time I drive my children to school. My neighbor recently got deported after the police stopped him and his children on their way to school. For this reason, I don’t drive as much or engage in school events.”
- 3) “I have a son in 5th grade who constantly asks me if I’m going to get deported. It breaks my heart because I can’t tell him that it won’t happen to me.”

I have witnessed that the strength of the family unit is what makes these families so successful despite many incredible struggles. The fear of a tear in that family unit, or the effort to regain strength because of a tear in that family unit, shows

up as a great and enduring scar on the body of humanity. A great suffering for lack of compassion.

It is evident that our community in San Antonio is dealing with trauma resulting from the uncertainty around immigration status. In this environment, we have built out a strong response by creating a Welcome Center that is a safe space for all families to get the support they need. Students from Mexico to Afghanistan have passed through our doors, and we will do whatever is necessary to ensure the students are prepared to succeed in school. Here, we provide academic testing, resources and social services by a Licensed Master Social Worker (LMSW) to our families.

Additionally, we partnered with community organizers, teachers, and local lawyers to design a handbook that spelled out the proper relationship between school district police and the community at our schools in both English and Spanish. The handbook clarifies the exact role of police in our schools and ensures that they do not act as immigration authorities. Our schools are open to everyone regardless of immigration status. That is the law, and we ensure that the law is followed at all of our campuses. To ensure that we are providing proper resources, we have also trained our counselors in best practices on how to support our immigrant students, their families, and fellow community members.

We have also made available trainings to all of our educators to ensure they are properly aware of these issues. Many teachers have also completed "Know Your Rights" trainings, and they have even led them for students in the district. As a result, our community is far more aware of the legal situation surrounding immigration and the rights that all people have. These trainings should create the conditions so that students can ideally excel in our public schools. Many schools in SAISD now host "Pláticas" which are conversations that are designed to be safe spaces for all students and families.

While it is illegal for us to inquire about our students' legal status, we know that we have many students who are not U.S. citizens. Since in SAISD, we want to make sure that all students have the opportunity to go to college, we have organized an annual Dream Summit for undocumented students to learn about opportunities for accessing higher education opportunities. Additionally, we have expanded our college counseling programs across the district, and have trained our staff to offer proper guidance to any undocumented students.

Overall, this immigration climate has made it far more challenging for SAISD. However, we see each day what is possible. Last school year, SAISD had the largest achievement gains of any large district in Texas. In the last four years, we have become the fastest improving urban district in the state of Texas. Thank you for the opportunity to share SAISD's story.

Chairman SCOTT. Thank you.
Judge Metcalf.

**TESTIMONY OF THE HONORABLE MARK H. METCALF, J.D.,
FORMER IMMIGRATION JUDGE**

Mr. METCALF. Thank you, sir. It is an honor to be here today to testify before this great committee.

Chairman SCOTT. Is your microphone on?

Mr. METCALF. I thought it was on, sir. I apologize.

It is an honor to be here today before this great committee. Mr. Chairman, thank you, Ranking Member Mrs. Foxx, thank you as well.

It is an honor. As a youth I served in this, the finest deliberative body the world has ever known. I briefed bills and attended hearings for my boss, and your colleague, Harold Rogers of Kentucky.

I want to talk about immigration today in a way that we can understand it at the ground level. America accepts more people to lawful permanent residents and citizenship than any nation in the world—all of them combined. In 2018 more than 756,000 people became U.S. citizens and since 2009 7.2 million naturalized citizens entered the fabric of our Nation. Immigration is among our proudest dynamics. It is a crown jewel in our crown.

And in 2017 there were 1.2 million persons that received lawful permanent residence. That is unheard of. Only in America do we have this kind of engagement with the world. Only in America. In Kentucky, and nationally, no distinction is made between children in our schools who do not have legal status and their native-born counterparts. Likewise, children get fed in school programs before school, during school, after school, and in the summer school feeding programs.

And since I am a prosecutor, I can tell you our state courts operate in the same manner. No false or invidious distinctions are drawn between the native born and the foreign born. All are treated on a case by case basis according to the facts and the law.

I was an immigration judge in Miami. I dealt every day with these issues. I instructed parents from the bench to get their children into school so they would grow up and have the best concept of this Nation. And even, I want to say to you—

Chairman SCOTT. Judge, you have a bottle of water in front of you. If you need anything else, just let us know.

Mr. METCALF. Thank you. I appreciate that, Mr. Chairman.

I even had pushback from some parents who said, Judge, I—through an interpreter—I want my children not to go to school this summer. I said I want your children in school and I need proof of that. And they got them into school.

Thank you, sir, I appreciate that.

But I also want to talk to you about disincentivizing illegal immigration. As a judge I also saw the dark side of immigration. In Miami, easily one half of my calendar never came to court. In 2005 and 2006, 59 percent of those ordered to appear in court never showed. Over the last 23 years in our court system, 38 percent of those people ordered to court never showed. Why does this affect these children? It is because these children are being trafficked.

I want to make certain that the committee understands when I walk out today—pardon this cold; I will talk through it, I promise—with the last 14 seconds I have left, I will assure you that the points I drive home today are that with order in our system we will have laws enforced, Mr. Chairman, that will dignify those children who are brought into the U.S., legal or illegal, so that they are protected and so that they reach the right places at the end of the process. Being placed in a UAC program is the right thing. And if you examine the numbers over the last 3 years, you will see that the Obama Administration and the Trump Administration were both vigorously placing children in the unaccompanied children programs that operated by the Office of Refugee resettlement. I think that is a good thing, and I think it reflects well on the Con-

gress, it reflects well on both the Obama and Trump Administrations, and it dignifies this Nation the way immigration should be dignified, by taking care, listen to all cases, and handling them with the blind justice that is required of our country.

Thank you, sir.

[The statement of Mr. Metcalf follows:]



December 4, 2019

Prepared testimony of Mark H. Metcalf given December 4, 2019 before the full House Committee on Education and Labor, Regarding the Impact of Current Immigration Policies on Children's Development

Chairman Scott, Ranking Member Ms. Foxx, and distinguished Members:

Thank you for this opportunity to testify today. It is an honor. As a youth, I served in this, the finest deliberative body the world has ever known. I briefed bills and attended hearings for my boss and your colleague, Harold Rogers of Kentucky. I am a grateful son of this great Nation and this sacred Chamber.

Introduction

America's immigration policies are without doubt the most welcoming and inclusive in the world. America accepts more people to lawful permanent residence and citizenship each year than the rest of the world combined. In 2017, 1,127,167 persons received lawful permanent residence.¹ In 2018, more than 756,000 people became U.S. citizens.² Since 2009, more than 7.2 million naturalized citizens entered the fabric of our nation. Immigration is among our proudest dynamics.³

Policies that affect border security are just as critical to families and children as policies that affect them after they enter the U.S. In Kentucky and nationally, no distinction is made between children in our schools who do not have legal status.⁴ Migrant status does not disqualify foreign-born children who are not here legally from participation in school lunch programs.⁵ Most of our public schools sponsor an office for migrant families, so that children and their parents have access to

¹ *Annual Flow Report*, Lawful Permanent Residents, August 2018, page 2, www.dhs.gov/sites/default/files/publications/Lawful_Permanent_Residents_2017.pdf

² *Naturalization Fact Sheet* 2018: During the last decade, U.S. Citizenship and Immigration Services (USCIS) welcomed more than 7.2 million naturalized citizens into the fabric of our nation. In fiscal year 2018, over 756,000 people were naturalized. www.uscis.gov/news/fact-sheets/naturalization-fact-sheet

³ *Id.*

⁴ *Plyler v. Doe*, 457 U.S. 202 (1982). Here the U.S. Supreme Court struck down a state statute denying funding for education to undocumented immigrant children in the United States and a municipal school district's attempt to charge an annual \$1,000 tuition fee for each student to compensate for lost state funding. The Court found that any state restriction imposed on the rights afforded to children based on their immigration status must be examined under an intermediate scrutiny standard to determine whether it furthers a "substantial" government interest.

⁵ *How to Participate in Summer Meals*, fns-prod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf

Testimony of Mark H. Metcalf before full House Committee on
Education and Labor

December 4, 2019

responsible government agencies. My wife, Julie, a school executive, feeds 4,500 children a day, some of them as many as 3 meals. Hunger is the sole criterion for service, not immigration status. During the summer, children—migrant children included—continue to eat through the USDA summer meals program.⁶

Our state courts operate in the same manner. No false or invidious distinctions are drawn between the native-born and foreign-born. All are treated on a case-by-case basis according to the facts and the law.

At our borders, the same is true. Policies put in place there are calculated to assure national and domestic security and affirmatively address the pleas of those seeking asylum. Adopting policies that accomplish both is well within our reach, noting that the profile of asylees will change over time and, as they do, so will the strategies and tactics of smugglers, traffickers, and cartels to achieve their criminal ends.

Children Detained Pending Placement

Allegations that Trump administration policies intentionally traumatized children through detention policies that separated them from their parents or, alternatively, did the same to unaccompanied children is false. Obama administration policies intended to discourage both accompanied and unaccompanied arrivals of children at the Southwest Border gave rise to detention policies that held children until safe placement of them could be made. Both DHS (Department of Homeland Security) and HHS (Health and Human Services) voiced concerns that some children were trafficked and were not related to those claiming to be their parents.⁷ Placement of children into the safe havens of UAC (Unaccompanied Children Program) by the Trump administration in fiscal year 2019 exceeded any year's placement by the Obama administration.⁸ (See statistics in column below.)

HHS lists by fiscal year the number of children it has unified with approved sponsors for both the Trump and Obama administrations. Statistics reveal concerted efforts by both Administrations to place children in homes and institutions in which they can thrive pending their immigration court hearings and potential removal dates.⁹ As unification statistics demonstrably show, when flow rates increased in 2019, HHS Trump officials placed more minors in the UAC program.

⁶*How to Participate in Summer Meals*, fns-prod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf

⁷*Unaccompanied Alien Children Released to Sponsors by State*, September 27, 2019, www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state

⁸*U.N. Expert Clarifies Statistic on U.S. Detention of Migrant Children*, www.npr.org/2019/11/20/781279252/u-n-expert-clarifies-statistic-on-u-s-detention-of-migrant-children

⁹*Unaccompanied Alien Children Released to Sponsors by State*, September 27, 2019, www.acf.hhs.gov/rr/resource/unaccompanied-alien-children-released-to-sponsors-by-state

Testimony of Mark H. Metcalf before full House Committee on
Education and Labor

December 4, 2019

FY 2013-14 – 53,515
FY 2014-15 – 27,840
FY 2015-16 – 52,147
FY 2016-17 – 42,497
FY 2017-18 – 34,815
FY 2018-19 – 72,593 ¹⁰

Lower unification numbers in prior years reflect lower flow rates at our Southwest Border—not a resistance by the Obama administration to place children.¹¹ Likewise, children held by the Obama administration in what were termed cages was not planned, but was instead a symptom of resources unable to meet the demand of then-higher flow rates at the border.¹² Under the highest flow rates since the early 2000's, Trump officials responded to the humanitarian challenges they faced by requesting \$4.6 billion to address housing, food, medical care, and hygiene.¹³ Congress wisely approved this measure.

Indeed, both the Trump and Obama administrations' policies endorsed caring for unaccompanied children with essentially the same objectives. DHS policy guidelines clearly outline their methods:

Unaccompanied alien children apprehended by the Department of Homeland Security (DHS) immigration officials are transferred to the care and custody of ORR (Office of Refugee Resettlement). ORR promptly places an unaccompanied child in the least restrictive setting that is in the best interests of the child, taking into consideration danger to self, danger to the community, and risk of flight. ORR takes into consideration the unique nature of each child's situation and incorporates child welfare principles when making placement, clinical, case management, and release decisions that are in the best interest of the child.¹⁴

¹⁰*Unaccompanied Children Release Data*, September 27, 2019. www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-released-to-sponsors-by-state

¹¹ Southwest Border Migration FY 2015-2020. www.cbp.gov/newsroom/stats/sw-border-migration

¹² AP FACT CHECK: Obama is a silent partner in Trump's boasts, Hope Yen and Calvin Woodward, June 24, 2019. States the article: Whether they are called prison cells or something else, Obama held children in temporary, ill-equipped facilities and built a large center in McAllen, Texas, that is used now. Democrats routinely and inaccurately blame Trump for creating "cages" for children. They are actually referring to chain-link fencing inside the McAllen center—Obama's creation. <https://apnews.com/fdbafe12784a759bc7c3a8e8dbcab>. See also Department of Homeland Security, Inspector General Report, July 2, 2019, OIG 19-51, Management Alert – DHS Needs to Address Dangerous Overcrowding and Prolonged Detention of Children and Adults in the Rio Grande Valley. <https://apnews.com/fdbafe12784a759bc7c3a8e8dbcab>

¹³ Senate Approves \$4.6 Billion Bill for Border With Fewer Restrictions, Emily Cochrane and Julie Hirschfeld Davis, New York Times, June 26, 2019. www.nytimes.com/2019/06/26/us/politics/child-migrants-senate.html

¹⁴ Unaccompanied Alien Children. www.acf.hhs.gov/orr/programs/ucs

Testimony of Mark H. Metcalf before full House Committee on
Education and Labor

December 4, 2019

These policies have been successful in removing children from harm's way, while also realizing a rule of law approach to border and interior enforcement.

Disincentivizing Illegal Immigration

Any attempts to disincentivize illegal immigration begins with border security, continues with effective courts, and ends with enforcement of court orders, regardless of the rulings. Protecting children from being used as pawns to gain entry into the U.S. is a primary goal of these efforts. These efforts are rewarded only when children admitted to the U.S. actually make it to court and when those who attempt to use them are brought to justice.

Among the most vexing problems facing American immigration courts is failures to appear (FTAs) in court. Over the last 23 fiscal years 38 percent of all aliens free pending trial at some point dropped out of their court proceedings and were ordered removed from the U.S. What are called *in absentia* orders—removal orders entered when an alien fails to attend an immigration court hearing—makeup nearly two-fifths of all immigration court orders handed down in non-detained courts (from 1996 through 2018, 1,040,073 in absentia orders out of 2,734,430 total orders were issued by judges in non-detained courts).¹⁵

In fact, removal orders for failure to appear compose 76 percent of all removal orders issued by the courts to those free before trial. Put differently, some 1,373,832 removal orders were issued to aliens the U.S. permitted to remain at-large before their trials. More than three-quarters of these litigants—1,040,073—abandoned their applications for relief from deportation and were ordered removed.

Recent experience along the Southwest Board is instructive. Like the Mexicans of a generation ago, present-day migrants from Central America are not fleeing persecution as our laws define it—hostility or ill-treatment because of one's race, religion, political opinion, nationality or membership in a particular social group. Instead, most are economic refugees whose treks from El Salvador, Honduras, and Guatemala follow the well-worn paths of those wanting better. Some 3.4 million Central Americans now live in the U.S., 85 percent of them from these three nations

¹⁵ See *Courting Disaster*, Center for Immigration Studies, <https://cis.org/sites/cis.org/files/metcalf-absent-enforcement.pdf> States the monograph at page 1: Of the 2,498,375 foreign nationals released on their own recognizance pending their court proceedings, 1,219,959 were ordered removed, 75 percent of them or 918,098 for failing to appear in court. See the EOIR statistical year books for: 2000, pp. L1-L2, Figures 15-17 and p. T1, Figure 23; 2005, pp. H1-H4, Figures 10-12 and p. O1, Figure 23; 2010, pp. H1-H4, Figures 10-12 and pp. O1, Figure 23; and 2015, pp. P1-P4 and Figures 23-26. Over the same period (1996 through 2015), 25 percent or 301,861 of those free pending trial actually litigated their claims. Dividing 918,098 by 20 (918,098 ÷ 20 = 45,904.9) reveals nearly 46,000 people on average failed to appear for their hearings in immigration courts each year and were ordered removed. See also *Skipping Court*, page 1. <https://cis.org/sites/default/files/2019-01/metcalf-skipping-court.pdf>. See also *Myths vs. Facts About Immigration Proceedings*, <https://www.justice.gov/eoir/page/file/1161001/download>. MYTH: Few aliens fail to attend their immigration court proceedings. FACT: Forty-four percent (44%) of all non-detained removal cases end with an *in absentia* order of removal due to an alien's failure to attend a scheduled immigration court hearing. (Author's Note: Revised figures for FY 2018 failures to appear in court or in *absentia* orders (as taken from the FY 2018 EOIR Statistics Year Book) will be provided to Committee Staff.

Testimony of Mark H. Metcalf before full House Committee on
Education and Labor

December 4, 2019

alone.¹⁶ Since October 2018, 1.3 percent of the Guatemalan, Honduran and El Salvadoran populations were arrested at our borders.¹⁷ Many that made it through disappeared once inside the U.S. Numbers tell the story.

From September 2018 through April 2019, immigration trial courts specifically convened to hear these asylum claimants issued 7,724 removal orders, 87.5 percent—or 6,764—of them for dodging court. Those who pled only weeks before that they entered as family units desperate to escape persecution absconded when given court dates.¹⁸ A 2006 Homeland Security report observed the same flight among those released from detention to pursue asylum claims. Few, it said, would ever be seen again.

In growing numbers over the last 6 fiscal years young children have become the all-purpose means to enter and remain in the U.S. So good, in fact, they are now “recycled” as essential parts in schemes calculated to obtain the sympathy of border officials and the benefit of asylum policies that favor at-risk children.¹⁹ Leaving the adults who gained entry by claiming them as their own, these children recross the border, join another group, and repeat the fraud. Cross-referencing their bio-metric databases, Customs and Border Patrol (CBP) agents found some 600 kids had been trafficked multiple times to claim kinship with unrelated people. In 30 percent of cases at several entry points, DNA testing showed no matches among individuals seeking asylum as family members.²⁰ Sixty-two percent of all arrests on the Southwest Border today are composed of

¹⁶ Central America migration: Facts, FAQs, and how to help. World Vision. www.worldvision.org/refugees-news-stories/central-america-migration-facts.

¹⁷ Alex Nowrasteh, 1.3 Percent of All Central Americans in the Northern Triangle Were Apprehended by Border Patrol This Fiscal Year – So Far. www.cato.org/blog/13-percent-all-central-americans-northern-triangle-were-apprehended-border-patrol-fiscal-year

¹⁸ Natalie R. Asher, Immigration and Customs Enforcement, May 8, 2019. www.ice.dhs.gov/sites/default/files/documents/Testimony/2019/190508asher.pdf. Due to limitations on DHS's ability to detain family units during removal proceedings, the U.S. Department of Justice's Executive Office for Immigration Review (EOIR) created an Expedited Docket in 10 cities across the country. From the end of September through late April, EOIR has issued 7,724 orders of removal to aliens on that docket, including many who failed to appear for their court hearings. Specifically, 6,764 of these orders—87.5 percent—were issued in absentia after the aliens failed to appear. So far, approximately one out of every six new cases filed on these dockets has resulted in an in absentia order of removal because the alien failed to appear.

¹⁹ Steve Dinan, *Washington Times*, November 13, 2019. www.washingtontimes.com/news/2019/nov/13/more-600-children-recycled-migrant-smugglers-border/. Stated the article: More than 600 children were “recycled” through the border over the last year, including some who were carried across eight times, by a different person each time, looking to exploit law policies to gain a foothold in the U.S., a top ICE official told Congress on Wednesday. And those are only cases that were detected, officials said. The recycled children are one of the more disturbing aspects of illegal border flow over the last 12 months, which set records for the number of children and families who snuck into the U.S. The families were drawn by a lax policy, imposed by a federal court that gives adults a quick release into communities as long as they brought a son or daughter with them. The result was massive levels of fraud, with adults renting or outright buying unrelated children in order to present themselves as a family, authorities said. In some cases it was a one-off, but in other instances children were “recycled” across the border multiple times, said Derek N. Benner, acting deputy director at U.S. Immigration and Customs Enforcement.

²⁰ Anna Giaretta, *Washington Examiner*, May 18, 2019. [https://www.washingtonexaminer.com/policy/defense-national-security/dna-tests-reveal-30-of-suspected-fraudulent-migrant-families-were-unrelated](http://www.washingtonexaminer.com/policy/defense-national-security/dna-tests-reveal-30-of-suspected-fraudulent-migrant-families-were-unrelated). Stated the article: In a pilot program, approximately 30% of rapid DNA tests of immigrant adults who were suspected of arriving at the southern border with children who weren't theirs revealed the adults were not related to the children, an official involved in the system's temporary rollout who asked to be anonymous in order to speak freely told the *Washington Examiner*. “There's been some concern about, 'Are they stepfathers or adopted fathers?'” the official said. “Those were

Testimony of Mark H. Metcalf before full House Committee on
Education and Labor

December 4, 2019

families, a 374 percent increase over 2018. Distinguishing the authentic from the fraudulent is made more difficult when young lives are at stake—and smugglers know it.

Reform is needed. Immigration—one of America’s most powerful dynamics—is unmatched by courts and enforcement of equal strength. Among the most commonsense solutions to protect children and our borders hardened by barriers, increased use of safe camps outside the U.S. pending asylum decisions, standard use of bio-metric testing for familial relationships, robust interior enforcement, pretrial detention for suspect border crossers, and broader prosecution of immigration crimes, specifically those involving children. Moreover, a fully empowered immigration court system is long overdue. Feeble courts issue deportation orders by the thousands each year without authority to enforce them. Nowhere in America’s 20-year old Interior Enforcement Strategy is any mention of improved immigration courts and enforcement of removal orders. Dysfunction is not only systemic, it is organic.

Dignifying all that has gone before to elevate the foreign-born into our national life, more is needed now that assures rule of law solutions continue this process. Both confidence and caution are warranted. One in seven of our neighbors was born elsewhere. Yet, a quarter of them are here illegally. Immigration policy done right—by attracting the talented, redeeming the persecuted, and removing the offender—serves the greatest prizes of all: American citizenship and the positive continuance of our American Experiment.

Thank you, Mr. Scott and Ms. Foxx for this opportunity to appear before you today.

not the case. In these cases, they are misrepresented as family members." In some incidents where Immigration and Customs Enforcement told the adults they would have to take a cheek swab to verify a relationship with a minor, several admitted the child was not related and did not take the DNA test..."

Chairman SCOTT. Thank you.
Dr. Falusi.

TESTIMONY OF OLANREWAJU FALUSI, MD, FAAP, PEDIATRICIAN AND EXECUTIVE COMMITTEE MEMBER, AMERICAN ACADEMY OF PEDIATRICS' COUNCIL ON IMMIGRANT CHILD AND FAMILY HEALTH, PAST PRESIDENT, AMERICAN ACADEMY OF PEDIATRICS' D.C. CHAPTER

Dr. FALUSI. Chairman Scott, Ranking Member Foxx, and members of the committee, thank you for the opportunity to speak here today.

I am Dr. Olanre Falusi, a pediatrician in D.C. and executive committee member of the American Academy of Pediatrics, or AAP, Council on Immigrant Child and Family Health. I am testifying here today on behalf of the AAP and its 67,000 members.

The AAP is nonpartisan and pro-child. Pediatricians care about the health and well-being of all children, no matter where they or their parents are born. Currently, 1 in 4 children in the United States lives in an immigrant family, and 9 out of 10 children in immigrant families are U.S. citizens.

Today's anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement create and perpetuate unprecedented challenges for this growing population of young people, resulting in both short and long-term negative developmental outcomes that are costly for children and for society.

I have witnessed this in my own practice. Children with undocumented parents complain of headaches and generalized pain brought on by the extreme stress and fear of knowing that their parents may be deported at any moment. I have seen patients decline to participate in SNAP, WIC, and Medicaid, despite the fact that they are eligible for these programs, but they fear that use of these benefits may harm their or their parents' green card applications under today's proposed public charge rules.

I am especially troubled when I see parents with newborns refusing WIC benefits. Caring for newborns is a privilege for me. They have an entire lifetime ahead of them full of promise and opportunity. We know that their future is brighter when they have access to healthy nutrition to help build a brain and body that are healthy. However, over the last 2 years, more and more parents in my practice are declining to apply for WIC, including a 4 day old boy who I saw recently, who was born in a local hospital and thus is a U.S. citizen and would most likely qualify for WIC, but his parents were hesitant to apply because they were afraid that they might jeopardize their ability to stay in the United States. They knew about the breastfeeding support, formula, and food benefits that WIC offers, but unfortunately, due to anti-immigrant rhetoric around the use of these programs, they have decided to avoid these services.

I have also cared for patients who are separated from their families as a result of various Federal policies. When children live in fear of being separated from a family member, it can impact their health and development. As children develop their brains change in response to environments and experiences. Fear and stress, particularly prolonged exposure to stress, that serious stress, and the absence of the buffering relationships of caring adults, also known as toxic stress, can harm the developing brain and harm short and long-term health.

When little bodies are in constant fight or flight response, stress hormones remain elevated, continuously activating the nervous system and suppressing the immune system. The critical role of a parent or a known caregiver is to buffer this stress. But separation from a parent robs children of this buffer. Separated children can thus face immediate health problems, including physical symptoms like headaches and stomach pain, changes in body functions, like eating and sleeping and toileting, behavior problems, difficulty with

learning and memory. Children who have been separated may also experience feelings of mistrust, embarrassment, guilt, or shame.

In the long-term, children who have been separated may be susceptible to chronic conditions, such as depression, post-traumatic stress disorder, diabetes, and even heart disease.

Despite the challenges that immigrant families and children face, many offer tremendous assets and demonstrate remarkable resilience. Resilience is fostered through strong family relationships and community support. Policies that support immigrant families, such as the Deferred Action for Childhood Arrivals program, or DACA, have demonstrated positive impacts on the development of children in this country.

The mental health benefits to children whose mothers are protected by DACA, and therefore protected from the fear of deportation, are large and clinically significant. Children who did not live in fear that their parent may be detained and deported saw significantly decreased diagnoses of adjustment disorder and anxiety disorder.

As a pediatrician I know that children and families who have faced trauma can begin to heal with trauma informed approaches and community support. As such, children in immigrant families should have access to nutrition, education, legal representation, and other essential services to support their growth, development, and capacity to reach their full potential.

We must continue to support all immigrant children and families in the U.S. and treat them with dignity and respect.

Thank you for the opportunity to testify here today and I look forward to answering your questions.

[The statement of Dr. Falusi follows:]



Testimony of Olanrewaju Falusi, MD, FAAP

Pediatrician and Executive Committee Member of the AAP Council on Immigrant Child and Family Health
On Behalf of the American Academy of Pediatrics

Before the U.S. House of Representatives
Committee on Education and Labor

"Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children"

December 4, 2019

Chairman Scott and Ranking Member Foxx, thank you for the opportunity to testify here today. I am Dr. Olanrewaju Falusi, a pediatrician in D.C. and executive committee member of the American Academy of Pediatrics, or AAP, Council on Immigrant Child and Family Health. The AAP is a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of all infants, children, adolescents, and young adults. The AAP is non-partisan and pro-children. Pediatricians care about the health and well-being of **all** children—no matter where they or their parents were born. That's why we have been speaking out strongly in response to several recent policies that negatively impact the ability for children in immigrant families to reach their full potential.

Currently, **1 in 4** children in the United States lives in an immigrant family.¹ This includes children who are foreign born as well as those who were born in the United States and have at least one parent who was foreign born. The immigration status of children and their parents relates directly to their subsequent access to and use of health care, perceived health status, and health outcomes.² Family immigration status is intertwined with other social determinants of health, including poverty, food insecurity, housing instability, discrimination, and health literacy.³ Like all children, children in immigrant families thrive when they are happy and healthy. Children are not just little adults. Children have unique needs including medical, developmental, dietary, and other physical needs and, as such, our immigration system must recognize this reality.

Today's anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement create and perpetuate unprecedented challenges for this growing population of young people, resulting in short- and long-term negative developmental outcomes that are costly for children and society.⁴ I've witnessed this in my own practice. Children with undocumented parents complain of headaches and generalized pain, brought on by the extreme stress and fear of knowing their parents may be deported at any moment. I've seen patients decline to participate in SNAP, WIC, and Medicaid despite the fact that they are eligible for these programs because they fear that use of these benefits may harm their or their parents' green card application under proposed public charge rules. I've also cared for patients who were separated from their families as a result of various federal immigration policies. These children are suffering from the short- and long-term effects of toxic stress that will impact their development and their life course.

Despite the challenges that immigrant children and families often face, many offer tremendous assets and demonstrate remarkable resilience. Resilience is fostered through strong family relationships and community support.⁵ Policies that support immigrant families, such as the Deferred Action for Childhood Arrivals Program, or DACA, have demonstrated positive impacts on the development of children in this country.⁶ More should be done to ensure that children in immigrant families are welcomed into the United States and have access to the resources that they need to thrive.

Toxic Stress

Pediatricians are seeing how recent federal actions related to immigration are taking a toll on the health and well-being of children in immigrant families. When children are scared, it can impact their health and development. As children develop, their brains change in response to environments and experiences. Fear and stress, particularly prolonged exposure to serious stress in the absence of buffering relationships with caring adults – known as toxic stress – can harm the developing brain and harm short- and long-term health. The

pervasive fear, anxiety, and trauma felt by immigrant communities will impact these children for years to come. Policies like zero tolerance, family detention, increased interior enforcement, public charge, and the repeal of DACA all contribute to toxic stress and impact the short and long-term health of children in the United States.

One of my patients is a sweet, chatty girl who I will call "Flor." When I saw her for her 9-year-old check-up, rather than excitedly sharing her most recent school accomplishment, she started to tell me about scary feelings she was experiencing. She was having episodes of sudden crying and feeling that her heart was beating too quickly. She told me that she didn't know what was causing these episodes, but she said over and over through tears that she was worried that "something is going to happen to my mom." Flor knew that though she was born in the U.S., her mom was not, and she was increasingly worried that her mom would somehow, in her words, "get hurt" based on what she had heard about immigrant families in their community. She was also starting to have trouble concentrating in school and felt she could relax only when she saw her mom at the end of the day. This was a 9 year-old feeling powerless and unsure about what would happen to the person who loves and understands her more than anyone else, now culminating into unbearable anxiety and panic attacks.

Impact of Toxic Stress

In addition to short-term changes in observable behavior, toxic stress in young children can lead to less outwardly visible yet permanent changes in brain structure and function.^{vi} The plasticity of the fetal, infant, and early childhood brain makes it particularly sensitive to chemical influences, including stress hormones, and there is growing evidence from both animal and human studies that persistently elevated levels of stress hormones can disrupt its developing architecture.^{vii}

The potential consequences of toxic stress in early childhood for the pathogenesis of adult disease are considerable. At the behavioral level, there is extensive evidence of a strong link between early adversity and a wide range of health-threatening behaviors. At the biological level, there is growing documentation of the extent to which both the cumulative burden of stress over time and the timing of specific environmental insults during sensitive developmental periods can create structural and functional disruptions that lead to a wide range of physical and mental illnesses later in adult life.^{viii} These effects can also be epigenetic, meaning they alter an individual's DNA structure and result in passing on of these effects to the next generation.

Beyond its strong association with later risk-taking and generally unhealthy lifestyles, it is critically important to underscore the extent to which toxic stress in early childhood has also been shown to cause physiologic disruptions that persist into adulthood and lead to frank disease, even in the absence of later health-threatening behaviors.^x For example, the biological manifestations of toxic stress can include alterations in immune function and measurable increases in inflammatory markers, which are known to be associated with poor health outcomes as diverse as cardiovascular disease, viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and depression.^{xii} Thus, toxic stress in early childhood not only is a risk factor for later risky behavior but also can be a direct source of biological injury or disruption that may have lifelong consequences independent of whatever circumstances might follow later in life.^{xiii} In such cases, toxic stress can be viewed as the precipitant of a physiologic memory or biological signature that confers lifelong risk well beyond its time of origin.^{xiv}

Over and above its toll on individuals, it is also important to address the enormous social and economic costs of toxic stress and its consequences for all of society. The multiple dimensions of these costs extend from differential levels of civic participation and their impacts on the quality of community life to the health and skills of the nation's workforce and its ability to participate successfully in a global economy. The impact of the Trump Administration's immigration policies will have downstream impacts on our nation for years to come.

Family Separation

Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families.^{**} We know that children who have been separated from their families can have a host of health challenges, including developmental delays like those in gross and fine motor skills, regression in behaviors like toileting and speech, as well as constant stomach and headaches. A parent or a known caregiver's role is to mitigate the dangers of toxic stress. When robbed of that buffer, children are susceptible to a variety of adverse health impacts including learning deficits and chronic conditions such as depression, post-traumatic stress disorder and even heart disease.

The government's practice of separating children from their parents at the border counteracts every science-based recommendation I have ever made to families who seek to nurture and protect their children's physical, intellectual, and emotional development. Children, who have often experienced terror in their home countries and then additional trauma during the journey to the US,^{**} are often re-traumatized through processing and detention in Customs and Border Protection (CBP) facilities not designed for children. This trauma is profoundly worsened by forced separation from their parents. It can lead to long term mental health effects such as developmental delays, learning problems and chronic conditions such as hypertension, asthma, cancer, and depression. Children who have been separated may also be mistrusting, questioning why their parents were not able to prevent their separation and care for them. A child may show different behaviors in response to exposure to traumatic events like separation from parents depending on their age and stage of development. Some of these signs of distress are listed in the chart below.^{**}

Preschool children	Elementary school children	Middle and high school-aged youth
<ul style="list-style-type: none"> • Bed wetting • Thumb sucking • Acting younger than their age • Trouble separating from their parents • Temper tantrums • Aggressive behavior like hitting, kicking, throwing things, or biting • Not playing with other kids their age • Repetitive playing out of events related to trauma exposure 	<ul style="list-style-type: none"> • Changes in their behavior such as aggression, anger, irritability, withdrawal from others, and sadness • Trouble at school • Trouble with peers • Fear of separation from parents • Fear of something bad happening 	<ul style="list-style-type: none"> • A sense of responsibility or guilt for the bad things that have happened • Feelings of shame or embarrassment • Feelings of helplessness • Changes in how they think about the world • Loss of faith • Problems in relationships including peers, family, and teachers • Conduct problems

Fear of Deportation

Even the threat of separation from their parents can cause children to suffer significant physiological stress that threatens their mental and physical health and their overall development, not to mention the harm to them caused by the actual detention and deportation of their parents. When parents are detained or deported children are at risk of losing parental nurturance, income, food security, housing, access to health care, educational opportunities, and the sense of safety and security that is the foundation of healthy child development.

A 2013 study of family unity and health among mixed-status families (families with at least one undocumented parent and at least one U.S.-citizen child) found that almost 75% of undocumented parents reported signs of PTSD in their children, compared with 40% of documented parents.^{xvi} A 2017 study across six states found that children as young as three years old are expressing fear about losing a parent to deportation and demonstrating those fears through words and troubling behaviors.^{xvii}

The anxiety, depression, and other symptoms that children experience when faced with potential separation interferes with cognitive ability and focus. Further, behavioral issues like aggression that result from experiencing trauma can interfere with concentration and attendance in school. Children in families under the threat of detention or deportation will achieve fewer years of education than children of United States citizens, and they face challenges in focusing on schoolwork, potentially translating into less income as adults.^{xix}

The fear of deportation and exposure to immigration raids also negatively impacts birth outcomes, putting babies at risk for adverse health outcomes. In one study, infants born to Latina mothers had a 24 percent greater risk of low birthweight after an immigration raid when compared with the same period one year earlier, increasing the risk for subnormal growth, illnesses, and neurodevelopmental problems.^{xviii} In another study of women in New York City pre- and post-inauguration in 2017, the relative risk of preterm birth among Hispanic women increased 1.15% due to severe sociopolitical stressors such as heightened fear of deportation.^{xxi}

Family Detention

Some have suggested that an alternative to separating families is to increase the use of Immigration and Customs Enforcement (ICE) family detention. However, family detention is neither a safe nor an effective solution to addressing the forced separation of children and parents at the border. The AAP Policy Statement entitled *Detention of Immigrant Children* recommends that immigrant children seeking safe haven in the United States should never be placed in ICE detention facilities. There is no evidence that any amount of time in detention is safe for children.^{xvi} In fact, even short periods of detention can cause psychological trauma and long-term mental health risks for children.^{xviii} Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression and posttraumatic stress disorder.^{xviii} Detention itself undermines parental authority and the capacity to respond to their children's needs; this difficulty is complicated by parental mental health problems.^{xviii} Parents in detention centers have described regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression.^{xviii}

Specifically, detention of youth is associated with physical and mental health symptoms that appear to be caused and/or worsened by detention. A study of children ages 3 months to 17 years in a British immigration

detention center revealed physical symptoms that may include somatic complaints (e.g., headaches, abdominal pain), weight loss, inability to manage chronic medical problems, and missed follow-up health appointments including those for vaccinations, developmental and educational problems, and mental health symptoms including anxiety, depression, and reemergence of post-traumatic stress disorder.^{xxxii} In a systematic review that explored risk and protective factors for the psychological wellbeing of children and youth who were resettled in high-income countries, the authors indicate that adverse events during and after migration may be more consequential than pre-migration events. Specifically, the authors conclude that detention of immigrant children and youth is particularly detrimental to mental health and an example of trauma for which impact is cumulative.^{xxxiii}

Nutrition

As a practicing pediatrician, I see the benefits of consistent access to nutritious foods on the health and development of children. Access to sound, appropriate nutrition is fundamental to achieving and sustaining optimal child health and well-being into adulthood. The inability to consistently provide food creates stress in families, contributing to depression, anxiety, and toxic stress. Immigration policies that restrict immigrant families' access to nutritious foods, like the public charge rule, have a detrimental impact on the development of children in the United States and their ability to reach their full potential. Immigrant families, like all families, should have access to healthy nutrition where they learn, live, and play.

Importance of Federal Nutrition Programs

Exciting new data shows the short- and long-term impacts of investments in nutrition and health care during the prenatal and early childhood years. The time period from pregnancy through early childhood is one of rapid physical, cognitive, emotional and social development, and because of this, this time period in a child's life can set the stage for a lifetime of good health and success in learning and relationships or it can be a time when physical, mental and social health and learning are compromised.

Optimal overall brain development in the prenatal period and early years of life depends on providing sufficient quantities of key nutrients (e.g. protein, long-chain polyunsaturated fatty acids, iron, copper, zinc, iodine, folate, choline, and vitamins A, B6, and B12) during specific sensitive time periods. These periods coincide with the times when specific brain regions are developing most rapidly and have their highest nutrient requirements.^{xxxiv} Nutrients such as protein, zinc, iron, folate, and others have demonstrated effects on brain development and are commonly deficient in pregnant women and young children in the U.S. These deficiencies can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores. Some of these effects may be long-term.

Children deserve the best possible chance at success and that means no child should have to struggle with food insecurity. Families and children do not only feel the effects of hunger just as missed or meager meals; food insecurity manifests itself in many other biopsychosocial outcomes, including health, education, and economic prosperity.^{xxxv} As with many pediatric conditions, the health effects of food insecurity and associated malnutrition may persist beyond early life into adulthood.^{xxxvi} A substantial body of literature also links early childhood malnutrition to adult disease, including diabetes, hyperlipidemia, and cardiovascular disease.^{xxxvii} Studies of the outcomes of food insecurity in childhood suggest that it may be an example of ecologic context modifying individual physiologic function.^{xxxviii} Combined, these negative effects can contribute to a less competitive workforce for the nation and higher health costs.^{xxxix}

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted, time-limited supplemental public health nutrition program that serves roughly 7.6 million women, infants, and young children across the United States each month. The WIC food package is specifically designed to ensure that pregnant mothers and young children receive the nutrients that are essential to a healthy pregnancy, proper brain development, and long-term health. Prenatal WIC participation is associated with lower infant mortality rates, higher birth weights, and fewer pre-term births.^{xxxv} WIC also improves breastfeeding rates. It has been estimated that \$13 billion per year would be saved if 90% of US infants were breastfed exclusively for six months.^{xxxxi}

By connecting families to preventative health services and improving health outcomes for its participants, WIC is contributing to substantial healthcare cost savings. For example, pre-term births cost the U.S. over \$26 billion a year,^{xxxxii} with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.^{xxxxiii} For very low birth-weight babies, a shift of one pound at birth saves approximately \$28,000 in first year medical costs.^{xxxxiv}

School Meals

Good nutrition is essential to health, and good health is essential to effective learning. The National School Lunch program provides nutritionally balanced, low-cost or free lunches to about 30 million children each school day. Roughly 14 million children receive breakfast in their school. Children typically consume up to half of their daily calories in school, and for some children, the only food they eat each day comes from the federal school meal programs.

Fear, stigma, paperwork requirements, and financial constraints are all barriers to children participating in free- or reduced-price school meals. All children should have access to the school meals they need to help them thrive.

The Community Eligibility Provision (CEP), created by the Healthy Hunger Free Kids Act, is an example of an innovative program that increases access to school meals. CEP allows schools in low-income communities to serve free breakfast and lunch to all students without requiring their families to complete individual applications, thereby reducing stigma and making participation in the school meals programs easier for families. Importantly, it has reached more than 9.7 million children in more than 20,700 schools in the 2016-2017 school year, over half of all eligible schools. CEP has been critical to lessening the administrative burden on schools, increasing participation, and facilitating implementation of alternative breakfast service models.

SNAP

The Supplemental Nutrition Assistance Program (SNAP) is the largest program in the domestic hunger safety net and offers nutrition assistance to millions of eligible, low-income individuals and families. Like poverty, food insecurity is a dynamic, intensely complex issue. For many families, seemingly small changes to income, expenses, or access to federal or state assistance programs may instantly reduce the ability to purchase healthy food and result in increased vulnerability to food insecurity. In fact, one in six children in this country live in food insecure households. In an average month, more than 40 million Americans access SNAP benefits.

Children who are hungry and live in households where food is scarce have difficulty learning, and are more likely to experience educational, health, and behavioral problems as a result. Being food insecure makes

families especially vulnerable to obesity due to the additional risk factors associated with poverty including limited resources, lack of access to healthy, affordable foods, fewer opportunities for physical exercise, high levels of stress, and limited access to health care.

Children in immigrant families that receive SNAP benefits are more likely to be in good or excellent health, be food secure, and reside in stable housing.⁴¹ These families also have more resources to afford medical care and prescription medications, compared to families who do not participate in SNAP.⁴² Significantly, an additional year of SNAP eligibility for young children with immigrant parents is associated with significant health benefits in later childhood and adolescence.⁴³

Chilling Effect

Access to federal nutrition programs, including WIC, the National School Lunch Program (NSLP) and School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), SNAP, and the Summer Food Service Program (SFSP), is essential to reducing food insecurity and promoting access to healthy, nutritious foods among children and their families. Unfortunately, many of the immigrant families that I see in my practice are hesitant to access these effective programs—even though they are eligible for them. Proposed changes to the public charge determination have brought on a “chilling effect” that has drastically reduced immigrant families’ willingness to participate in these programs.

I am especially troubled when I see parents of newborns refusing WIC benefits. Caring for newborn babies is a privilege for me, knowing that they still have an entire lifetime ahead of them, full of promise and opportunity. We know that their future is brighter when they have access to healthy nutrition to build a healthy brain and body. However, over the past 2 years, more and more parents in my practice are declining to apply for WIC, including a 4-day-old boy who I saw recently. He was born in a local hospital and thus is a U.S. citizen and would most likely qualify for WIC, but his parents were hesitant to apply because they were afraid that they might jeopardize their ability to stay in the U.S. They knew about the breastfeeding support, formula, and food benefits that WIC offers, but unfortunately, due to anti-immigrant rhetoric around use of these programs, they have decided to avoid these services.

This is not just happening in DC. WIC clinics across the country report that clients have cancelled appointments and requested that their personal information be deleted from WIC’s files. Some clients have even attempted to return food benefits and breast pumps. In a 2018 survey of health care providers in California, more than two-thirds (67 percent) noted an increase in parents’ concerns about enrolling their children in Medi-Cal (California’s Medicaid program), WIC and CalFresh (California’s SNAP program).⁴⁴ In fact, WIC clinics have been reporting a decline in case count, likely attributable in part to the public charge proposal. This reduced participation in WIC causes families to lose the nutritional support that they need to ensure a healthy pregnancy, childhood, and life. As a pediatrician, I worry greatly about what that means for birth outcomes and nutritional outcomes for my patients.

The proposed changes to the public charge rule have also caused immigrant families to feel afraid to access SNAP benefits. Disincentivizing the use of SNAP or other public food security benefits by immigrant families will result in enduring harm to the collective health and development of children in such families. Such damage will only be compounded over time as affected children face a higher likelihood of falling short of their full developmental potential and lower achievement in school.

Consistent with AAP recommendations,⁴⁸ I screen all of my patients for food insecurity at each well-child visit. A significant percentage of families that I see are experiencing food insecurity. I see children whose parents work 2 or 3 jobs and still struggle to put food on the table. I see families who live in neighborhoods that are food deserts, where they can get fast food on any block but have to take 2 buses to get to the nearest grocery store. And I recently met a mom who just the week before had left an abusive relationship, was staying on a friend's couch with her child, and did not have access to a kitchen in which to cook nutritious and balanced meals. Any further barriers to access to food for immigrant families would only exacerbate this existing struggle. In order to ensure that all children in this country are able to properly develop, policies like public charge that restrict access to nutrition should be rescinded.

Education

Children start learning from the day they are born, and it is crucial that they receive quality health care, social supports, stimulation, nutrition, exercise, and nurturing environments to ensure the proper brain development that leads to academic success.⁴⁹ All children—from birth through early education, elementary school, high school and secondary school—must receive the services necessary to achieve their full potential as a student and as an adult. These include any needed special education services, recess and physical education, proper nutrition and health education, and safe environments free from bullying and harassment.

All children are entitled to free public education and specialized educational services regardless of immigration status. However, immigrant children may face particular academic challenges. Before arrival to the United States, some children may have had no opportunity for formal schooling or may have faced protracted educational interruptions. Students with interrupted or no schooling may lack strong literacy skills, age-appropriate content knowledge, and socioemotional skills; in addition, they may need to learn the English language.

Research demonstrates that high-quality childcare, early education, and early experiences can make an enormous difference in whether children grow up to meet their potential. In addition, high-quality early childhood care and education services have multi-generational benefits through opportunities to engage parents and families, providing them with supports and connections to services. Communities play a key role in improving children's readiness to learn through the provision of high-quality early education programs. All children must have access to necessary supports to ensure proper brain development in all domains—social-emotional, physical, linguistic, and cognitive—that lead to academic achievement and a secure adulthood. Success in school is strongly linked to positive life outcomes. Yet, too many children do not have access to Early Head Start, Head Start, high-quality childcare, and pre-kindergarten that could put their early development on the right track. In addition, developmental screening services are critical to ensuring that children in need of further supports and services receive needed intervention as early as possible.

Children who participate in high-quality early childhood programs show remarkable improvement in school performance, social skills, and other factors critical to future success.⁵⁰ All children should have access to high-quality early childcare and education programs, so they can reach their maximum potential and the nation can reap the profound and long-lasting benefits of these programs.

Fear and Anxiety

It is imperative that students feel safe in school so that they are prepared to learn and succeed. Unfortunately, many of my patients report feeling anxious at school and scared that their parents will not be there when they

return home. One of my teen patients, a 13-year-old boy who I will call "Daniel" recently was brought to my office because his mom was worried about his behavior. He had gone from being a mild-mannered teen to now having verbal outbursts and not wanting to socialize outside of their home. Daniel's school had also reached out to his mom because he did not seem as focused as usual during school, and he admitted that his grades had been dropping. We know that children and adolescents act out often because they are seeking attention, and this was the case for Daniel. His mother has Temporary Protected Status, and he shared with us that he was anxious that he may come home from school to an empty home one day and learn that his mother had been detained. His behavior changes and academic regression were a reaction to the stress and fear he had internalized, brought on by interior enforcement policies.

In fact, many immigrant children live with a constant fear that they or their parents will be taken into custody or deported. Immigration raids like the one in Mississippi earlier this year contribute to this fear and negatively impact children's ability to learn and develop. Students should have access to counselors to help mitigate the effects that the current immigration policies have on their wellbeing.

Without question, schools and other sensitive locations such as hospitals, doctor's offices, or places of worship should remain free from all immigration enforcement activity so that students can continue to learn without fear.

Access to Care

Pediatricians believe that quality health care is a right, regardless of income, for all children and their families. Every child must have quality health insurance and should receive care in a medical home with a primary care pediatrician, and access to pediatric medical subspecialists, pediatric surgical specialists, pediatric mental and dental professionals, and hospitals with appropriate pediatric expertise. Working in DC, I see patients from across the tri-state area and know first-hand the importance of health insurance coverage for children. It is the foundation that ensures children can receive the care they need, when they need it.

Federal immigration policies can adversely affect immigrant health coverage, access, and outcomes. Policies like the public charge rule have created confusion among immigrant families, leading them to avoid or even disenroll from programs they are eligible for, like Medicaid, out of fear. From 2017 to 2018, Medicaid and CHIP saw an enrollment decrease of more than 828,000, or 2.2 percent, of children.^{xlii} Similarly, recently released data from the U.S. Census Bureau showed that in 2018, 4.3 million children in the United States were uninsured—an increase of 425,000 uninsured children in a single year. According to the Census data, this decline is not due to commensurate gains in private coverage and can instead be largely attributed to the decline in Medicaid enrollment.^{xliii} Hispanic children, in particular, are seeing significant increases in their uninsured rates. According to the Georgetown Center on Children and Families, these increases are likely the result of a "chilling effect" where mixed status and immigrant families with a parent who is an immigrant and a child who is a citizen are reluctant to enroll their child in public coverage for fear of deportation or being deemed a "public charge."^{xlii}

Importance of Medicaid

When children lose access to Medicaid, they also lose the long-term health benefits and outcomes that Medicaid is shown to produce. Unlike many private health insurance plans, Medicaid guarantees specific benefits designed especially for children. Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits are the definitive standard of pediatric care, covering an array of services like developmental,

dental, vision and hearing screenings, and allowing health problems to be diagnosed and treated appropriately and as early as possible. In fact, children in Medicaid are more likely to get medical check-ups, attend more days at school, graduate and enter the workforce than their uninsured peers.¹

When children see providers who know their medical history and can monitor their physical and socioemotional development, they are more likely to have better overall health, be up-to-date on immunizations, perform better in school and receive care in the most cost-effective way.¹ Moreover, child health is a strong predictor of adult health. Addressing health and development during childhood—from birth through adolescence—leads to improved life outcomes in many areas. Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers.⁴ The AAP believes that all children, regardless of their zip code, must have access to the full range of age-appropriate health care providers, subspecialists, and facilities.

While children's use of Medicaid is not included in a public charge determination under the public charge rule, the chilling effect will likely impact families' decisions to enroll in the program. Further, the rule could have a chilling effect of preventing pregnant women from accessing care, even though a pregnant woman's use of Medicaid is exempt under the regulation. A lack of prenatal care for mothers can have serious implications for their children, affecting their birth and early health outcomes.¹⁰ Lack of adequate health care, including prenatal care, contributes to higher rates of maternal mortality, higher rates of infant mortality, and increased risk of low-infant birth weight.¹⁰ Similarly, the rule may also discourage women from seeking postpartum care, which is crucial to the health and well-being of mothers, newborns, and families.¹⁰ Forgoing postpartum care could mean that women endure postpartum depression without proper medical, social, and psychological care, skip doctor's visits that address infant feeding, nutrition, physical activity and family planning, or leave other postpartum health issues unaddressed.

Parental Coverage

Low-income parents will also lose health coverage if the public charge rule is allowed to stand. Whether or not a parent has health care coverage can have a profound effect on the health and well-being of their children. The public charge rule will lead to parents losing Medicaid coverage and, as a result, their children losing coverage as well.

As pediatricians, we know that parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Thanks to Medicaid and CHIP, the rate of uninsured children has declined in the past two decades reaching its lowest level on record (4.5 percent).¹¹ However, recent data shows a disturbing increase in the number of uninsured children—partially attributed to changes to public charge.

A comprehensive body of research highlights the powerful effect of increases in parental access to insurance coverage on their children's access to insurance coverage. In fact, from 2013–2015, 710,000 children gained coverage, despite the fact that children's eligibility for coverage did not change under the Affordable Care Act.¹² This is due in large part to parents gaining coverage under the Medicaid expansion and realizing that their children had been eligible for Medicaid all along. Research also demonstrates that when parents have health insurance, children are more likely to get the care they need. A recent study showed that increases in adult Medicaid eligibility levels were associated with a greater likelihood that children in low-income families received at least 1 annual well child visit.¹³ Whereas children whose parents are insured are almost always

insured themselves, 21.6 percent of children whose parents are uninsured are also uninsured,¹⁸ meaning when parents lose coverage, so do their children.

Forcing parents to choose between their ability to remain with or reunite with their families and their children's access to health care will not just harm individual families—it will put America's future at risk. By making health insurance accessible to children and their parents, Medicaid keeps children healthy. America's future depends on ensuring that all children succeed.

Chilling Effect

Even though children's use of Medicaid is not a factor in a public charge determination under the final rule, confusion about the rule and its chilling effect are having an impact on patients across the country. Our pediatrician members report increases in no-show or cancellation rates for routine health care appointments. One pediatrician in Texas commented that her clinic is seeing a large increase in Hispanic parents allowing their children's Medicaid enrollment to lapse, even though their U.S. citizen children are eligible for Medicaid. In a 2018 survey of health care providers in California, nearly half (42 percent) reported an increase in skipped scheduled health care appointments.¹⁹

Research from the Kaiser Family Foundation found that of health centers surveyed, nearly half (47%) reported that many or some immigrant patients declined to enroll themselves in Medicaid in the past year.²⁰ In addition, nearly one-third (32%) said that many or some immigrant patients disenrolled from or declined to renew Medicaid coverage. Health centers also report enrollment declines among children in immigrant families. More than a third of (38%) health centers reported that many or some immigrant patients were declining to enroll their children in Medicaid over the past year, while nearly three in ten (28%) reported many or some immigrant patients were disenrolling or deciding not to renew Medicaid coverage for their children.

Historical evidence from the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) policy changes demonstrates that public information alone cannot prevent damaging consequences caused by the chilling effect. The complex nature of immigration policies makes it difficult for families to discern whether to enroll in health care coverage. Even among groups of immigrants who were explicitly excluded from the 1996 eligibility changes, and U.S. citizen children in mixed-status families, participation dropped dramatically.²¹

Further, the health of children is inextricably linked to the health of their parents and families. Children thrive when their parents can access needed health or mental health care, when their families have enough to eat, and a safe place to live. When parents are stressed and in poor health, their caregiving may be impeded, adversely affecting the development of their children.

Protective Policies

It is important to note that protective immigration policies have demonstrated a positive impact on the health of parents and children. For example, a 2016 survey of immigrant young adults showed that DACA status predicted psychological wellness, and protecting unauthorized immigrant mothers improves their children's mental health.²² DACA lowered the likelihood of psychological distress, and recipients reported "better health" and "reduced fear."²³ Specifically, receiving DACA reduced the odds of distress, negative emotions, and worry about self-deportation by 76-87%, compared to respondents without DACA.²⁴ The mental health benefits to children whose mothers are protected by DACA, and therefore protected from the fear of

deportation, are large and clinically significant.¹⁰¹ Children who did not live in fear that their parent might be detained and deported saw significantly decreased adjustment and anxiety disorder diagnoses.¹⁰²

As a pediatrician, my job is to apply science to advocate for children's health. Evidence affirms that parental separation and family detention are not healthy for children. Instead of detention, AAP recommends the use of community-based alternatives for children in family units. Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Community release with case management has been shown to be cost-effective and can increase the likelihood of compliance with government requirements.¹⁰³ We urge Congress to provide funding to support case management programs. AAP also advocates for expanded funding for post-release services to promote the safety and well-being of all previously detained immigrant children and to facilitate connection and access to comprehensive services, including medical homes, in the community.

All immigrant children seeking safe haven in the U.S. should have comprehensive health care and insurance coverage, which includes access to qualified medical interpretation covered by medical benefits, pending their immigration proceedings. Further, all children in the country should have access to nutritious foods and a quality education that will help them grow up to be successful. Children and families should have access to legal counsel throughout the immigration pathway. Unaccompanied children should have free or pro bono legal counsel with them for all appearances before an immigration judge. Protections for children in law or by the courts exist because children are uniquely vulnerable and are at high risk for trauma, trafficking, and violence. These protections are not loopholes and should be maintained and strengthened.

Immigrant children can benefit from system-level supports for integration of mental health and social work supports into schools, the medical home, and protected community settings. Pediatricians can and do advocate for these cross-sector collaborations. Recognizing that need, the Immigrant Health Committee of the DC Chapter of the American Academy of Pediatrics (DC AAP) hosted a seminar entitled "Promoting Mental Health in Immigrant Children" in May, 2017. In this interdisciplinary symposium, we educated local child healthcare providers, mental health providers, school representatives, community members, and governmental representatives on the mental health needs and resilience of immigrant children. We brainstormed solutions for reducing barriers to communication between health and education sectors and have engaged our local government in these systemic efforts. As children spend most of their waking hours at school, educators and other school personnel are often the first to identify and address mental health concerns, and I have found these partnerships to be invaluable as I care for immigrant families.

As a pediatrician, I know that children and families who have faced trauma, with trauma-informed approaches and community support, can begin to heal. As such, children in immigrant families should have access to nutrition, health care, education, legal representation, and other essential services that support their growth, development, and capacity to reach their full potential. We must continue to support all immigrant children and families in the U.S. and treat them with dignity and respect.

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Chairman SCOTT. Thank you.

Under Committee Rule 8(a), we will now have questions from the members under the 5-minute rule. As Chair, I have decided to go at the end, so I yield to the next senior member on the majority side who will be followed by members on the minority side.

First, Representative Grijalva.

Mr. GRIJALVA. Thank you very much, Mr. Chairman. And thank you for the hearing. We affirm for this committee and for all of us that Congress has an obligation to all children, regardless, and not only by legal and Constitutional precedent, but by the moral imperative that we have on this committee to make sure that all children are cared for and cared for well.

One question, and Dr. Falusi brought it up—and let me address it to both of you, Dr. Barajas-Gonzalez—at least in the districts that I represent, and the one in Tucson, Arizona, a drop in the enrollment for child care subsidies, i.e., CHIP, WIC, and even after school, preschool kind of programs, I fear that as a consequence, that because of the discussion about public charge and other things, that parents don't enroll their kids, as a protection, as a protection for themselves and their kids.

How can the Federal Government ensure that eligibility criteria is clear, that parents understand that they do not have to reveal their immigration status for their children to receive those services? And I will begin with you, if I may, Doctor, and also Dr. Falusi.

Ms. BARAJAS—GONZALEZ. Thank you for your question.

In conversations that I have had with parents about the type of communication that they would find helpful, it seems that right now any communication, as helpful as it is, does not ensure their feeling of safety given changes that have been happening to immigration policies.

What would be helpful is clear language that states that, for example, it is only the child's immigration status that matters in receiving certain benefits, not the parent's immigration status. I think that has not been made as clear as it could be and there is confusion around that. So to protect families, families are closing off.

Thank you.

Mr. GRIJALVA. Doctor?

Dr. FALUSI. Yes, thank you.

So I agree that families are scared, they are confused by the proposed rules. I find that families I speak with are often feeling that they are placed in this impossible situation—whether they access these benefits and ensure that they and their children remain healthy, but then risk possibly being separated in the future, or they forego these vital services so that they can stay together in the United States.

What we try to do in our health center is ensure that families know that as for now they can access these benefits, but I find that families are choosing to play it safe and either to decline using the benefits or calling to disenroll from these benefits.

So what we can do, I think, is to ensure that families continue to have access to these benefits as they are eligible for and to remove the fear and anxiety that has accompanied the use of the benefits recently.

Mr. GRIJALVA. Superintendent Martinez, you mentioned DACA and the net benefit, you know, not only in the 20,000 plus DACA recipients that have now become educators and are in our schools working high need areas, but the kind of stability that brought to households and families and the benefit derived of that. You know, everything is in abeyance right now as we wait for a court decision and other things and the attacks on DACA and the rescinding of it by this Administration, but would you comment on what many perceive to be—and your opinion is very important—the net benefit of that?

Mr. MARTINEZ. Absolutely. I think DACA, maybe as imperfect as it was done when it was created, probably was one of the best things that ever happened to our students. One of the things that I love is that we work with our DACA students on a regular basis. We, for example, have a Dreamers Summit. We invite parents as well as our undocumented students. We don't ask them necessarily for their documentation status, but we just invite them. And we have been doing it now for, you know, 4 years. The numbers grow ever single year. And we have given children access to information about college and scholarships and give them access about how to fill out the alternative financial aid form. And we have created a safe environment for them.

And so when I see we have teachers that are actually former DACA students or currently DACA students, not only in my district but across the entire county of Bexar County in San Antonio, and so these are productive citizens that are actually making a difference in their communities and helping us educate our children.

And, of course, for me, like I said, it is one of the biggest—I would ask of all you in a bipartisan respect—to really fix the issue of DACA and really make these individuals permanent residents.

Mr. GRIJALVA. Thank you very much. I yield back.

Chairman SCOTT. Thank you. The gentleman's time has expired.

Dr. Roe.

Dr. ROE. Thank you, Mr. Chairman, and thank all the members for being here today and testifying.

And, Mr. Martinez, for the most part, I love your city, except for the time I spent there in basic training in the Army. I will put that disclaimer out there.

I know you had said—and you have a very compelling story. I read your testimony last night—and you said you have seen a remarkable turn in conditions, and Dr. Gonzalez said the same, our immigrant students' and families' conditions in the San Antonio district changed dramatically in the spring of '17, 2017, due to both the election of President Trump and the Texas legislation passing Senate Bill 4, which effectively banned sanctuary cities. The combined effect of these events has led to fear in the communities, atmosphere has contributed to student attendance due—what you had gotten at in your testimony. The truth is that President Obama, and following the law, deported almost 3 million people. And ICE deportations from 2009 to '11 were 385,000 per year, in '12 410,000, in '15 and '16 slightly less at 250,000. President Trump, his administration deported in '17 226,000, '18 about 250,000, and in FY '19, about 282,000. So the numbers are far less with the Trump Administration.

So I don't understand. Either the people are not getting the information correctly because the data—those are the facts right there of deportation.

And, Judge, I want to follow with you. I led the Doctors Caucus to the border about 6 months ago. I went there to see exactly for myself. I was my second trip. I spent 4 days there in the last year and a half. And I watched. I was educated, we went down to the border to a processing center, to a refugee resettlement area. And this is what these folks have to deal with. And the day I came here, 15 people walked up at the Rio Grande River and turned them-

selves in. One was a family from El Salvador. I think was a family. So when they come in these officers are—is this child—does this child belong to you, does it belong to this person, does it belong to anybody. And they have had—many of these children have been recycled, have been through the process many, many times. That is abuse if I have ever seen it in my life.

And so when I visited down there the officials told me that the biggest challenge they face was the demographics of individuals. In 2012, 11,000 individuals from family units apprehended, in '19 473,000. In '12 there were 24,000 unaccompanied children, FY '19 76,000 children. I cannot imagine sending my 14-year-old child from El Salvador across Mexico. They could be sexually trafficked, killed, or whatever. No wonder they are traumatized. I mean any human being would be going through that. And in FY '12 family units and unaccompanied children made up less than 10 percent of all apprehended individuals. In '19 it was 65 percent.

Judge, what challenges do these demographic changes present to our border officials? Are there different considerations for border agents when apprehending a family or an unaccompanied child, or a single adult?

Mr. METCALF. Thank you for the question, Congressman.

Here is the issue. When you have families coming from El Salvador, Honduras, Guatemala, coming from very poor areas—think of southern Mexico and Chiapas, think of Huehuetenango in Guatemala, they speak the Mayan overlay. And not just Spanish, but Spanish with the Mayan overlay. The challenge for the border officials is to be able to understand what is happening with language differences so they can fully understand the story.

Now, we have found through investigation that as many as 600 children have been trafficked in the way you have just described, the recycling process. And in some of the stations set to receive people as many as 30 percent of those children did not test positive for the claimed family members. Where that leaves us is how do we make the distinctions. Let us think about court, domestic court, state court. We separate children by sight and sound from adults to make sure that they are safe. They are well fed, they are educated while they are held in an area pending their cases. The same thing is true here. No one wants to separate a child from a parent. That is the last thing anyone wants. And one is too many. But one child trafficked is also too many.

And so where we are left is trying to enforce the law with the most sensitive gauges we have got, and that is asking questions, doing the DNA testing, listening, and then—

Dr. ROE. Judge, I am going to interrupt you because my time is about gone, but I do want to say this.

Mr. METCALF. Yes, sir. I am sorry.

Dr. ROE. And, Mr. Martinez, look, our teachers, our nurses, our healthcare people, we are not immigration people. Somebody came to see me, I never asked, I just took care of them. And that is what you are doing in the school system. What we have to do at the border is do a better job of making sure that is secure and making sure that you are not left with this you are having to deal with.

I yield back.

Thank you, Mr. Chairman.

Chairman SCOTT. Thank you. And I want to remind the members that the focus is on the effect of the policy, not the policy itself or whose fault it was or which administration, how the children are dealing with whatever policy we have. Other committees can debate the policy.

The gentlelady from Oregon, Ms. Bonamici.

Ms. BONAMICI. Thank you, Mr. Chairman, and thank you to our witnesses for being here today.

It was back in the early 1980s when the United States Supreme Court in *Plyler v. Doe* found that children have a right to attend public schools without regard to their immigration status. And the Court found that any resources saved from excluding undocumented children was far outweighed by the harms that they would suffer from denying them an education. And also importantly, regardless of your position, anyone's position on the parents of these children, whether you think they came here to find a better life or whether you think that they are violators of the law, regardless of where you stand on that issue, the Court also found that holding young children accountable for the actions of their parents does not comport with the fundamental conceptions of justice. We absolutely need to understand that these are children we are talking about, children and babies that we are talking about.

Dr. Falusi, you talked about WIC. I was just in a WIC clinic in northwest Oregon last week and I heard about the fear and the confusion that this Administration has created because of its policies with the chilling effect on families who are now afraid to seek out critical services that will help to keep pregnant women, babies, and children healthy. And that is really tragic, because as we heard and read in your testimony, this is a really good investment to make sure that kids get a good start in life. And we know that is not just happening in Oregon. Children across the country are going without food, without healthcare, putting them at risk.

And I want to note that this includes many children who are U.S. citizens, whose parents may not understand that they do not need to reveal their own immigration status for their children to receive support.

The superintendent of Hillsboro, Oregon schools pointed out that even though they have a significant Latino population, they are not all from migrant families. They are all afraid of what is going to happen to their friends and their families.

So these fears are—we are seeing them in our schools and our clinics.

Dr. Falusi, how do you counsel families who are trying to get the best support for their children, for their health and development, but are also so fearful about the consequences? And then also, Dr. Falusi, will you also talk about WIC? Because a recent study from the University of California, the PHFE WIC and the County of Los Angeles found that for every dollar invested in WIC it saves approximately \$2.48 in medical, education, and productivity costs. So talk about the economic risk of not making sure these families are getting those services.

Dr. FALUSI. Thank you.

In terms of how we counsel families, we do try to encourage them to be aware of what benefits they may be eligible for. I think in

the current environment, it is difficult for families to decide how to make that choice. I am fortunate I work in a health center that is co-located with a WIC clinic, so I can partner with them in educating families about their benefits. And from the pregnant mom whose child I may be seeing now, all the way through the child who is about to enter kindergarten. So that is a benefit. I think thinking about co-locating, working more closely within the health sector and our WIC clinics is critical.

And then in terms of the economic outcomes, so absolutely. We know that early investment in child health and nutrition reaps benefits for that child, the family, and society in general. And not doing so increases the risk of things like food insecurity, which we know is correlated with poor—decreased math and reading scores. Imagine taking an algebra test while your stomach is growling. Trying to focus in school when you didn't have breakfast that morning or if your family is encountering food insecurity.

Ms. BONAMICI. Thank you. And I am going to try to get another question in for Dr. Barajas-Gonzalez.

Dr. FALUSI. Yes, yes.

Ms. BONAMICI. Doctor, in northwest Oregon I have heard stories about the trauma young people from immigrant families are experiencing. And I mentioned Superintendent Scott from Hillsboro, Oregon mentioned that a lot of their families are concerned and the kids are afraid.

What are the long-term effects of the trauma that these young people are experiencing? What supports will they need? The superintendent mentioned that some of them feel like why even try if, you know—how can they dream if they feel so afraid. And to what extent are school districts and healthcare providers and community-based organizations able to provide the support these students need?

Ms. BARAJAS—GONZALEZ. Thank you for the question.

The mental health counselors and educators I have spoken with have all indicated a concern and their own reach trying to educate themselves a bit more about what they can do. They are all pointing to a need for more trauma informed care for children.

The long-term impact for some, but not all children will be potentially undereducation, underemployment, potentially psychological distress. As you said, many people who find themselves unable to dream about a better future because they are living in uncertainty.

Ms. BONAMICI. Thank you.

And I see my time has expired. I yield back.

Thank you, Mr. Chairman.

Chairman SCOTT. Thank you.

The gentleman from Michigan, Mr. Walberg.

Mr. WALBERG. Thank you, Mr. Chairman, and thank you to the witnesses for being here today. I appreciate your testimony and your backgrounds.

Judge Metcalf—

Mr. METCALF. Yes, sir.

Mr. WALBERG.—as you have pointed out in your testimony, our legal immigration policies are extremely generous and welcoming. I had the opportunity to see that and corroborate that fact going down to the Rio Grande Valley sector just a month ago and seeing

the care that was given. I would contend that care, and welcoming care that was given to immigrants across, legal or illegal, were second to none. Certainly, surpass anything in our bordering countries. They would not give the same type of care that we give.

Are there ways, though, that we could improve the efficiency of the legal immigration system—and again, the legal immigration system—of our country?

Mr. METCALF. Yes, sir, there absolutely is, and this Congress is capable of doing that in a bipartisan manner, sir.

And I will give you the one, two, three on that.

First of all, enforce the laws. Grant relief wherever relief can be granted, if you are in a court system, and then welcome those people who win and remove those people who do not. And the third thing we do, is we enforce the laws that are intended to weave these new Americans into the fabric of our country.

So what are we doing already? We are already offering education regardless of immigration status, we are feeding them regardless of immigration status. To refugees, we offer something that looks very much like temporary assistance to needy families. Continue that process.

We welcome 80 percent of the world's refugees each year. The idea that we are hostile to immigration in general or in particular is absolutely false. We have created an entire court system meant to dignify everyone who is brought into proceedings.

But to finish the answer, sir, you hit on the thing that I think is the most important thing, how do we improve it. We improve it by doing the things better that we are doing already. We don't need to create new programs, we need to do what we are doing right now very well.

The issue for a prosecutor is that it costs more to incarcerate than to educate.

Mr. WALBERG. And I think you would certainly concur that a nation that makes it very clear that we are a nation of laws—

Mr. METCALF. Yes, sir.

Mr. WALBERG.—and justice, so that anyone determined to come here understands that they will be treated exactly the same as everyone else—

Mr. METCALF. That is exactly right.

Mr. WALBERG.—and the care that would be given, it would encourage, I think, more legal immigration and really ferret out more on the wrong side of the law for what they are doing.

And let me go on, considering the statistics you cited and have been discussed today – the recycled child. I have heard terrible stories about the recycled child, the actual credit card that they have become for cartels to sell to others to come across the line, then ship back to sell again. That is terrible to hear about that, the unaccompanied children and the legitimate concern we have that some unaccompanied children are traffic victims.

Would it be responsible to allow children and adults to be processed together without taking the necessary steps to ensure that they are in fact a family unit?

Mr. METCALF. Well, what you can do, sir, is do that DNA testing on the front end.

Mr. WALBERG. But we cannot mandate that yet, can we?

Mr. METCALF. Not yet. That is in an experimental stage right now.

Mr. WALBERG. And I see—at least what I saw down in McAllen, Texas, was that it was having some significant positive impacts.

Mr. METCALF. It is a deterrent, among other things. The anecdotal information is that when a smuggler, or someone who is party to smuggling a child for this purpose, is asked to give a sample, a swab inside their cheek, they back away.

Mr. WALBERG. They back away.

Mr. METCALF. Yes, sir.

Mr. WALBERG. Yeah. We have seen that.

Judge Metcalf, some have argued that we should be more lenient in our detention policies with immigrants who cross the border illegally, claiming that very few who are released pending their court date fail to appear.

You claimed, however, that 38 percent of aliens free pending their trial fail to show up over a 23-year period. Can you explain the discrepancy?

Mr. METCALF. Sure. What you are—the higher numbers are subsets of the people who actually showed up for court. Over a period of 23 years, 38 percent of all those who are placed into proceedings failed to show. Those are numbers that are produced by the Justice Department. And in the last 2 years they have put out a statement regarding myths and facts about immigration court proceedings, specifically failures to appear. In 2017 they very candidly stated 44 percent of those ordered to court failed to appear.

The high number that you are being given is a true number, but it is a subset of those who are already appearing for court. In other words, 62 percent did show, and out of that number they cherry picked a much better subset of those who showed up actually 82 percent of the time.

Mr. WALBERG. Okay, thank you. I appreciate that.

I yield back.

Chairman SCOTT. Thank you.

The gentleman from California, Mr. Takano.

Mr. TAKANO. Thank you, Mr. Chairman.

Before I begin my questioning, I would like to ask unanimous consent to submit to the record this report by CLASP entitled “Stop Separating the Families, Our Child’s Fear, Immigration Policy’s Effects on Young Children”.

I want to first of all thank—unanimous consent?

Chairman SCOTT. Without objection.

Mr. TAKANO. Thank you.

I thank you, Chairman Scott, for this very important hearing. As a former teacher, a public school teacher for 23 years—actually it is more like 24 years—I know very well what it is like to comfort a child that is in constant fear of deportation. I taught in San Bernardino County, California and some of my students came from mixed-status families and many of them were concerned and fearful that their parents would be deported. They expressed this fear in their essays that they wrote, and sadly students today are worrying about similar things, but much worse and it is happening much earlier in their lives.

In 2018 CLASP did a report that outlined how the current immigration policies are impacting our Nation's youngest children. And, Mr. Chairman, I already asked you to submit—for the unanimous consent to put that report into the record. The report mentions that a 5-year-old "whose anxiety was so severe that he was biting his fingertips to the point that they were bleeding". This fear is starting very early and is seen with children as young as 3. The report also notes that "this pervasive fear is not limited to children in mixed-status families, but extends to children whose parents have lawful immigration status. Some even who are children of U.S. citizens".

My first question is to Superintendent Martinez. Superintendent, how can teachers and administrators support this unique demographic of preschool-aged minority students that are in fear?

Mr. MARTINEZ. So what we are doing in our district is we have actually even set up meditation rooms. So when we see children that are starting to act out we immediately involve a counselor. We give teachers strategies. It is—right now trauma-informed strategies are our biggest demand we are getting across the district and the children are getting younger. They are starting at 3, 4, and 5.

Mr. TAKANO. Superintendent, how are school administrators and superintendents supporting their teachers that are in classrooms where there are mixed-status students?

Mr. MARTINEZ. So we always—one of the things we are very intentional about is ensuring that all of our counselors first of all have been trained and so that they know the rights of immigrant students. We partner with MALDEF, we partner with community organizations, we even do parent workshops. We have also trained teachers. And so that has helped us just to be able to at least have the conversations properly.

Like I said, right now what our teachers are mostly struggling with is, as they see children acting out or seeing them feeling stressed or exposed to trauma, present every week—we had a case this week—we have cases where parents are being deported. And so we know, we find out right away. The children have to move in with a neighbor, they have to find another relative to live with. And so we are having to organize our counselors and working with our teachers to work with these children.

Mr. TAKANO. I see. Well, you know, in summer of 2018—thank you for your response—in 2018 during a Senate Appropriations subcommittee hearing, Secretary DeVos confirmed that educators cannot call ICE to report undocumented students. However, there have been documented cases of a rise in hostile school climates and numerous incidents of educators attempting to enforce immigration law by reporting students and families to ICE.

Unfortunately, the Department of Education has failed to issue guidance emphasizing Federal law on this issue since 2015.

Superintendent Martinez, what could the Department of Education do to ensure that schools and educators have the tools to support immigrant students and that all staff comply with Federal law, and that Supreme Court precedents related to students' access to education and privacy are respected.

Mr. MARTINEZ. So it could be as simple as just having a publication that really clearly delineates student rights. Our board has ac-

tually passed policies. They have actually made statements in the public about what our positions are. But having even those written guidelines so that it is very consistent, because the one thing we know about teachers, they care about children. And I think as long as they understand what the rights of children are, they don't have to feel the pressure of turning a child in as if the child has done something, you know, so terrible that they have to be turned into ICE.

Mr. TAKANO. Well, thank you for that. I agree with you, students should not have to worry about whether their parents will be home when they get back from school, should not also have to worry that they will have enough food to eat, or if they will get any food at school. Their biggest worry should be about passing their tests and getting good grades. And unfortunately, the fear mongering and policies of this Administration and the neglect of this Secretary of Education have made it very difficult for children to only worry about their grades and be children.

I thank you and I yield back my time.

Chairman SCOTT. Thank you.

The gentleman from Alabama, Mr. Byrne.

Mr. BYRNE. Thank you, Mr. Chairman.

In 2016 the Pew Research Center estimated that 3.9 million, or 7.3 percent of the kindergarten through 12th grade students in the United States were either here illegally or were the children of at least one parent illegally present in the United States.

Can anyone on this panel tell me how much we on a nation spend on public education for that population of students? All right. It is around \$60 billion. A significant and increasing percentage of this cost represents remedial English education required by the Federal Government for students designated as Limited English Proficiency, or LEP. In 2016 it was estimated that 9.6 percent of all students and 17 percent of kindergarten students were now designated LEP. Educating those students is expensive. By some estimations we are spending \$59 billion just on ESL and other programs to help children with English language deficiency.

Can anyone on this panel tell me what percentage of teachers in the United States are certified and trained in ESL? All right. It is about 1 percent.

How about what percentage of ESL programs are paid for by the Federal Government that requires it? Does anybody know that answer? It is just over 1 percent.

Who pays for the rest? State and local school systems. So we require it and we push 99 percent of the cost on state and local school systems.

Look, that costs a lot of money for these state and local school systems. Many of them, like my state of Alabama, just don't have it, but because the Federal Government requires it they have to put that money in there to the detriment of other programs. At least 13 states spend over \$1 billion per year on Limited English Proficiency programs in public schools.

Earlier this year, this committee found that there is a \$46 billion public school infrastructure shortfall. Accounting for inflation, teacher salaries are down 1.6 percent since 2000, classroom sizes are growing, resources for students are shrinking. It is amazing we

are here to talk about how the Trump Administration's immigration policies are harming children, but we never, never talk about how illegal immigration is harming our students, teachers, and our communities. People who are here legally are being harmed by this.

The Federal Government has mandated that we provide public education to the children of illegal immigrants, but we don't pay for it, states and local districts pay for it. How is that fair? How is that right that we make the requirement here at the Federal Government and we put up 1 percent of the cost?

Look, I am a former state school board member in Alabama, I sat across from teachers and superintendents and talked to them about this issue. Dollars that our schools have are not unlimited. The states don't print money like we do here in Washington. They have requirements that they balance their budgets. And coming up with the money to fund these K-12 education programs around the country is extremely difficult.

So I think if we are going to sit here and criticize the President for enforcing the law, we need also to think about the cost of not enforcing the law. That cost is not being borne by those of us in Washington. It is being borne by men and women in the states and local school systems around the United States of America. But really the cost is being borne by children who are being denied the programs that they should have, children who are citizens of the United States, whose parents are citizen of the United States. They are being denied programs because we are forcing their state and local school systems to take on an expense that we should be taking on because we failed to enforce our own laws.

With that, Mr. Chairman, I yield back.

Chairman SCOTT. Thank you. The gentleman's time has expired. And the gentlelady from North Carolina, Ms. Adams.

Ms. ADAMS. Thank you. Thank you, Mr. Chairman, and thank also the Ranking Member for convening the hearing today, and thank you to all the witnesses for your testimony.

I want to first say that I am very concerned about this issue as a retired educator, as a grandmother, and mother as well. And I am proud that in Mecklenburg County our Sheriff McFadden terminated the County's 287(g) agreement because he knew that it didn't help improve public safety, nor did it help make our Nation's immigrant community safer. In other words, they are more afraid now than they have ever been and it leaves immigrant children terrorized in these communities.

So as a result, we are trying to figure out really what to do, and the fact that these situations have had chilling effects on the welfare of our children.

In fact, researchers at Stanford found that the establishment of partnerships between ICE and local law enforcement have been followed by steep decreases in the enrollment of Latino elementary school students. One study shows that communities where local law enforcement established these agreements with ICE, saw Latino enrollment in elementary schools decrease by 10 percent over 2 years. And the authors of this research suggest that Latino families living in these communities are fleeing to other jurisdictions where they feel less persecuted.

I want to ask Superintendent Martinez how your educators in San Antonio are dealing with the hostile school climates. Are educators well equipped to address the challenges that they are facing? And if not, how can we best support our educators in addressing these issues?

Mr. MARTINEZ. So it is a constant struggle. I mean what we are very fortunate about is that our teachers are very passionate about our children. And so they are on their own—we provide trainings after school, we provide trainings on Saturdays. Like I said, we have trained every single one of our counselors. We have partnered with experts, because we are not the experts in immigration. And I always remind our teachers, we are not required to be the experts, but you need to know enough because at the end, the relationship between a child and a teacher, it is so valuable. I don't care if the child is 3 years old or 18 years old, our teachers have the children at least 7–8 hours a day and those relationships are key.

So, for us, we are just doing the best we can to support our teachers. We don't get any direct resources, ma'am, from the state or the Federal Government to do this, we do it on our own because of our board and our community.

Ms. ADAMS. Thank you very much.

Dr. Barajas-Gonzalez, can you speak to the effect that the feeling of fear has on students, including their academic development and well-being?

Ms. BARAJAS—GONZALEZ. Children who are living in fear have a difficulty focusing in schools. Children who are old enough self report that they are having difficulty focusing because they are worried about whether or not their parents will be home when they get home. Children are also more vigilant about things that they perceive to be a threat to them. I heard an example from a school administrator about a K–8 class out at recess time and a helicopter flew overhead and many children flew in—ran into the classroom crying, thinking that the helicopter was coming to take them away.

So when children are vigilant and scared by everyday things, like a helicopter in the air or a police car going slowly, and they perceive that to be somebody who is coming to take them away, it is very hard for them to then focus in schools on the curriculum before them.

Ms. ADAMS. So what kinds of things would you suggest or that you have seen that we are doing to really address some of these issues with these kids?

Ms. BARAJAS—GONZALEZ. So the administrator in that school partnered with a counselor and they basically are trying to create stable routines for the children, they have created strong relationships with the parents so that the children feel safe, that when a teacher says you are okay here nobody is coming to get you, the child actually believes that is true and can then lower their fear a bit to be able to focus in school.

Ms. ADAMS. Thank you very much and thank you for what you are doing. You know, I have had a number of situations in my district in Charlotte and Mecklenburg where students were actually met at the bus stop and taken away. We had one young man, for example, who was 2 months away from graduating from high

school. Never had an opportunity to finish. Was sent to Georgia and ultimately sent back home.

So this is a serious issue, and thank you all very much for your testimony.

Chairman SCOTT. The gentleman from Georgia, Mr. Allen.

Mr. ALLEN. Thank you, Mr. Chairman. And I want to thank all of you for being here today and enlightening this body on how serious this problem is. And it is a very serious problem.

In fact, I really truly am ashamed of all of my colleagues here in Congress because there has been no bipartisan effort to fix it, and that is shameful. That is what the people sent us here to do. And I am hearing about all of these incredible problems you have got. In fact, I have had the privilege through my church back home to be involved in mission work throughout the world, South America, Africa, and Eastern Europe. And one thing I witnessed that was common for every area and the folks we tried to help was they had no health care, no jobs, no hope, homes without floors, and corrupt governments. And that was the common thread. It was a hopeless situation.

But what I found was these people had a faith that I had never seen. And they were so amazingly appreciative of what we did for them, that we would take our time and go and help them. Yet, we have people coming to this country illegally that feel like they are living in the shadows and they are afraid. That is sinful. That should not happen when the people in their very own country who we are ministering to are so happy and glad that we came and helped them.

Judge, I was interested in one part of your testimony about trafficking. As I understand it, it is a major problem. And I will tell you, one of my church members did ask me, a constituent, said what is the deal with these people advertising—he had just gotten back from a mission trip—I mean he said—he talked to one of the people down there about it and he said that there were billboards advertising come to America, plentiful jobs, \$15 an hour, free health care, free education, and dial this number. I mean this stuff is beyond belief. And these people are actually—these traffickers are taking advantage of these families, promising stuff, and they can't deliver.

Mr. METCALF. That is right, sir.

Mr. ALLEN. Can you expand on that a little bit?

Mr. METCALF. Yes, sir. Trafficking in human beings is a multibillion dollar business.

Mr. ALLEN. Yeah, I just looked it up this—\$100 billion.

Mr. METCALF. Worldwide.

Mr. ALLEN. Yes, sir.

Mr. METCALF. The Chinese triads, sometimes called the snakeheads, the cartels who operate south of the border, you are never going to get the kingpins. What you are going to get are the coyotes. People call them the coyotes. They are going to usher these people to a border that they control on the Mexican side and they are going to get these people across at any cost. As you know, they put them in the back of trucks and lock them in. They are not trafficking in human beings, they are trafficking in human suffering. And the problem that we have in interdicting these is that they are

very clever, they can get through the border, or in the alternative, what they do is they set these people loose at the Rio Grande. And what happened last year? A father tries to cross with his son and they both drowned. At some point you have them caught between a border that has been hardened and hardened criminals

Mr. ALLEN. And that is horrible.

Mr. METCALF. Yes, sir.

Mr. ALLEN. You know, again, as far as the people—okay, so somebody comes in the country illegally, if they touch our soil they have rights. And so they have to appear before a judge, correct?

Mr. METCALF. Yes, sir.

Mr. ALLEN. And then that judge gives them a court date to reappear?

Mr. METCALF. Actually, they are given their court dates by DHS, their cases are put into the system, they advise where they are going to be and they give that address, and then they are told this is the address of the courthouse.

Mr. ALLEN. Okay. And then there is a large percentage who don't show up for court, that disappear into our society.

Mr. METCALF. Yes, sir.

Mr. ALLEN. And are living in the shadows, creating these terrible problems for their children because they have broken the law.

Mr. METCALF. Yes, sir.

Mr. ALLEN. I mean is that a fact? They broke the law of the land?

Mr. METCALF. Yes, sir. That is—

Mr. ALLEN. And then we have got law enforcement trying to deal with this problem and their hands are being tied. I mean there are cities that will not allow our law enforcement to get the job done.

Mr. METCALF. That is obstruction.

Mr. ALLEN. Yes, sir.

Mr. METCALF. That is what that is.

Mr. ALLEN. Well, I can tell you this—and I will finish up with this—every member of this body ought to be ashamed that this country is in this situation. And the American people should demand of this body to fix this so that we are a land of laws, law abiding citizens, and we don't put any family—anybody who comes into this country through what we put them through.

Mr. ALLEN. Yes, sir.

Mr. ALLEN. Thank you, sir.

Mr. ALLEN. It was a pleasure, sir.

Chairman SCOTT. Thank you.

The gentlelady from Pennsylvania, Ms. Wild.

Ms. WILD. Thank you, Mr. Chair.

Dr. Barajas-Gonzalez, in your testimony you wrote that for some children the chronic uncertainty regarding safety and fear borne from a perceived hostile immigration climate is a form of psychological violence. Children who attend school while experiencing this much psychological stress often need extra support from their teachers and school. I assume you would agree with me on that. Educational leaders whom I spoke with yesterday from my home in the Lehigh Valley of Pennsylvania have told me that they are seeing a significant increase of trauma-related needs among their students. And I have deep concern that our Nation's educators are

on the front lines of helping children who are being harmed physically and emotionally by immigration enforcement to the extent that they are no longer teaching in their classrooms, but rather acting in a field for which they don't really have any additional training nor compensation. And it is not what they went into teaching for to begin with.

So I would like to know from you, what are some of the ways that schools across the country are stepping up to support the increased health, educational, and emotional needs of their students as a result of this immigration stress they are experiencing?

Ms. BARAJAS-GONZALEZ. Thank you for the question.

So the mental health counselors and the teachers that I have spoken with that feel best equipped to be able to handle the distress of children really count on the support of principals and administrators so that there are no fears about whether or not they can address the needs of the children, say in Spanish. So teachers feel comfortable speaking to the child in Spanish at school to calm the child down, the principal encourages this and encouraged by the administrator, so that they don't need to translate anything through somebody else.

Ms. WILD. So that would be a best practice?

Ms. BARAJAS-GONZALEZ. For that child who needs to hear something in their native language, yes.

In general, educators and mental health counselors are acknowledging that there is a need for more mental health counselors in schools. The counselors that I have spoken with are usually working with the student body either of 500, 750, or more. And the recommended ratio is 250 to 1. The mental health counselors that I have spoken with have also indicated that children are getting harder to treat. So if a child is being treated for say anxiety and the counselor would recommend that the child play outside or go to church as a form of socializing, they are noticing that children don't want to go outside anymore, they don't want to be in open places where there might be a raid. They don't want to go to church because they are scared that something could happen on the way to the church. Children are imagining that there is a possible fear anywhere that is not their home or potentially their school. So it makes it harder to treat the children.

Children are also not disclosing as much to their mental health counselors because they live in fear that something they say—whatever it is that they say—could put their family in harm. The children are withdrawing, even those in treatment are withdrawing. It is making it harder for children to be treated because they perceive threat.

Ms. WILD. Let me stop there for a moment, although I think we could talk about this for a lot longer, but the corollary of that, I assume, is the additional stress on teachers, on educators, and principals and administrators. Is that true?

Ms. BARAJAS-GONZALEZ. Yes.

Ms. WILD. Can you tell us a little bit about the psychological impact that this climate surrounding their students is having on these educators and the school staff?

Ms. BARAJAS-GONZALEZ. Educators are reporting anxiety and distress mostly around not being able to calm the children down by

being able to say your family is safe, nothing is going to be able to happen. Because they themselves are not necessarily sure that is true, it makes it harder for them to be able to say it to children. They feel guilty about that.

They are also feeling anxious themselves with not necessarily knowing the best way to help children right now given what is happening. There is also given the increased work load for mental health counselors. Some of them have mentioned the potential of burnout. They say, you know, I could see in a couple of years really burning out because this is a lot to take on, given everything else that we are also seeing in school.

Ms. WILD. And I assume collectively that this has an impact also on the other students, the non-immigrant children who are in the classroom, subjected to these external forces.

Ms. BARAJAS—GONZALEZ. Everyone is connected in a school system, so if one person—there are studies that indicate that if teachers are suffering depressive symptoms, that the classroom quality does go down. So everyone, yes, is impacted by what is happening.

Ms. WILD. Thank you very much.

I yield back.

Ms. DAVIS. Thank you. Mr. Banks?

Mr. BANKS. Madam Chair, this hearing is literally labeled how the Trump Administration is harming children. It is the majority party who implemented policies that incentivize illegal border crossings that put children in harm's way.

When President Obama illegally issued DACA by executive fiat, he caused the death and suffering of an untold number of children who were coached to cross treacherous desert territory for an untenable promise.

In 2014, a little over a year after DACA was issued, there was a 77 percent increase of unaccompanied children arriving at the border. At the time, our system was built to house 8,000 beds for children. But in just 1 year we had 70,000 arrive. The Obama Administration had to get creative and decided to crowd the children in detention facilities. Photographs taken in 2014, now infamous, capture what happened. We saw kids in cages. And despite what the mainstream media and some of my colleagues may have told you, the kids in cages in that photo happened under President Obama's watch.

While my friends in the majority are interested in gaining new voters, my colleagues and I in the minority are trying to sort out this mess and keep children safe.

So we know how this began, and that gives us a clue on how it should end. We need to stop giving false promises to migrants. And the only way to come to the United States is the right way, to come legally.

Judge, how have the attempts to disincentivize illegal immigration differ between the Obama and the Trump Administrations?

Mr. METCALF. The difference between the two has been that President Obama's efforts to, as you put it, place children in cages, was a result of a high number of people surging. I don't think anyone wanted to put children in cages. And they were actually behind chain link fences. They quickly moved them to the UAC program

as quickly as they possibly could, about 53,000 at the worst part of the surge. The Trump Administration did even better, 73,000.

What happens when you disincentivize is you use DNA. That is one thing. You create the presence of safe camps so that the cases of the needy individuals, the authentic asylee or refugee can be determined and those people admitted and the others not. That is how you harden the borders right now and you do it in the softest way possible so that you do not create more of what is being described as trauma for children.

But I will point out, the people that came on these journeys put themselves at risk to begin with. And I don't blame them for trying to have a better life, no one here does. But when you engage in that kind of a journey, we already know that people are going to be assaulted, women are going to suffer sexual assault, and kids will be taken away from parents and held for ransom. We know that. But when we get to the border, if we create the safe camps or the safe zones for them, hear their cases, get them in, do the DNA, we will accomplish a great deal of what we should have been accomplishing years ago.

Mr. BANKS. Apparently, while counterintuitive to some, what you are saying is that enforcing our laws and cracking down on illegal immigration is the compassionate way to end the crisis and suffering on our southern border?

Mr. METCALF. I am.

Mr. BANKS. Thank you, Madam Chair.

I yield back.

Chairman SCOTT. Thank you. The gentleman's time has expired. The gentlelady from Washington, Dr. Schrier.

Dr. SCHRIER. Thank you, Mr. Chair.

Thank you to all of our witnesses today. Together you paint a frightening, grim, and frankly heartbreakng picture of the effects of this Administration's immigration policies on the well-being, both present well-being and future well-being of our children.

One day these children are going to grow up to be adults and history suggests that given opportunity and education and support, they will become tomorrow's medical researchers, entrepreneurs, teachers, and military service members, like your family. They are America's future, and if we fail them we will hurt our own country in every imaginable way.

As a pediatrician it has been my life's work and passion to support parents and children so those children grow up healthy and strong and live up to their potential.

And as you know, Dr. Falusi, we spend a lot of time discussing things like nutrition and sleep and safety and emotion coaching and nurturing relationships and activities that will stimulate young minds. Will the policies of this Administration undermine every single guiding principle that we teach? And I would like to touch on a couple of topics.

Dr. Falusi, you spoke about immigrant families declining WIC benefits and also SNAP benefits and CHIP, children's health insurance plan benefits for fear of being labeled a public charge. And this means that children who are eligible for these safety net programs are not getting adequate nutrition, health care, develop-

mental screenings, and immunizations. That means parents are not getting the guidance that they need.

I wonder if you could comment on why this is detrimental for children or families and also for our society writ large?

Dr. FALUSI. Thank you for the question.

So absolutely, I see families who are eligible for all of these programs but due to public charge concerns or other rhetoric are choosing to decline the services or to disenroll. What this means for the children is that they could go without the adequate nutrition that they need to build healthy brains, that they need to then focus in school, to become healthy productive adults. There is a clear link between early childhood nutrition and health care and education with long-term health effects. Kids who do not have adequate health care, nutrition, and education become adults who are less healthy, less productive, and that means less economically secure for them and their families, which then of course translates into less economic security for our society.

Dr. SCHRIER. Thank you. You also spoke about the plight of children in government custody at the border. I have also visited. Seven children have died while in government custody. Many, if not most, are experiencing toxic stress, especially those separated from not just parents, but family members. As pediatricians, we are well aware of the devastating lifelong consequences of toxic stress on children's brains and bodies.

I am working on legislation with Senator Murray to specifically address the needs of children in custody. And it goes without saying that children would be best off not in detention facilities at all. However, given our current circumstances I wonder whether you might be able to share your thoughts about whether there are tools and techniques that could be implemented by CPB agents to help children and families emerge from these circumstances without lifelong damage.

Dr. FALUSI. So I would agree. And the American Academy of Pediatrics has been clear on this as well, that children should not be detained and that they should spend the least amount of time as possible in the processing centers. However, if they are to be detained, then this is where it is really critical to have pediatric expertise at the border.

So we have talked and hear about trafficking and those other concerns we have talked about. As you mentioned, children who have unfortunately died in custody. I think some of these things are part of my training, right. I am taught to look for red flags for trafficking, I am taught to look for those subtle signs of what is sick in a child. Children are not just small adults, there are very subtle signs that they exhibit when they become sick and then become very sick very quickly. But having physicians, nurses, mental health professionals with pediatric training at the border I think will help to mitigate some of these issues.

Dr. SCHRIER. Thank you.

I have one last quick question for Superintendent Martinez. Here is one of the things I have heard from teachers in my district. This is a quote, "Sometimes I don't get to say goodbye. I have to hope that they are okay and that someone can get them a message from me. When we do get a chance to say goodbye, usually it is both of

us crying and them just wanting to know what they did wrong to deserve this and I don't have an answer for them." A different teacher says, "I tell students that if they work hard enough they can achieve anything. Study hard, work hard, and you will write your own future. But sometimes it feels like I need an asterisk to say unless you are a DACA recipient."

Can you talk about ways that schools can support immigrant children?

Mr. MARTINEZ. Yeah. And unfortunately, those stories are very prevalent with my teachers. And so what we have done and, you know, we continue to emphasize this with our students, whether it is our welcoming center, where we have all of our students, whether they are coming from Mexico, from El Salvador, or from Afghanistan, they all walk through it. We work with our children that have aspirations about college and that even if they are a Dreamer student or a DACA student, that there are opportunities for them. Sometimes I feel—you know, I feel a little bit – I worry. Because, again, I am not an immigration expert, my teachers are not immigration experts, we partner with people who that are and what they will tell us is that they have—and they have been doing this work for many decades—they have never seen this type of rhetoric, they have never seen this type of vagueness.

And so if there is one thing that can be done on a bipartisan, is just to clarify and really reduce the rhetoric, because our children are listening to these words. And so I think that is the most important thing. And so that is what our teachers are trying to console them, but again, these are children and words are powerful to them.

Dr. SCHRIER. Thank you very much.

And thank you, Mr. Chair.

Chairman SCOTT. Thank you. The gentlelady's time has expired.

The gentleman from Kentucky, Mr. Comer.

Mr. COMER. Thank you, Mr. Chairman.

And, Mr. Metcalf, you mentioned human trafficking in your opening remarks. And I think a lot of my colleagues on the other side of the aisle downplay the role that lackluster border security has with respect to human trafficking.

In your experience as an immigration judge, can you give us some real-life examples of the impact human trafficking has on people's lives, especially with respect to little to no border security in parts of America?

Mr. METCALF. Sure can. And thank you for the question.

First of all, let us talk about the effect on children. Human trafficking has the effect on them that has been described by these great pediatricians and education professionals. It has that kind of an effect.

Secondly, what does it do? It incentivizes and reincentivizes the growth of this \$100 billion business so that—and we need to keep this in mind, committee members, that when you traffic a child and you find that child has been trafficked, they become a person who then receives relief under our laws. So we are already giving that child the benefit of any doubt, realizing that they were trafficked, and we welcome them into our American family because of the way they have been treated.

Now, how do you stop it? You stop it only with the ways that have commonly been used at the border, and that is to harden the border and to infiltrate those groups as much as you can. But the best techniques they found so far are rather soft. It creates safe zones, safe camps, DNA testing. Listen to whether you hear the sound of authenticity in the stories because the traffickers also do this, they create stories for the trafficked people to tell. We heard it all the time in Miami. We even saw some of these traffic stories being retold with different people.

So the idea that you get rid of trafficking by hard measures is not always true. Law enforcement can do it using our Mexican partners to help us, but the other thing we do is we use smart enforcement. What they are doing at the border right now is minimizing its impact on children, maximizing its effect on its deterrent effect.

Mr. COMER. You mentioned DNA testing. And I believe in your testimony you mentioned a pilot program that found—

Mr. METCALF. Thirty percent.

Mr. COMER.—30 percent of cases where DNA testing showed no matches among individuals seeking asylum as family members. Why are adults bringing these children that are not related to them across the border and claiming their children?

Mr. METCALF. So they can get in themselves. That is the whole idea. The children have become the all-purpose means to enter the United States and stay. And smugglers know it and they are maximizing the use of small children for that purpose.

Mr. COMER. The last question I wanted to mention is something near and dear to me, which pertains to child nutrition. I think that is a bipartisan issue. I think we all support child nutrition. The U.S. Department of Agriculture today just released some new requirements with SNAP that have already been criticized by many of my colleagues to the left.

One of the programs that is under the subcommittee that I lead in this committee is the child nutrition program. And my question to you is are you aware of any regulation, guidance, or directive by USDA Secretary Perdue, or anyone else in the Trump Administration, that would limit in any way access to school meal programs for children of immigrant families?

Mr. METCALF. There are none.

Mr. COMER. Absolutely. And—

Mr. METCALF. My wife feeds 4,500 kids a day.

Mr. COMER. Right.

Mr. METCALF. Never is anyone asked what is your immigration status.

Mr. COMER. And that is something that gets misstated many times by critics of the Trump Administration with respect to child nutrition programs, so I appreciate you clarifying that. I appreciate your leadership on this issue in Kentucky and look forward to working with you in the future.

Mr. Chairman, I yield my time back.

Chairman SCOTT. Thank you.

The gentlelady from Connecticut, Ms. Hayes.

Ms. HAYES. Thank you, Mr. Chair.

Let me first say I am a teacher and educators sign up to teach all children. To Mr. Martinez, you referenced the power of words, I would like to just say to my colleagues, the use of the term illegal versus undocumented is unsettling. No child or human being is illegal. As leaders, we should refrain from using such language when referencing the status of an individual, especially a child.

I remember one day in my classroom very clearly, I came in and half of my students were absent. And I am thinking, what is going on. And one of the students came up to me and said, Miss Hayes, you didn't hear what happened? And I said, no, you know, what happened. And she told me about a raid at a local grocer where two people had been arrested. But as a result of those two people being arrested at this grocer, 14 kids in my class who were unrelated to them didn't come to school. And it got me thinking, because I had no idea that I had that many students in my class who were undocumented.

The other thing that stood out—and it didn't matter to me what their immigration status was because they showed up and I taught them—the other thing that stood out for me is that all the other kids in the class did know. So I imagine a scenario where these kids were counseling each other and carrying that burden as children of making sure that their classmates felt safe, and then not knowing what to do in response when that safety was gone, I—there are so many things going on right now—but my question is for Mr. Martinez.

You know, we have heard of multiple reports of immigration officers operating near schools and detaining parents on their way to school dropping off their kids. Can you describe how these interior enforcement activities like these, as well as larger activities like I just described, strain teachers and schools?

Mr. MARTINEZ. Absolutely. You know, one of the things that happens in any classroom is the classroom becomes a family. So when you see a disruption to the family for whatever reason, it affects the entire classroom. Every week we are seeing incidents that are happening. It seems like it is accelerating, especially this school year. And so for us, we are doing the best we can as just ensuring that, again, our parents know their rights. Because one of the things that we find over and over again is parents are very—they are very believing. And so they will believe that oh, it is okay, just sign this and you will be okay. And then the next thing you know the child has been separated.

And so for us, we are partnering with these community organizations where the experts—but even they are telling us how vague things are today. And so that is our biggest challenge, Representative, is just helping provide good information to our teachers and our families.

Ms. HAYES. I know you published an article about parent engagement. Do you find that it is more difficult for parents to be willing to engage in light of things that you just said?

Mr. MARTINEZ. Yes, ma'am. So we have to work 10 times harder to have the trust of parents. And the good news is that we have been doing this now for, you know, for more than 3 years, that we are gaining trust, but again, every time an incident happens, I mean it is another rebuilding of trust we have to do. And so that

is just something for us that is just part of our parent engagement strategy, it is part of our counselors' work, it is part of our specialists that work with parents.

Ms. HAYES. Thank you.

Yesterday the Government Accountability Office released a report regarding IDEA dispute resolution activity. Mr. Chair, I would like to submit this report for the record.

Chairman SCOTT. Without objection.

Ms. HAYES. The GAO reported that immigrant parents may choose not to bring a dispute forward for fear that the school district may retaliate against the family and jeopardize the safety of the family.

Do you find that children are not receiving special education services as a result of this?

Mr. MARTINEZ. We fear that is the case. And we see it definitely when we see learning challenges in the classroom or behavioral challenges. And so what we have informed our therapist is to work with the parents, again, continue to make sure that they know their rights, that getting a diagnostic is not something that is going to be counted against them in some way. And so, again, that is a continued effort that we have.

Ms. HAYES. Thank you.

And I guess I would like to close by saying we have heard a lot about traffickers and children being used, coached across the border for nefarious intent. I cannot let this moment pass without mentioning my friend, Ivonne Orozco, who was brought here at age 12 and is what we call a Dreamer. And in 2018 she was named the New Mexico Teacher of the Year. And she teaches Spanish and ESL education to kids in her community who are also undocumented and entered this country. And she is one of the highest performing teachers in that state and has had a very successful career.

So I urge my colleagues to consider the cost of not educating 7 percent of our population. And it doesn't matter if these were Obama era regulations or Trump era regulations, we own them now and it is our responsibility to fix it in the now.

With that, Mr. Chair, thank you. I yield back.

Chairman SCOTT. Thank you.

Let us see, let us see. The gentleman from Texas, Mr. Wright.

Mr. WRIGHT. Thank you, Mr. Chairman.

First, I think all of you for being here today and, Mr. Martinez, I want to congratulate you for the good work you are doing in San Antonio. I live in Arlington, which is a little farther north. I think you probably know Dr. Cavazos, my superintendent who I think is one of the best anywhere, one of the best superintendents.

It is a smaller district, over 60,000 students, but we have a lot of the same issues up there in the Dallas-Fort Worth area. Thirty-six percent of students are from immigrant families and East Arlington and Grand Prairie it rises to fifty percent. So we are dealing with a lot of the same issues. And my hat is off to all school administrators, all the teachers that are dealing with these issues.

I want to start by stipulating that, because you have heard a lot of political talk here today, everybody on this committee cares about children. We don't want children harmed, we don't want

them to live in fear. Any suggestion that anyone up here or any political party has a monopoly on caring for children is just ludicrous and insulting.

Another stipulation I want to make is we are a nation—and you have already heard this—we are a sovereign nation, a nation of laws. There is absolutely nothing wrong, nothing racist, nothing mean or uncaring about expecting people from foreign countries to respect the laws of the United States of America. There is nothing wrong with that. And when someone comes to our border from another country and they don't have papers, they don't have a Visa, they are undocumented. But the moment they cross that border, they are illegal, they are not just undocumented. And there is nothing wrong at all with speaking honestly about these issues. And we need to be honest about it because we are never going to solve it otherwise. If you come into this country and you violate the laws of this country when you come in, you are here illegally.

Now, let us talk about why children live in fear of their parents being deported. It is not because of the American people, it is not because of the United States of America or its policies, and it is not because of Donald Trump. It is because adults have led or have brought children into this country illegally. Well, of course they are going to worry about deportation. Of course they will. But let us stop this nonsense, this political talk that frankly is quite cheap, that well, it is Donald Trump's fault that children live in fear. That is just stupid. They live in fear because of choices that their parents, or some other adult has made that brought them into this country. That is why they live in fear. And it is long past time that we keep these adults—make them responsible for the choices they have made. It is not the fault of the people of America, it is the fault of the adults that have made those decisions to come here illegally.

Judge Metcalf, you talked about illegal trafficking. Are you also, and in your experience, did you encounter the issue of children being used to help transport drugs across the border?

Mr. METCALF. Those cases are being prosecuted by the United States Attorney's Offices, sir. What we did encounter was the fall-out from those where children were involved collaterally. And if they were part of a scheme in which trafficking was involved, those children were brought into the country, our country, and given safe haven.

Mr. WRIGHT. I can tell you that in the briefings I have gotten from Border Control and the Department of Public Safety in Texas, it is a huge trouble, a huge problem on the Rio Grande. They will use children—

Mr. METCALF. Yes, sir, they do.

Mr. WRIGHT.—to cross that river and the children are sitting on the drugs on the rafts.

Mr. METCALF. They are. We learned these things through what happened in Miami. Children were being trafficked there as well. People would get off cruise ships, claim that these children were family members. What would happen, DNA testing, swabbing in other words, revealed they were not.

Mr. WRIGHT. Right. Thank you.

And I yield back.

Chairman SCOTT. Thank you.

The gentleman from Michigan, Mr. Levin.

Mr. LEVIN. Thank you, Mr. Chairman, and thanks for holding this important hearing.

Mr. Chairman, I am concerned that since his election Donald Trump has signed several immigration executive orders that have implemented extreme immigration policies and stoked fear among immigrants and non-immigrants. I am especially concerned as someone who has had community members in my district—this is Michigan, far from the southern border—ripped away from their families, detained, and deported, all to satisfy this Administration's disturbing views on immigration.

I remember grieving with the young nieces and nephews of Jimmy Aldaoud, a Chaldean Iraqi man from my district who was detained by ICE and deported to his death in Iraq, to his predictable death.

Jimmy came to America when he was a 1 year old and he lived most of his adult life struggling with myriad mental and physical health conditions. While he was ethnically Iraqi, he had never actually set foot in Iraq, where our government deported him. He was born in a refugee camp in Greece. He died when he was deported to Iraq because he did not know the language, he did not know the people, he had not been provided even the basic legal documents necessary to live and move about in Iraq, and he did not have access to the medical care he needed to survive. He was a diabetic and he didn't last 60 days.

I cannot imagine what the next day at school must have been like for his nieces and nephews, knowing that their loving uncle had just been deported or, later, that he had died as a result.

So in Jimmy's memory and thinking about his nieces and nephews, who I met at his funeral, I would like to explore the impact of this President's extreme immigration policies on our classroom and kids, like Jimmy's nieces and nephews, and on their teachers.

Dr. Falusi, can you speak to the long-term psychological impacts of an experience like that? More broadly, living in fear of family separation and how those impacts affect a child's development and academic performance over time?

Dr. FALUSI. Thank you for the question.

So certainly living in constant fear and anxiety can stimulate the toxic stress response that I described, which we know has both short and long-term effects. And maybe one of the best ways I can show this is by talking about a child who I saw just yesterday in clinic. A 14-year-old girl whose mother has Temporary Protected Status, TPS, but with the uncertainty about TPS—the mother is from Honduras—over the last couple of years, there has been a lot of anxiety in the family. Speaking with the girl herself, my patient, she actually has started seeing a therapist to help her work through this anxiety. I told them that I was coming here today and I asked them what they would want you all as decisions makers, as legislators to hear, and her mom said what I want them to know is that just to think about the trauma and the suffering of the children. Think about the suffering of the children. And she actually used the word disintegration. Is the disintegration of my family worth it? Is it worth it? My children have never been to Honduras,

she said. Would I pull them out of school and have them go to a country that they have never been in or they lose their mother if I was deported and they stayed. I am the one who picks their clothes, who takes them to the doctor. Just kind of describing really what the impact would be on her, on her children, on the family with this uncertainty and the life that they are living.

Mr. LEVIN. Thank you. Thank you so much.

Dr. Barajas-Gonzalez, you know, we are Federal policy makers trying to think about the whole country broadly. What can you tell us about the broad implications of this Administration's actions, like the one I described and countless others, among all our constituents, on immigrant families and their children? You know, if you sort of wrap up about what you think the implications are and what we should do.

Ms. BARAJAS—GONZALEZ. So I wrote a social policy report that was published by The Society for Research in Child Development last year using a community violence framework to understand the impact of immigration enforcement threat on children. And so what you are describing speaks to sort of the long-term impact that we see of violence. Depending on your proximity to the violent incident, the duration of the incident, and how greatly you were impacted by it, you will see a manifestation in children that is equivalent to what you see with children that are exposed to violence. You are going to see lifelong trauma, you are probably going to see mental distress, potentially anxiety and depression later on, and you may also see underemployment and undereducation of children.

Mr. LEVIN. Wow. All right. My time has expired, but thank you so much for your testimony and all of your work.

Chairman SCOTT. Thank you.

The gentleman from North Carolina, Mr. Walker.

Mr. WALKER. Thank you, Mr. Chairman. And I want to thank all of the witnesses for taking the time to testify before our committee today.

However, I will not be asking questions today because the issue of our immigration crisis, while it is extremely important, does not fall within the jurisdiction of this committee. The main committee that has jurisdiction isn't even meeting in their own committee room today. So where are they? Well, they are in the Ways and Means room attempting to build a sham case to impeach our President.

Our immigration, yes, is in dire need of reform. However, holding hearings such as this one highlights the obvious disdain for this Administration from my colleagues on the other side of the aisle, but does nothing to advance solutions that will actually address the challenges faced at our southern border. This is not a Republican or Democrat thing.

With my ministry background I have led groups, as many as 10 different refugee camps, I've worked in 10 different refugee camps throughout Europe. This is a compassionate thing. But what we should be focusing on is a 2,900 percent increase in the number of families that dangerously are crossing the border this past year—60 different countries. We should be focusing on 2,200 pounds of fentanyl seized at the border over the past year, including 15 mil-

lion pounds of drugs seized since 2012. We should be focused on the alarming number of criminal organizations trafficking children across the border. You want to talk about anxiety for children? I can't think much worse than that situation. We should be focused on the 14,000 convicted criminals that cross the border. We should be focused on 4,300 migrants in distress that have been rescued at the border.

If we are truly committed to addressing the immigration crisis then we should be working together on the committees of jurisdiction rather than celebrating Festivus today, airing our grievances with no solution in sight.

I yield back.

Chairman SCOTT. The gentleman's time is expired.

The gentleman from Maryland, Mr. Trone.

Mr. TRONE. Thank you, Mr. Chairman, and Ranking Member Foxx for holding this important hearing today. And thank you witnesses for being here today.

We all agree all children deserve a safe and healthy childhood however, this Administration has continuously worked to implement policies that discourage or prevent children, families from accessing education, healthcare, and other services that they are eligible under the law.

One area we have seen the negative consequences in the Trump Administration's immigration policies and rhetoric is in early childhood space. In interviews with focus groups with early childhood education providers, the Center for Law and Social Policy has learned that many children who had previously attended early care education programs are leaving these programs. Many providers are reporting significant drops in enrollment, in attendance. But a child's eligibility for these Federal public programs is predicated only on the child's immigration status, not the parents. But the families are foregoing enrolling for fear of putting family members at risk.

Dr. Gonzalez and Dr. Falusi, given what we know about how the brain develops so much in the first 5 years of life, what are some of the potential consequences of this decline in early care and education enrollment and what could be done to further prevent these declines?

Ms. BARAJAS-GONZALEZ. Children who attend early ed centers and programs, such as pre-K, start kindergarten ready to learn. So what you see with children no longer attending those programs is you are going to see children starting off behind their other children and having to catch up. Because learning is cumulative, children are having to forego the learning they would have had in those centers because of family fear. So you are going to see lower academic achievement in the short-term and children trying to catch up.

Dr. Falusi?

Dr. FALUSI. And I would add that there is a direct link between education and health. We know that when kids are educated from an early age there is a return on investment on their health in the short-term and in the long-term. So these issues are very much linked and for that reason that we advocate for following the law that every child, right, should have access to quality education.

Mr. TRONE. So these policies are driving income inequality, driving health inequality, and certainly fueling our criminal justice system where we are spending \$80 billion when we should be spending that on education.

Supreme Court decision '82 in *Plyler v. Doe* was pretty clear about children's rights. But in recent years states like Alabama, have attempted to force schools to collect information about legal status of students. More recently, elementary school leaders in Tennessee refused to provide information to ICE when the agency requested student's records for fear they would compromise the security of their students and families.

Mr. Martinez, to the best of your knowledge, do teachers and leaders in the schools know the rights of their students? And can you tell us what some of the legal deterrents are in place to prevent ICE activity in these schools?

Mr. MARTINEZ. So the great thing is that we remind our teachers and our principals and our counselors, these are Federal laws. Privacy, for example, is protected for all of our children. We have actually even, because of Senate Bill 4, we even made our own policy for our school police because we work very hard to make sure the school police weren't subject to that law at the state. So we also work with our community organizations and parents for them to know that our police department doesn't have the ability to even ask them for their documentation.

And so for us it has been a constant training for teachers and for staff overall. I have been very fortunate that our staff have embraced it. Of course, you know, it is still very difficult to make sure that we have the trust of the parents. And that is the uphill battle for us.

Mr. TRONE. Yeah. You think the school leaders are prepared and comfortable to respond to these ICE requests throughout your area, like were made in Tennessee?

Mr. MARTINEZ. They are because we—you know, the guidance we give them is you call our police department, and our police have become experts in this, and that has been one of the unintended benefits of Senate Bill 4 is we have become experts on what we are required to do and what we are not required to do.

Mr. TRONE. Thank you.

I yield back my time.

Chairman SCOTT. Thank you.

The gentleman from Wisconsin, Mr. Grothman.

Mr. GROTHMAN. Thank you. I would like to thank you all for being here today.

Obviously a country has immigration laws for many different reasons. I have been down on the border myself three times this year. In addition to the reasons you have the laws, one of the things that struck me is how horrific it can be for the people trying to come here. You know, people dehydrating to death in the Arizona desert, women being assaulted by the horrible gangs that right now control the border because the United States does not control the border.

It had not occurred to me that it is horrible sometimes for the kids that come here too. Even when they get across the border, apparently it is very psychologically risky to them. And it is unfortu-

nate that parents, whatever, want to put their children in that situation.

I am going to each ask the four of you what you are doing in your private lives to make sure we don't have so many illegal immigrants coming here, subjecting their children to this uncertainty and possible psychological problems. Are you weighing in politically, are you writing letters to your congressman, are you educating the other congressmen here how bad it is when we let people in this country illegally, how the children are the ones paying the price?

I would like to go down each of the four of you, start with the one on my left, your right, as to what you are doing to try to discourage these illegal immigrants from coming in this country.

Ms. BARAJAS-GONZALEZ. The one on the right, Dr. Barajas-Gonzalez?

Mr. GROTHMAN. Right, right. You are first.

Ms. BARAJAS-GONZALEZ. I am a developmental psychologist, so I have been speaking with teachers, mental health professionals, educators—

Mr. GROTHMAN. I mean to prevent people from coming in the country in the first place. Are you advising the parents to go back home? Or what are you doing to—in your own sphere of influence to discourage people breaking the law and coming in the country?

Ms. BARAJAS-GONZALEZ. Ninety percent of the Latino children in the United States are U.S. born children and they are experiencing an extreme level of fear and concern given the political rhetoric.

Mr. GROTHMAN. I don't know anybody who is arguing against legal immigration. So I don't think that is the problem. What we are talking about today is you say there is fear among children because their parents have come to this country illegally and that someday they might be deported, which is understandable. Obviously, the easiest way to solve the problem is not have people come here in the first place.

So I am going to ask each one of you if you are concerned about the children or don't want to have more children in this country illegally, or children of parents who are here illegally, what are you doing in your own sphere—you are all leaders in your own community, I'm sure congressmen or senators would be listening to your concerns—what suggestions do we have, or what are you doing to prevent people from coming in this country illegally and presenting us with this problem?

Or you don't care if people come here illegally, you don't care if the children are being stressed, which seems to be part of what happens when we have people break the law and come in this country. Just as people, quite frankly, would be a little bit concerned, you know, whenever their parents are putting themselves at risk for doing whatever, you know.

Have any of you done anything? You know, written your congressman, written letters to the editor, you know, said this is what happens to children when parents decide to come here illegally instead of legally? Any of the four of you have any suggestions or have done anything to help this problem from getting worse?

Mr. MARTINEZ. So, Representative, with all due respect, what I tell my students and children, this is a nation of immigrants. That

is how our nation evolved, that is why it is the best nation in the world.

Mr. GROTHMAN. Are you doing—well, I know, every year in this country we swear in 700,000 new immigrants legally. I think we have about 4 million in this country on work Visas legally. The purpose of the hearing as I understand it is there is concern among children whose parents have broken the law to come here that they might be deported. Well, obviously one way to deal with that problem is not having people come here illegally. And I am wondering what you are doing, since you purport to see damages, psychological damages to children whose parents are coming here illegally, what you are doing to prevent in the future more children being in this predicament. And the obvious way is to say, you know, in the future, come to this country legally.

But what are you doing along those lines?

Ms. BARAJAS—GONZALEZ. Given the national anti-immigrant rhetoric, children are conflating their ethnicity with immigration status. So children who are here legally—

Mr. GROTHMAN. That is not answering my question. Is any one of the four of you—

Ms. BARAJAS—GONZALEZ.—and are here with parents who are here legally—

Mr. GROTHMAN.—no, no, they only give me 5 minutes here.

Ms. BARAJAS—GONZALEZ.—are feeling fear because they are conflating—

Mr. GROTHMAN. None of you have done anything?

Ms. BARAJAS—GONZALEZ.—their ethnicity with immigration status.

Mr. GROTHMAN. None of you have done anything to discourage illegal immigration or to encourage your congressman to—

Mr. METCALF. Congressman, I appreciate the question. As a prosecutor, I handle each case on a case by case basis. We do have people that are here illegally. They are treated exactly the same as their citizen counterparts and are given the same sense—

Mr. GROTHMAN. I am disappointed that nobody has done—none of the four of you have cared enough about this problem to contact your congressman or encourage somehow to prevent illegal immigration in this country. I am just very disappointed that you didn't care enough.

Dr. FALUSI. So I think I can best answer this question as a pediatrician by saying that the children that I see experience extreme trauma in their home countries and that is why their parents decided to leave.

Children don't just choose to migrate, they are fleeing and families who then come to the border seeking asylum are doing so because it is their right to seek asylum.

Mr. GROTHMAN. Thank you for—that is why I always tell people back home, I say I have a great relationship with my Committee Chair, Bobby Scott. Thank you for giving me an extra minute.

Chairman SCOTT. The gentleman's time has expired.

The gentleman from Texas, Mr. Castro.

Mr. CASTRO. Thank you, Chairman. I thank all of you for your testimony and for being here today.

We are living in an era where unfortunately this President and his Administration have a white nationalist running immigration policy. And they have tried to inflict the deepest harm with a viciousness that we have not seen, at least in a few generations. And that bigotry obviously has extended beyond the executive branch and into the legislative branch.

And I want to thank you for testifying to the harm that many of these students are experiencing. Immigrant children, the children of immigrants, and as was just mentioned even folks who are not in either of those categories, but are simply grouped in by the larger American society because of their ethnicity. That is what we saw in El Paso when a madman drove 10 hours from Dallas to El Paso to murder 22 people, most of those being American citizens, many of them, most of them of Hispanic or Latino descent. They were not immigrants at all, they were Americans.

So thank you, Doctor, for pointing that out, that it becomes an issue of ethnicity as well.

Right now, students lead dual lives in a way that none of us experienced when we were in middle school or high school. That is, they have a social life both in person and then a social life online. And one of the biggest problems that we have in schools, not only on this issue, but just generally, is bullying.

And my question is to you is because this creates—their status or the status of their parents may create a situation where they can be bullied, either by teachers or administrators or fellow students, and that bullying quite honestly can be across racial and ethnic lines, or even as I saw when I grew up on the west side of San Antonio, intra ethnic bullying, where people were calling each other wetback and call each other mojados.

Mr. Martinez, what do you see in SAISD today?

Mr. MARTINEZ. Yeah, I mean we have about 500 children that have been released from detention centers that are now in our district. And so one of the things that we are being very intentional about is where these children are placed. We do notice that as the children get older, especially children from Central America, they will sometimes clash with our students that are born in Texas or even from a Mexican descent. And so we have become just much more conscious about it. And the good news is we have enough schools that we can find the right placement, but we are even, for example, going to develop a newcomer center at Irving Middle School, which is a dynamic dual language academy now.

And so for us, we are making sure—we are trying to get ahead of it, especially because we know the numbers will probably continue to rise in our district.

Mr. CASTRO. To the doctors, either of you, if you have something to—some perspective to add on that?

Ms. BARAJAS—GONZALEZ. There has been an increase in aggression, such as bullying noted, with some children echoing what they hear in national discourse. So children may not be aware of what they are repeating, but it is being repeated in schools and causing distress to other children.

Dr. FALUSI. And I think what this calls for is increasing our capacity for mental health services for these children, making sure that clinicians, mental health professionals are trained in trauma

informed care, thinking about the totality of experience that the children have had, either in immigrating here or as children of immigrants, or experiencing the bullying in schools.

Mr. CASTRO. And, Mr. Martinez, I wanted to ask you also, can you give some context about in your school district who these people are? And thank you for bringing my friend, Patti Radle, the chairwoman of the board with you, a long-time advocate on the west side of San Antonio. Good to see you, Patti.

There is a lot of misinformation about who these people fundamentally are. I think it is odd that every Sunday pastors across this country ask their parishioners to go down to Latin America in a way that will be helpful to the people there, in a way that will help save the souls of their parishioners. Why is it that the people are good enough to be helped in Latin America, but they are not good enough sometimes to be treated as human beings here in the United States.

Who are these people?

Mr. MARTINEZ. Our experience, Congressman, is these are all individuals that want to follow our laws. In fact, you know, they have always received the statement that hey, as long as you are not a criminal, as long as you follow, you know, those type of laws, you are going to be fine. These are individuals who are active in their churches, they want to be active in their schools, they tend to be some of my best students. And, by the way, there is no one group. So some are undocumented adults where their children are born here, some are the children are born in a different country. They come from different places.

I have a group of children from Afghanistan that we have at one of our schools and they are wonderful families. They just want to understand the system in the U.S.

Somebody said this earlier, they are the most appreciative individuals that I have ever met. Everything we do, from our services providing them uniforms or food or giving them access to just resources in the community, they are the most appreciative individuals I have ever met in my life.

Mr. CASTRO. Thank you.

I yield back, Chairman.

Chairman SCOTT. Thank you.

The gentleman from Kentucky, Mr. Guthrie.

Mr. GUTHRIE. Thank you. Thank you very much.

I apologize, I have been in another hearing that I was Ranking Member, so I couldn't come to this. So it is important to be here. And so I didn't hear a lot of the context. But I am going to—just briefly, as Mr. Metcalf knows, I am from Bowling Green, Kentucky, a refugee area, and my family personally is helping several families that are in TPS status from El Salvador. They came in 2001. They are legally in Bowling Green, Kentucky. They are legal status, but it keeps getting updated every year and a half or 3 years, depending, so they always have to hit a deadline and it really brings a lot of discomfort to their family and trauma because their kids are U.S. citizens, their kids speak—I have talked to a parent where their kid is translating and the parent will say. I know a limited Spanish to know what that means, and you hear the parents says, and the kid looks at me and says yup. And so that means when

they learn how to speak they speak with a Kentucky accent. I mean it is just—they are honor students in high schools that are there, but they live in this fear that—how are they going to send the parents home when their kids are U.S. citizens and we move back and forth.

And I just want to remind, because I worked on it, you know, about this time last year, about a month from last year, the President offered to sign TPS and he offered to sign DACA if he could come up with a deal on our funding, and we just couldn't get there. And the President has said that he would sign DACA and he would sign TPS. I just wanted to put that in there for the record. That was an offer that he made, because I—I know the TPS because I was involved in it.

So still they did get an extension, but they are still extending. We are trying to help them get permanent status, but that is where we are.

And hopefully we can come together bipartisan to solve this problem, because it is a real problem and kids do get—face it, when their parents—I mean these are legal parents who may lose their legal status and then the kids are—I mean they don't know El Salvador, they were born and raised in Bowling Green, Kentucky. They are as Bowling Green, Kentuckian as I am.

So we just need to be mindful of that when there may be an opportunity to do something coming up very, very soon on this. So hopefully people will be mindful of that.

But the biggest issue, Mr. Metcalf—again, it is great to have you here, it was great to be in your hometown the other day—as an immigration judge—this is the biggest thing we get—the children at the border, they get an ORR, which I was in a meeting earlier that has oversight of Office of Refugee Resettlement, and then there this is big lag between getting their adjudication, which they have the right if they come here claiming asylum to be adjudicated. But it seems to be this big lag and how you handle the children between coming here and making their asylum claim and going through the judicial system.

So what is a typical caseload and the backlog, and what would be your suggestions of dealing with it?

Mr. METCALF. First of all, my caseload in Miami was 1,400 cases. I inherited from a judge who had retired. I cleared my 1,300–1,400 cases almost within a year. All I did was hear cases. I would open court at 8:00 and I didn't close court until the last case had been heard.

Mr. GUTHRIE. Does that give you enough time to—I guess you know going in—you prepare before you go in. I know how you operate, but—

Mr. METCALF. Right. I prepared every case and I stayed late. I didn't seek a law clerk because the law clerk knows the law, but the judge doesn't learn it unless he is doing it.

To give you an example of what needs to happen is we need more judges. With more judges you can adjudicate more cases. When I finished in Miami—when I started in Miami, we had roughly 150,000 cases in backlog. When I finished in Miami we had 186,000 cases in backlog. As we sit here today, we have over a million cases in backlog. And the way to deal with that is like we deal with

anything else, methodically, professionally, and of course, compassionately. Everyone who came into my courtroom was treated like a person from my hometown. I spoke to everyone in a manner that dignified their presence in my courtroom. I would not allow any court officer to speak down to anyone. Everyone was addressed as sir or ma'am in the language of their choice or usage. Everyone was treated in the way I would want to be treated if I was sitting on the other side of the bench. And I think that is true of most of our judges. And handful of a handful misbehaved and we deal with that, just like we do with any other problem, by professional correction.

But the idea that we can work down these caseloads, Congressman, by having more courts, more judges, methodical enforcement of the law, I think is the best way to go about this. There are no magic wands that can be waived over this problem. It is a human problem and it becomes—as a human problem it is a very complex problem. But the only way to deal with it is to deal with it affirmatively and see these problems as opportunities to demonstrate due process to those who are seeking relief in our courts and show that the rule of law is being followed regardless of who they are.

Mr. GUTHRIE. Thank you. And I am out of time. You are right, it needs to be compassionate. When you look these children in the eye, it is a real—it touches your heartstrings. And Congress shouldn't just look down at the other end of the Pennsylvania Avenue and complain about what is going on, Congress needs to address this problem as well.

So I call on my colleagues, let us all work together to do that. Thank you very much.

Mr. METCALF. Thank you, sir.

Chairman SCOTT. The gentleman's time has expired.

The gentlelady from Illinois, Ms. Underwood.

Ms. UNDERWOOD. Thank you, Mr. Chairman.

As a public health nurse I am deeply concerned about the health effects of this Administration's policies on children, families, and the communities they live in. And the people I represent in northern Illinois share these concerns.

Dr. Falusi, you write in your testimony that the Administration's proposed changes in its public charge rule are having "a chilling effect", preventing legal immigrants and mixed status families from accessing healthcare that they are legally eligible for.

As a pediatrician can you tell us about the potential consequences if these children don't receive care, such as well child visits, particularly for very young children?

Dr. FALUSI. Thank you for the question.

So the chilling effect that we are seeing is in effect in the reduced use of these benefits, despite the fact that the families are eligible for them. The consequences of not utilizing those benefits are children would be less likely to see me, to have their well child visits. In a well child visit we screen for developmental concerns, mental health, we test for anemia, we test for lead, we ask them about their school status, their nutrition status, we inform families about how to care for their children.

Having two children myself, I know that it is not easy being a new parent and I see a new child at least eight times in their first

year, if not more. So imagining those families not seeing their pediatrician and going without that guidance, that care, those screenings and medical treatment where needed is really concerning.

Ms. UNDERWOOD. Now, the proposed public charge rule hasn't gone into effect, but it has been halted by the Federal Courts.

Dr. Falusi, how would those consequences you just detailed be exacerbated if the new rule does go into effect?

Dr. FALUSI. So what we worry about is families continuing to call us to unenroll from programs that they are eligible for. So this is beyond even the families who would be directly impacted by the public charge rule, but going into the much broader immigrant community, including those who are, as you have said, legal documented immigrants, those who may actually even be naturalized citizens. But because the law is so nuanced, it may not recognize whether or not they actually are directly impacted.

So I worry about families who are not sort of covered under this public charge rule choosing not to utilize the benefits, and those who may be, actually then not utilizing other benefits, such as WIC, that are not even included within the public charged proposed rule. But since it is a Federal Government benefit, families are hesitant to utilize them.

Ms. UNDERWOOD. Yeah, I am really concerned about the public health impact of communities all across this country.

I want to focus on one of the basic medical services that children get at these visits, which are immunizations.

Vaccine hesitancy and misinformation are at dangerous levels in America. Policies that risk lowering vaccination rates risk the health of children, of seniors, of pregnant women, cancer patients, and other vulnerable populations. But this Administration's actions risk actively undermining public health and efforts to ensure that children get the vaccinations that they need.

Dr. Falusi, what are the specific public health consequences if children in immigrant families delay or do not receive immunizations?

Dr. FALUSI. Right. It is just as with any child going without vaccines leaves the susceptible to illnesses such as the flu. We are entering flu season now, much concerns, right, about kids who may be unvaccinated against the flu coming in with coughs and colds and fevers that may last a week or two or ending up in our hospitals or in our ICUs.

I also recognize that I have trainees who have never even seen some of these illnesses that we have been vaccinating against for 10 or 20 years and worrying now that we may have more children who are unvaccinated and coming in with these illnesses that we have stopped sort of thinking about because we have been fortunate enough to have a—significantly reduced the frequency of these illnesses. And we also know that children then go to school and I worry about children who are unvaccinated being around other children as they—we all know children share germs very readily and being that it is again wintertime, germs can spread easily indoors.

So I think it is incumbent upon us to ensure that children have full access to the healthcare that they are eligible for and they deserve, including these public health measures, such as vaccines.

Ms. UNDERWOOD. And obviously, vaccinations are critical to reducing preventable death, right? And so if we have a whole cohort of children around the country who are not getting the critical vaccinations, which could save their lives, we have a real problem on our hands.

As you noted in your testimony, 1 in 4 children in America lives in an immigrant family. These consequences will be felt in all of our communities.

The Administration has also needlessly separated children from their families, violating the fundamental values of my community in northern Illinois and failing to make our country safer. I have seen this firsthand on my oversight visits to the southern border. The negative effects of family separation on children's physical and mental health are indisputable. And last month a Federal Judge ruled that the U.S. government must provide mental health services and screening to children to address the trauma of family separation.

Dr. Falusi, I am going to send you some questions for the record about that family separation policy and the toxic stress and long-term impacts of those early childhood experiences.

But thank you all so much for being here and for sharing your expertise with our committee.

I yield back.

Chairman SCOTT. Thank you. The gentlelady yields back.

The gentleman from New York, Mr. Morelle.

Mr. MORELLE. Thank you, Mr. Chairman, for the opportunity to discuss how children are adversely affected by harmful immigration policy and thank you to all our witnesses, both for the work that you do and for your willingness to be here to share your expertise with us on this important topic.

Just 2 months ago we held a subcommittee hearing to discuss the adverse impact that traumatic experiences can have on the emotional growth and success of children. In my district, in Rochester, New York, nearly 1 in 3 children have a traumatic experience that will hinder their emotional, social, and academic success if not properly addressed. And I was pleased at the take away from the September hearing was a consensus by our witnesses that trauma informed practices on education are critical to ensuring a fair shot at academic success for those children. And I am proud of the committee's work to do better by our Nation's youth, including immigrant children.

This past July I had an opportunity to visit with some of my colleagues the southern border, both in Texas and in Mexico and saw firsthand the difficult conditions immigrants and asylum seekers are facing, simply for daring to seek a better life for themselves and for their families. I always think, parenthetically, that I suppose I should be grateful my great grandparents sailed into New York Harbor at the beginning of the 20th century instead of arriving at the wall in 2019. And it is hard to imagine that America was more progressive in the early 1900s than it is in the 21st century,

but I will leave that to another committee to discuss immigration policy.

But the adversities facing immigrant children, starting with conditions at the border and extending to every day discrimination and fear of deportation, it is clear that children are experiencing various forms of trauma that will impact them for years to come. And we are seeing the effects trickle down to the education and the other resources available to them.

A report by the Center for Law and Social Policy described decreased attendance in childcare and educational programs by immigrant children in recent years resulting in reduced exposure to critical brain development, emotional management skills, and academic success. And as a result, schools are now more than ever in need of support to help students of all backgrounds cope with increased anxiety and fear.

And I wanted to ask a question of Superintendent Martinez. In October 2019 the Trump Administration reported at that time, which is just a couple of months ago, a total of 5,400+ children had been separated from families at the border. And can you just share what schools are doing to assure that those children who have experienced family separation are receiving the proper services to address the traumatic effects, the mental, psychological effects that come from these adverse experiences?

Mr. MARTINEZ. So we are getting demand for mental health services more than ever. And this is something that is happening nationally, not only in San Antonio. And so we are actually developing now—we call them care units. These are specialists that are staff that are actually therapists so that teachers don't feel that they have to take that burden on. And so we are creating small teams now within our district. And this is something that I am seeing in other districts across the country as well, sir. And it is—unfortunately, again, these are not extra resources that we are getting, and so this is something that again we are trying to find resources both internally and from philanthropy even to support us.

Mr. MORELLE. So I am curious, if can just follow up, how able are you to—as children I am sure are pretty transient in these circumstances and move from district to district, are neighboring districts or districts throughout the state able to track them as they move from district to district? Is the Federal Government playing a meaningful role in trying to help monitor that movement?

Mr. MARTINEZ. Sir, our biggest challenge is some of these children end up in foster care and unfortunately our foster care system was already in trouble, at least in Texas, and it was even in Illinois where I grew up. So there, child services is also overwhelmed. So what we are doing right now is just having the conversations and saying, okay, tell us what services that you have, how do we leverage our own resources. We offered again, you know, with our therapists and counselors again, we don't have many, and so for us that is what we are fighting. And these are children that are several traumatic. I mean some of them are very, very upset, very angry, they get violent.

And so the good news in our district is that I have seen is the compassion from our teachers because they know—you know, they see what these children have gone through.

And so the challenge is not every district has that ability. And some of my colleagues in the smaller districts have even bigger struggles than I do.

Mr. MORELLE. And I have just a few seconds remaining, but I am curious, are you doing more in-service education with teachers and folks who are in touch with the students to share with them best practices around trauma informed care?

Mr. MARTINEZ. Yes, sir. It has actually become our number one request from teachers, which is great. So it is—we are not even mandating them, it is their number one request from us and that is now starting to drive all of our professional development.

Mr. MORELLE. Thank you, all of you, and thank you, Mr. Chairman.

Chairman SCOTT. Thank you.

The gentleman from Pennsylvania, Mr. Keller.

Mr. KELLER. Thank you, Mr. Chairman. And I would like to thank the panel of people here to testify here today for being here.

I think there is one thing we can agree upon, and that is our entire immigration system is broken. While the humanitarian and security crisis at our southern border made headlines for months just less than a year ago, nothing has gotten done on comprehensive immigration reform since the majority in this chamber has lost their focus.

While I have dealt with the topic we are discussing today in the House Oversight and Reform Committee, multiple times this issue of immigration reform generally belongs in the Judiciary Committee. So we have dealt with it many times. It belongs to the Judiciary Committee.

What is the House Judiciary Committee doing today? Holding another impeachment hearing. No wonder nothing is getting done addressing this and other serious issues facing our immigration system. In this committee, instead of focusing on things within our jurisdiction, we must focus on picking up the slack for the Judiciary Committee. While the topic of today's hearing is concerning the harmful effects of our broken immigration system, this committee has jurisdiction over a number of other areas that need to be addressed.

Children are harmed when they are burdened by student debt and failed education policies, children are harmed when this committee does not do our job properly, reevaluating nutrition needs through the child nutrition reauthorization process. Children are harmed when they need prescription drugs and their families cannot afford them. Those are all things that can be addressed in a bipartisan manner in this committee, but not doing so is another opportunity cost of impeachment.

Again, I believe most of us agree that immigration reform is needed, but that is not within the scope of this committee.

Mr. Metcalf, I just wanted to follow up on something in your testimony that I read and saw, and I want to make sure that I am clear on this.

Children in America's public schools are afforded the same opportunities for access services and education as students with legal status. I mean all the students are accessible to all the same benefits.

Mr. METCALF. That is correct.

Mr. KELLER Okay. So really the children of people that may not have legal status in the United States are still getting all those—all those things are available to all the children.

Mr. METCALF. Still going to school, still eating, still receiving all of the benefits that their native-born counterparts receive.

Mr. KELLER Okay. I just wanted to make sure that is clear, because I think that is so important because that really does explain where the jurisdiction of these lies.

You know, the distractions of the Judiciary Committee and the lack of the majority of this House to address these issues, which for a period of time they denied, has really had a cost to our Nation's children.

And the other thing I would also say is a lost opportunity by Congress since they are focused on other things, is children of our active duty military and our veterans are harmed when Congress doesn't pass the National Defense Authorization Act so that our people protecting our Nation and our way of life have the resources they need to be safe. And I wonder what happens to those kids when they are worried about whether or not their mother or their father is going to have what they need to protect us here at home.

With that, I yield back. Thank you.

Chairman SCOTT. Thank you.

The gentleman from Pennsylvania, Mr. Thompson.

Mr. THOMPSON. Chairman, thank you. Thanks to members of the panel for being here. You know, hopefully, you know, we have gotten kind of a dose of reality that is opposed to the title of this mistitled hearing. We all want what is best for kids, for children, and certainly children of folks—parents that make decisions to put their children in harm's way to bring them here versus using a legal immigration system. And I will be the first to tell you that our legal immigration system is broken, it needs to be fixed. We quite frankly need to make sure the front door into this country works and works well for people who want to come here and be citizens. But, you know, a lot of the concerns we have heard about today, it was kind of interesting to see and see some of the references within the testimony.

Judge Metcalf, thank you for some of the references that you put in there, you know, showing how what has been blamed on the Trump Administration very clearly through the documentation started that practice with cages, and that is what they look like, whether that was the intent or not, it was under the Obama Administration.

Judge Metcalf, there has been a lot of concern expressed today about immigrant families not accepting services that they are eligible for out of fear of exposure. In your testimony you discussed several immigration reform efforts you think would address the various problems in our current immigration policies. Judge, I know you are not an expert on all the programs in this committee's jurisdiction, but how would your proposals make it more likely that immigrant families would feel more comfortable claiming services that they are eligible for?

Mr. METCALF. I missed the last part, eligible for or not eligible for?

Mr. THOMPSON. That they would be eligible for.

Mr. METCALF. First of all, education. That is the first thing you—first of all, you tell the kids at point of receipt of services and tell the parents at point of receipt of services. The way we educate in Kentucky, and that is my only reference point, and my experience in Miami, public services do a pretty good job of telling people what they can get. And when you are educating around the receipt of public services, it clues everybody in to what they can have, and what they can't have in some cases.

What I prefer to see is that we use education as a tool to assimilate everyone into our democracy. And even when it comes to those who are here illegally, treating them with the dignity required by the Immigration and Nationality Act assures them that we have a rule of law solution to these problems.

Mr. THOMPSON. Yeah. I know this is a basic question to many involved in immigration policy, but since the underlying immigration issues raised by this hearing fall outside of our committee's jurisdiction, could you just provide us a brief overview of the various immigration statuses that immigrant children and their families would have?

Mr. METCALF. I think the way to look at it is this, when someone enters the U.S. illegally—and by that I mean come in across—violate a border or let us say overstay a Visa—you are not removing the children per se, you are removing the lead alien. The lead alien is usually the father or mother who brought these kids in. The kids, they are going to be treated just like kids any other place, and that is the way they should be treated. Their status is uncertain at that point, but they are alleged to be illegal.

Now, what I prefer to do in all of those cases is—when I was a judge—is to say what relief can this person seek. Is it asylum only or might they qualify for a form of cancellation or adjustment. And in those cases, we gently nudge through the attorneys before the court to getting these people in the right form of relief so that they would have their best chance to succeed in front of the court.

Now, as to the other—as to the balance of your question, the only way I can answer it is by looking at the various statuses that are available. One is TPS. TPS has to be renewed. As long as you obey the laws, generally speaking, you don't commit two misdemeanors, in other words class A misdemeanors, you are going to be fine until it is determined that a whole class of individuals is supposed to leave. Those are the only things that I can think of that mirror a response to your question, sir.

Mr. THOMPSON. Thank you.

Thank you, Chairman.

Chairman SCOTT. Thank you.

The gentlelady from North Carolina

Mrs. FOXX. Thank you, Mr. Chairman, and again I want to thank our witnesses for being here today.

Mr. Metcalf, I appreciate very much the way you have described how you have handled cases in your court. And I think that should put to rest in the minds of a lot of people that we have got people in these courts who are treating people unfairly or unkindly. And I appreciate those comments that you have made. And it certainly shows that there are judges, and my guess is that you are rep-

representative of them, that do show compassion to these immigrants regardless of their status.

As you said in your statement, we have the most welcoming and inclusive laws on the planet. But could you also talk about the damage done to our country when we ignore our own laws, and in some cases actively encourage people to ignore the laws?

Mr. METCALF. Yes, ma'am.

The whole point of our Immigration and Nationality Act, it has three goals. It was produced—or it was passed to do three things. One is to attract the talented and the hardworking. Two, it was meant to provide relief or redeem the persecuted. And three, it was intended to remove the offender. It serves those purposes very well when we enforce the law, when we make borders sovereign, when we give relief to those who merit relief, and we bring them into what I like to say is—excuse me—into full communion with the rest of our society. And the way we do that is by following the laws that are on the books. The way we got here is we were not following the laws on the books. And the way we get out of it is to start following the laws on the books.

Now, what has been addressed, Madam Ranking Member, is a DACA solution. From talking to staff, I understand there is support for that. That is a great way to start and bringing everyone together at the same table and putting DACA into effect, codifying it in other words. I think that is a perfect way to begin to solve the problems that this hearing has identified.

As far as making sure that people that are here illegally receive the full benefits of education and healthcare and meals, I think everyone in this room is all about that, ma'am. And I think that is a down payment on being able to convince people that we are striving to do the right thing.

Mrs. FOXX. Many of my colleagues have pointed out, and I really want to associate myself especially with what Mr. Wright said and some others who talked about our language, illegal is the appropriate term for us to be using, as I understand.

Mr. METCALF. It is, ma'am.

Mrs. FOXX. And the language of the statute used the word alien because someone who is not a citizen but is here is legally an alien. And so the term illegal alien has been used usedappropriately.

You also talked in your testimony about the subject that has come up today about the Trump and Obama Administrations' approaches to unaccompanied minors. Could you walk us back through that data, explaining how those numbers have changed and describe to what extent the Obama and Trump Administration approaches have been different?

Mr. METCALF. Well, ma'am, I think that first of all, you can see that—and I refer to page two in my testimony and I outline the fiscal years and the people who were then placed—the children who were placed in the UAC programs. We know that beginning in the fiscal year 2013–14 we had a tremendous surge at the border. In that year the Obama Administration did exactly the right thing, it placed 53,000 children in a UAC program. This is the same year, in fact, where we have the picture that has been described as a cage. Those were actually chain-link fences that were brought—or gates brought together and created a vertical barrier. As far as I

know there were no horizontal barriers that were used to pen children in. And, in fact, it is wise for us to remember that was termed as cages were intended to keep children in a safe area and away from things that might harm them if they got out of control, for instance. That has been way too politicized.

But when you look at what the Trump Administration did with the next huge surge, which is FY 2018–2019, you have about 73,000 people, and we brought in \$4.6 billion of aid to the border to address hygiene, food, healthcare, for all of these people. I call that a win for Congress, I call that a win for the executive.

Mrs. FOXX. Thank you.

I yield back, Mr. Chairman.

Chairman SCOTT. Thank you.

Dr. Barajas-Gonzalez, as you are aware, the Flores decision requires children in immigration detention under the Office of Refugee Resettlement receive an educational assessment upon arrival at the detention center. Why is that assessment important, particularly for those eligible for services under IDEA?

Ms. BARAJAS-GONZALEZ. An educational assessment helps establish a baseline of understanding of the child's developmental competencies at that time. Given that many children are going through traumatic experiences, the assessment allows educators and practitioners to gauge where children are. My understanding is that the assessment needs to be done with someone who is creating a safe space for the child to be able to demonstrate their competencies in their language of origin and that the child needs to feel safe and needs to have good sleep, be well nourished. And that allows for a baseline understanding of the child's competencies.

Chairman SCOTT. And if they are eligible for services in the IDEA?

Ms. BARAJAS-GONZALEZ. That I am not as versed in, but I am happy to do research and get back to you on that.

Chairman SCOTT. Okay. Thank you.

Dr. Falusi, we heard about the problems if children are discouraged from getting immunizations. What other problems occur if children are discouraged from accessing public services, like healthcare and nutrition services?

Dr. FALUSI. Thank you for the question.

The things that I worry about are children not getting those basic screenings that I mentioned and going under the radar. If they have development delays, for example, we screen for motor delays, speech delays, we screen for autism. So I imagine then children who may have some of these risk factors not getting diagnosed and possibly then not doing as well in school or in their communities. Whereas we know we have really effective therapies to be able to address these issues once we discover them in our health centers.

Chairman SCOTT. So if you are doing the assessments and they are eligible for services under IDEA, it would be important that they be identified early so those services can be available early?

Dr. FALUSI. Absolutely. We know that early intervention is really the best way to address some of these delays and concerns.

Chairman SCOTT. Okay. And you mentioned toxic stress. What problems occur when people are subject to toxic stress?

Dr. FALUSI. So children are especially sensitive to toxic stress. The toxic stress response in children can manifest both physically, so with fatigue, trouble sleeping, the delays as I mentioned, acting out behaviors, including actually aggression, but then I see a lot more of depression and anxiety and withdrawing behaviors. What we know is that then in the long-term, as this stress response continues over time, is that it can have immeasurable and long-lasting effects on their bodies, including things that may be expected, like post-traumatic stress disorder or continued depression and anxiety. But then also physical illnesses, diabetes and heart disease, and even increased risk of cancers.

So these early childhood exposures certainly have—and research has shown over and over—long lasting physical and emotional effects.

Chairman SCOTT. Is there anything you can do about it?

Dr. FALUSI. Certainly. We can ensure that children are not subjected to fear and anxiety. We can encourage families to utilize these services and benefits that they are eligible for and that when they do there is no stigma attached to it. Additionally, we can ensure that children stay with their parents or with trusted adults. What can buffer toxic stress is having an adult who is caring and who is responsible for that child to stay with them to buffer that stress. And we all undergo stress, including children, but we don't see as many of those long-term effects if there is a parent there who has not been separated from them, but actually remains with them.

Chairman SCOTT. Thank you.

And, Mr. Martinez, how does the school system respond if a lot of children are showing up with a gap in education?

Mr. MARTINEZ. So unfortunately that is the story of our lives in San Antonio. Sixty percent of my kindergarteners are at the lowest level nationally. And so for us what we have done is just ensuring that—first we have preschool programs, we have diagnostics so we can identify where children are at. We are trying to recruit the best teachers, and we have had a lot of success in bringing in those teachers, because there is no magic bullet. It is having more resources, more teachers that can understand what the needs are.

And, of course, having solutions for the non-academic challenges, because whether we like it or not, those issues become very relevant if they are not addressed in a—if they are addressed early I have seen amazing things happen with children that have autism, children that have speech impediments. When it is caught early, it is amazing what can be done with those children as they get older.

Chairman SCOTT. Thank you. My time has expired.

I recognize the Ranking Member for closing statements.

Mrs. FOXX. Thank you, Mr. Chairman.

Before I turn to the substance of this hearing, I think it is important to note a few issues about this hearing.

First, hearings should be about fact finding. The title of this hearing presumes a conclusion rather than poses an issue to discuss and learn about it, which leads to the second point. Mr. Chairman, you said at the beginning immigration policy is not in our committee's jurisdiction and we should not discuss what each ad-

ministration did or said. However, the hearing title and your opening statement are all about immigration policy.

When it was decided to call a hearing on the topic that is clearly outside of our jurisdiction, no matter how much you try to couch it, you should not be surprised that members of this committee will talk about the underlying policy.

And it should not be a surprise that our members will take offense to the argument that we should not enforce our laws.

Finally, many members on the other side of the aisle made comments about amendments we offered to protect babies born alive in the Higher Education Act markup, saying that was outside of our jurisdiction and not appropriate for discussion about the HEA. I disagreed with that notion considering we were discussing funding that supports institutions and we should do what we can to protect all life. I wish the majority could see the need to protect all children.

Now, this hearing showed us what we learned before, children who face trauma need assistance in our schools and communities. We also know that it is incumbent upon parents to help prevent that trauma when they can. When the parents are the cause of that trauma we need sufficient support in place to help those children. That is not in dispute and it is something we should and have discussed in this committee.

What we also learned is that we need immigration reform and enforcement if we are going to help these children, these families, and our communities. And that reform will come only if we put the politics aside and work in a bipartisan fashion. We know this is possible, Mr. Chairman, because you have demonstrated that in other situations.

I sincerely hope we can consider the directive to discuss this issue has been met and we can get back to working in a good bipartisan basis moving forward.

With that, I yield back.

Chairman SCOTT. Thank you.

I remind colleagues that pursuant to committee practice, materials for submission to the hearing must be submitted to the Committee Clerk within 14 days following the last day of the hearing. Materials submitted must address the subject matter of the hearing. Only a Member on the committee or an invited witness may submit materials for inclusion in the hearing record. Documents are limited to 50 pages each. Documents longer than 50 pages will be incorporated into the record by way of an internet link that you must provide to the Committee Clerk, but please recognize that years from now that link may no longer work.

Finally, without objection, I would like to enter into the record a report from the U.S. Commission on Civil Rights that outlines how the Administration's changes in immigration policy have created an unnecessary human and civil rights crisis at the southern border, a brief from the Society on Research and Child Development that explains how the threat of deportation negatively affects children's development, a paper from the U.S. UCLA Civil Rights Project that examines how the current Administration's immigration policy has contributed to educator stress and mental health difficulties, research from the Center on Law and Social Policy ex-

plaining the chilling effect the Administration's immigration policies have on early childhood education program enrollment, and a joint Dear Colleague Letter from the Department of Justice and the Department of Education published during the prior Administration detailing steps for schools to ensure their enrollment procedures are in compliance with *Plyler v. Doe*.

In closing I want to recognize myself for the closing statement. I thank our witnesses for being with us today. The hearing provided committee members the opportunity to examine facts surrounding immigration policies and how they are harming children within our borders.

I want to highlight just a couple. We have a moral and legal responsibility to protect rights of children, immigrant children, and guarantee all children access to education and nutrition programs they need to grow and learn. As I have said before, we are not responsible for the immigration policy, but we do have a responsibility to ensure that each child in this country can have a safe and healthy childhood.

So I want to thank our witnesses for being with us today and look forward to working with all of my colleagues towards that shared goal.

And the hearing record will be held open for 14 days to receive any further comments.

Is there any further business to come before the committee? If not, the committee is now adjourned.

[Additional submissions by Mr. Castro follow:]

House Committee on Education and Labor

"Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children."

December 4, 2019

Statement for the Record of Myra Jones-Taylor, Chief Policy Officer, ZERO TO THREE



Mr. Chairman, Ranking Member Foxx, and Members of the Committee:

On behalf of ZERO TO THREE, I wish to express our deep appreciation to the Committee for holding this hearing, helping to keep the ongoing, unjust treatment of children in immigrant families in the consciousness of your colleagues and the public. Under the current Administration, immigration policy has taken a drastic turn, putting many children and families at risk: more than 5,400 children have been separated from their families;² further, attacks on eligibility have contributed to steep declines in participation in vital programs that support families with children.³ Together these policies jeopardize access to the supports for healthy development for millions of young children in immigrant families.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and healthy development.

As we continue to learn more about the emotional and physical toll of recent immigration policy changes, specifically as they pertain to young children, ZERO TO THREE is compelled to reiterate what decades of childhood trauma research clearly spell out about its impacts on young children: Separating children from their family members or trusted adults, holding children in detention centers, stripping families' of their rights to basic needs through the expansion of public charge, publicizing Immigration and Customs Enforcement (ICE) raids, thus deliberately instilling fear in immigrant families and communities, and any other policy that deprives children -- American or not -- of the opportunity to thrive is not in the best interest of our society. The ramifications of such policies are persistent and could lead to lifelong harm.

The Science of Early Development Explains Special Risks for Babies.

The research is clear - babies develop and learn within the context of their earliest relationships and experiences with the trusted adults around them. As babies, the ways in which we are held, talked to, and cared for teaches us about who we are how we are valued – experiences that profoundly shape the people we will become. Because of the essential role of close relationships in early development, babies in turn are affected by the emotional well-being of their caregivers and families. These experiences and relationships influence the foundational brain architecture on which all later learning will rest.

The period of extraordinary development that takes place in the first three years of life is also one of great vulnerability. Infants and toddlers who do not receive the positive experiences needed for strong development in the first years of life, who are stripped of the protective relationships and environments that can buffer them from adverse experiences, can rapidly fall behind. This is precisely the situation in which very young children at the border find themselves: the actions of representatives of the United States government are placing their early development and long-term well-being at grave risk.

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

There is a common misconception that babies are too young to be affected by the events around them – that they do not notice when they are separated from their parents or held in detention centers. In truth, at the very foundation of babies' development, intense trauma almost inevitably creates physiological damage to their brains, and emotional damage that they will carry into the future.

Recent Immigration Policy Creates a Pattern of Stress and Trauma for Young Children.

Over the past several years, changes in immigration policy have increased the situations that result in stress and trauma for young children and their families. Traumatic experiences inflicted upon these young children, such as separation from close caregivers, detention with or without families, and being housed in orphanage-like facilities, could lead to lifelong harm and are tantamount to child abuse.

Upon implementation of the current Administration's "Zero Tolerance Policy" (Zero Tolerance), young children whose families sought safety in the United States were separated from their caregivers primarily their parents, or trusted family members marking a drastic change in the treatment of families seeking refuge and asylum in the country. Subjecting young children to separation from trusted adults creates trauma that could lead to lifelong harm. Further, placing these children, along with older children in Customs and Border Patrol detention, as happened for a period this past year, and exposing them to unhealthy living conditions is grossly inadequate care that puts them at further risk of long-lasting trauma.

As protests against Zero Tolerance mounted, the Administration looked at placing more children and parents in family detention. However, long-term family detention is blocked by the provisions of the Flores Settlement Agreement (FSA), which created protections for immigrant children in U.S. custody. The regulations promulgated to take the place of the FSA would wipe away the protections given to children that effectively prohibit unlimited family detention, an unhealthy situation for children, and especially the very young. ZERO TO THREE was proud to stand with 20 other organizations to file an amicus brief on the impact of the Rule on children. The brief detailed many ways in which the Rule, which was rejected by the court and is now on appeal, would harm children. Drawing on our longstanding expertise in infant and early childhood mental health, one of these focused on the impacts on young children's emotional well-being:

Sending infants and toddlers, even with their parents, to institutional detention is profoundly destructive to the health and well-being of a young child. Decades of research in child development clearly show that physical and social environments have a significant impact on children's healthy development. A baby's brain makes more than one million neural connections every second, growing faster than at any point later in their life. These connections are shaped by their experiences—both positive and negative—and the consequent level of harmful stress in their lives... Early childhood trauma has severe implications for both physical and emotional health over time, increasing young children's risk for learning difficulties, problems forming relationships, and adult health problems.ⁱⁱ

While Zero Tolerance has ended, some young children continue to be separated from the caregivers who brought them to the U.S. border. Since the Office of Refugee Resettlement (ORR), which cares for unaccompanied children, has traditionally cared for older children who made the journey to the U.S.

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

alone, they have scrambled to find suitable placements for younger children and have contracted for at least one congregate care facility housing only children from birth to age five.^v As we explain below, such an arrangement is unsuitable to meet the developmental needs of children who need interaction with a continuous caregiver in order to thrive.

Evaluations of children who have been detained in similar conditions, even with their families, reveal alarming outcomes for young children, with many displaying developmental delays and signs of emotional disturbance.^x The long-term harm of family detention on children is well known. Research has shown that children in detention are more susceptible to Post-Traumatic Stress Disorder (PTSD) symptoms as compared to adults.^y Further, researchers have found regressions in child development, suicide attempts, and high levels of anxiety and depression in children in detention.^z While even brief periods of detention impact children's functioning, worsening mental health symptoms increase the longer a child is in detention.^{zz}

Creating barriers to services that help families meet their basic needs harms children and families.

Beyond reliable relationships that foster good mental health, babies and toddlers need safety, good nutrition, and health care in order to have strong physical health. It is widely understood that programs like SNAP, Medicaid, and housing assistance are critical for infants, toddlers, and families. When babies have access to resources that provide safe, stable housing, access to quality, affordable health care, and good nutrition, the neural connections in their brains are strengthened, forming a strong foundation for healthy development. Conversely, when babies do not get what their growing brains need to thrive, they do not develop as they should, leading to life-long developmental, educational, social, and health challenges. The recent attempts by the Administration to severely limit immigrant families' access to critical supports that help them meet their basic needs undermines children's ability to thrive.

Previous experience and recent research suggest that the expansion of the public charge definition will lead individuals to forgo enrollment in or disenroll themselves and their children from public programs because they do not understand the rule's details and fear their own or their children's enrollment could negatively affect their or their family members' immigration status.^{aa} For example, prior to the final rule, there were growing anecdotal reports of individuals disenrolling or choosing not to enroll themselves or their children in Medicaid and CHIP due to growing fears and uncertainty.^{ab} Providers also have reported increasing concerns among parents about enrolling their children in Medicaid and food assistance programs,^{ac} and WIC agencies across a number of states have had enrollment drops that they attribute largely to fears about public charge.^{ad} A survey conducted prior to the final rule found that one in seven adults in immigrant families reported avoiding public benefit programs for fear of risking future green card status, and more than one in five adults in low-income immigrant families reported this fear.^{ae}

Out of deep concern for young children, families, and the future of our country, ZERO TO THREE remains in strong, informed opposition to any practice that causes trauma and long-term harm to children. As we apply our research-based lens to current immigration practices and debate, we have three priorities that we urge Congress to consider in formulating a response to this tragic situation:

1. Babies do not belong in congregate care or detention, even with their families.

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

Research demonstrates that babies' physical and social environments have a significant impact on their development. Even under the best circumstances, caring for young children outside of community-based family settings deprives them of the proper care they need to thrive. There is definitive scientific evidence that being held in congregate care or detention is harmful for young children. In congregate care, young children are stripped of critical one-on-one relationships that support healthy brain development. Placing babies and toddlers in detention centers, even with their families, is not a viable option. The only safe placement for young children is in a family setting. In the unique circumstance of a young child entering our country with an adult deemed to be dangerous or unfit to provide care, the young child must remain in a community-based family setting, such as with foster parents.

Congregate care:

Infants and toddlers need consistent and personalized care from trusted, loving adults. When migrant babies are placed in congregate care, as reports indicate, they are deprived of the nurturing relationships needed to thrive and their development is derailed. In such group settings, multiple different adults that the child does not know, or trust are responsible for their care, while working rotating shifts. Studies from around the world show that children placed in congregate care settings experience serious compromises in cognitive, language, and especially, social development. Landmark studies of young children exposed to institutional rearing in Romania show alterations in the structure and functioning of their brains, and serious psychiatric and social impairments lasting into adulthood.³⁴

Family detention:

Sending infants and toddlers to institutional detention even with families is detrimental to their health and well-being. The contention that children are only temporarily being held in detention facilities does nothing to change the impact on their development. Reports from detention camps indicate that children, including babies, are not being provided with the basics of hygiene and care, including regular diapering and nutritious food. Beyond these violations to basic needs, detention places children in an environment of confinement, deprivation of stimuli or overstimulation, and developmentally inappropriate and often harsh treatment, causing severe stress for both the children and their caregivers. Historically, evaluations of children who have been detained, even with their families, reveal alarming outcomes, with many children displaying developmental delays and signs of emotional disturbance such as short attention span, aggression, withdrawal, difficulty coping, and learning difficulties.³⁵ If the legal protections established for children's care in such facilities (including time limits and regulations) are not adhered to, or are reversed, infants, toddlers and their families in detention facilities are vulnerable to prolonged stays, abuse, and neglect. Further compounding the risk to their well-being, families in detention may face inadequate access to services including the medical and mental health care they desperately need.

2. Families who have been separated must be reunified immediately, and the practice of separating children from their parents must not continue.

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

While the practice of separating children from their families was prohibited over a year ago via an Executive Order, it is evident that this practice has continued. While the rapid development of infants and toddlers makes them particularly vulnerable to trauma, families offer an essential buffer to those experiences. When children are separated from their parents after crossing the border, that primary bond is severed. This causes stress hormones to flood babies' brains, disrupting their neurological circuitry in ways that profoundly affect their short- and long-term physical and emotional health, and their ability to form relationships and learn. That trauma is compounded when children are placed in the care of strangers untrained to care for young children, either older children or adults who are ill-equipped to protect them, much less nurture their healthy development. The broad consensus of researchers and practitioners is that to continue to separate families in this way is tantamount to child abuse. Additionally, children who have already been separated must be immediately reunited with their caregivers, providing them with the close relationship they need to cope with the trauma they have undergone.

3. Young children who have been held in detention and/or have been separated from their families need access to voluntary infant and early childhood mental health services and support.

Decades of psychological and brain research have demonstrated that adverse experiences during the first three years, including forced parental separation and placement in incarceration-like settings, can have profound immediate and long-term harm on child development. In the short-term, children may experience anxiety, depression, and self-regulatory issues, including sleeplessness or eating issues. Over time, they may show regression in behavior and cognition, and demonstrate symptoms of post-traumatic stress disorder. This type of trauma, particularly when not addressed by an experienced and trusted clinician, has severe implications for both physical and emotional health over time, increasing young children's risk for learning difficulties, problems forming relationships, and adult health issues. Caregivers, who are also deeply psychologically and physiologically impacted by their recent experiences, also need support to provide their children with the care they need. When families have been separated, reunification itself may be difficult, as separated young children do not have the capacity to understand what has transpired and may feel abandoned by their parents. This is complex work, requiring a focus on both parent and child, and requiring specialized expertise and developmentally appropriate, evidence-based support. Infant and early childhood mental health professionals across the United States are able to help, but they need pathways to families. Unlike with older children in ORR custody, who are afforded mental health services only when they exhibit signs of distress, it should be assumed that any young child who has been detained with family members or separated from them has experienced trauma. That child's care should be guided by an understanding of infant and early childhood mental health, and observation by a trained specialist should be the rule rather than the exception.

Regardless of when or how children arrive to the United States, we have an obligation to ensure their safety and basic needs. All children should have a safe and healthy childhood – federal laws protect the right of immigrant children and the children of immigrant parents to access many of the essential programs and services under the jurisdiction of this Committee. We would like to reiterate our gratitude

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

to this Committee for holding this important hearing and keeping this issue before the public eye. The Administration's actions are jeopardizing access to a safe and healthy childhood for millions of children, undermining their development and radically altering the trajectory of their lives.

Thank you again for your time and commitment to infants, toddlers, and their families.

Sincerely,



Myra Jones-Taylor
Chief Policy Officer, ZERO TO THREE

ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

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- ³ United States District Court General District of California. Jenny Lisette Flores, et al., Plaintiffs, v. William Barr, Attorney General of the United States, et al., Defendants. Case 2:85-cv-04544-DMG-AGR Document 632-1. Filed 08/30/2019. https://gallery.mailchimp.com/31e15e5fee7b5a6208b646806/files/501a9948-29c9-415d-93d1-8f49e31e0cc2/2019_0830_632_1_Exhibit_A_Proposed_Amicus_Brief.pdf
- ⁴ The US is quietly opening shelters for babies and young kids. One has 12 children and no mothers. (2019, July 13). <https://www.revealnews.org/article/the-us-is-quietly-opening-shelters-for-babies-and-young-kids-one-has-12-children-and-no-mothers/>
- ⁵ Mares, S. (2015). Fifteen years of detaining children who seek asylum in Australia – evidence and consequences. *Australasian Psychiatry*, 24(1), 1-14. doi:10.1177/1039856215620029
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- ⁹ Findings show that recent immigration policy changes have increased fears and confusion among broad groups of immigrants beyond those directly affected by the changes. See Samantha Artiga and Petry Ubi, Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/> and Samantha Artiga and Barbara Lyons, Family Consequences of Detention/Deportation: Effects on Finances, Health, and Well-Being (Washington, DC: Kaiser Family Foundation, September 2018), <https://www.kff.org/disparities-policy/issue-brief/family-consequences-of-detention-deportation-effects-on-finances-health-and-well-being/>. Similarly, earlier experiences show that welfare reform changes increased confusion and fear about enrolling in public benefits among immigrant families beyond those directly affected by the changes. See. Neeraj Kaushal and Robert Kaestner, Welfare Reform and Health Insurance of Immigrants, *Health Services Research*, 40(3), June 2005, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/>; Michael Fix and Jeffrey Passel, *Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform 1994-97* (Washington, DC: The Urban Institute, March 1, 1999) <https://www.urban.org/sites/default/files/publication/69781/408086-Trends-in-Noncitizens-and-Citizens-Use-of-Public-Benefits-Following-Welfare-Reform.pdf>; Namratha R. Kandula, et. al., "The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants, *Health Services Research*, 39(5), October 2004, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/>; Rachel Benson Gold, *Immigrants and Medicaid After Welfare Reform*, (Washington, DC: The Guttmacher Institute, May 1, 2003), <https://www.guttmacher.org/gar/2003/05/immigrants-and-medicaid-after-welfare-reform>.
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ZERO TO THREE Statement for the Record
Hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are
Harming Children"

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[Additional submissions by Ms. Fudge follow:]



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December 16, 2019

House Committee on Education and Labor
2176 Rayburn House Office Building
Washington DC, 20515

Re: "Growing up in fear: How the Trump Administration immigration policies are harming children"
Full Committee Hearing, December 4, 2019

Dear Chairman Scott and distinguished members of the House Committee on Education and Labor,

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch on the detrimental impact the Trump Administration's immigration policies have on the health and well-being of children. As a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America, we are acutely aware of the harmful health and economic consequences of increased immigration and enforcement policies, and how they threaten the health and well-being of immigrant families, specifically children.

The mission of Children's HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed over 70,000 caregivers, including more than 15,000 at Boston Medical Center, and analyzed data from those interviews to determine the impact of public policies on the health and development of young children.

As pediatricians and public health researchers, we are gravely concerned about the culture of fear perpetuated by controversial policies that target immigrants, including families with young children, across the United States and their effects on economic hardship and health. Since the start of the Trump Administration, families of immigrants have been unfairly targeted by a number of new policies and through multiple Departments and executive processes, including changes to:

- Public charge (Department of Homeland Security, Department of State, and anticipated Department of Justice)
- Sponsor deemed and liability (White House memo)
- Fee waiver, fee schedule, and other fee changes (DHS)
- 2020 Census – attempt to add a citizenship question
- Public housing access for mixed-status families (Department of Housing and Urban Development)
- Presidential proclamation on the suspension of entry of immigrants who would financially burden the healthcare system

Immigrant families are an integral part of our communities —they are our neighbors, coworkers, friends, and fellow parents. One in four children under age 8 in the U.S. have at least one immigrant parent; of those children, 93.3 percent were born in the United States.^{1,2} Even though citizen children with an immigrant parent are more likely to live in a family with a full-time worker compared to children of US-born parents,³ their families disproportionately experience food insecurity, struggle to afford housing

costs, and lack access to health care.^{4,5,6} Each of these hardships is associated with adverse health and developmental outcomes for young children,^{7,8,9} including US citizen children of immigrant mothers.²

Immigrants are also integral to our economy, making up 17.4% of the US workforce in 2018. Their children are projected to offset the decline in working-age population as Baby Boomers retire by adding 18 million working-age people to the population between 2015 and 2035.¹⁰ Furthermore, immigrant families are a fundamental part of our American history and values. For hundreds of years, the United States has welcomed immigrants and their dream for a better, more prosperous life. However, the changes detailed in the recent policy proposals listed above threaten these values as they effectively only allow the wealthy to immigrate to and become successful in the United States. Policies of fear and punishment, such as the one laid out in these rules, do not build a brighter future for American communities with healthy people and strong workers; to the contrary, such policies will compromise the health of current and future generations, diminish their ability to excel in school, work and life, and diminish the human potential of communities across the nation.¹¹

Public charge:

The changes detailed in the DHS and DOS public charge rules threaten our country's health as they force immigrant families to choose between providing basic necessities that keep children healthy, like food, shelter, and medical care, and having their family remain together in the United States. Concretely, based on our extensive clinical and research experience, we know these regulatory measures deter families from accessing programs that could prevent or alleviate economic stressors – even when they are eligible for assistance.¹² Changes to public charge will also exacerbate existing hardships experienced by immigrant families by further preventing families from accessing supports that are currently available to all citizen children and immigrants with certain documented statuses. Not receiving needed support will further jeopardize the health, and body and brain growth of our youngest children, and the long-term health of our country. Moreover, it will lead to major increases in healthcare costs for the nation.^{13,14,15} For example, even before the rule was finalized, families in our pediatric clinics reported making agonizing choices to remove their families from vital assistance programs that ensure their children are able to eat healthy foods and receive medical care, out of fears for their future immigration status.¹⁶ These choices have immediate and lasting consequences for the young patients in our clinics that imperil their current and future health. Our research over the last twenty years and the work of many others demonstrates that if families are able to access supports when they fall on hard times, the health of all family members, the well-being of our communities, and our economy are strengthened.^{3,17,18,19} Punishing families utilizing public services designed to improve public health places millions of children at risk of adverse health and developmental delays during a critical window of development. This, in turn, will have immediate and long-term effects on our country's health and education systems, and the strengths and skills of our workforce.

In addition to the DHS public charge rule, the Administration has also published changes to public charge criteria and information required from immigrants and other visa applicants through the Department of State (DOS). If implemented, this will have similar effects on children and immigrant families, and discriminate against individuals from low-income countries – countries that are disproportionately people of color – because the vast majority of people fall below the proposed 125 percent-of-poverty threshold included as a consideration in the public charge determination. Worldwide, approximately 81% of the total population falls below this income level; in low-income countries in particular this percent is extremely high, with 99% of the population of South Asia, 99% of the population of Sub-Saharan Africa, and 79% of the population of Latin America and the Caribbean falling below the United

States 125 percent-of-poverty threshold.²⁰ By requiring immigrant and other visa applicants to demonstrate ability to immediately financially support themselves following entry to the United States partly based on their current wealth or immediate earnings, specifically using the DS-5540 to "collect more detailed information on an applicant's ability to support himself or herself", the Department is ignoring the limited and disproportionate amount of wealth and earnings available in the majority of other countries, and the fact that many immigrants will become employed in the US and thus earn increased incomes.²¹ While immigrants seeking to rejoin family in the United States, can count their family's income towards the 125-percent test, the test will remain hard for those joining family of modest or limited means because the arriving individual will have income on their home country's wage scale. This may lead to family separation if only some members of a family, based on differences in wealth and earnings, are permitted entry to the United States. This would inflict unnecessary hardship and trauma on both immigrants and future generations of US citizen children, as family separation has documented profound impacts on child health and well-being.^{22,23} Furthermore, the public charge rule and the subsequently stringent DS-5540 public charge questionnaire disregards the fact that a country's low wage rates do not reflect a potential immigrant's core traits and skills or their ability to develop skills and succeed in the United States. Our national history and a breadth of evidence have shown that immigrants have achieved significant upward mobility for themselves and their children, helping strengthen the nation and its middle class, its industries, and its innovation sector.²⁴

Fee waiver, fee schedule, and other fee changes:

The proposed changes to the fee schedule and other immigration benefit request requirements create an additional burden for immigrant families. We are particularly concerned about the drastic increase in naturalization and other application fees, as well as the establishment of a new \$50 fee to seek asylum. If put in place, an asylum fee would dramatically undermine American values and further risk the lives of asylum seekers, including children. If implemented, the U.S. would become only the fourth nation in the world to charge people who are fleeing for their lives and seeking asylum, unnecessarily politicizing human life.

The proposed rule also includes a drastic 83 percent increase to the naturalization application fee, raising the cost from \$640 to \$1,170. Previous research demonstrates immigrants with low incomes are able to improve their financial stability following naturalization as they are often then afforded better access to educational opportunities, jobs, and other resources.²⁵ However, this extreme increase in cost would make naturalization impossible for many immigrants by restricting citizenship to only those who can afford it. This places the health of immigrants and their children at risk, and contributes to inequities that privilege affluence.

At the same time that DHS is seeking this historic increase in the fee for naturalization and other benefits, it is planning to completely cut-off access to immigration and naturalization for certain people by eliminating well-established fee waivers. These waivers allow qualifying, low-income and vulnerable people and families to maintain their immigration status or take the next step to become a permanent resident or citizen. Immigration experts report the filing fee associated with various immigration benefits can be an insurmountable obstacle for an immigration benefit or naturalization application. The changes to the fee waiver application and acceptable documentation will discourage eligible individuals with low incomes from filing for both fee waivers and immigration benefits. Terminating this program will put families at risk of potentially losing their documents and becoming vulnerable to deportation. The proposed rule would also increase or establish application fees for lawful permanent residency, DACA, certain asylum claims, and several other applications. Furthermore, it would transfer over \$110 million from USCIS to Immigration and Customs Enforcement for enforcement purposes, contributing to

an increased focus on restrictive immigration policies and enforcement that create fear and stress that negatively affect children's physical and mental health and cognitive development.²⁶

Citizenship question in 2020 census:

Asking an untested question about citizenship status would increase fear in immigrant communities – among people who are U.S. citizens or have legal non-citizen status and those with undocumented status alike – and ultimately decrease Census participation.²⁷ This would lead to undercounting low-income and immigrant communities, putting the accuracy of the Census and critical health and social programs, which rely on Census data for accurate distribution of federal, state, and local funding, at risk for generations to come.²⁸ These include programs that are critical to support the health and well-being of children, including Medicaid, Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), section 8 housing vouchers, and the federal school lunch program. Although the memo to add a citizenship question to the 2020 census was withdrawn, the proposal likely still contributed to a chilling effect within immigrant communities.

Public housing access for mixed-status families:

In May 2019, the Administration proposed a rule to restrict mixed-status families from accessing public housing, a change that would 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. Our research and the research of others show young children and their families require affordable, safe, and stable homes to become and remain healthy. 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 be evicted 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 improving housing stability, but also endanger the current health of our youngest children and the long-term health of our nation. As stated previously, 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.^{11,12} 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.²⁹ 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.

Additionally, this policy may cause family separation among immigrants, which has profound impacts on child health and well-being.^{30,31} 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.³² It also can have long term impacts on family bonding, development, and child social, emotional, and behavioral outcomes.³³

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. 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 sequela 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. Alarmingly, 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.³⁴ These findings are consistent with a host of others' research, which document the harmful effects eviction has on children, entire families, and communities.^{35,36,37,38,39}

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. 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.

Presidential proclamation on the suspension of entry of immigrants who will financially burden the healthcare system:

Access to affordable health care is critical for the health of young children and their parents. Our research shows when families with infants and toddlers are unable to afford health care for themselves or their children, or have to sacrifice other basic needs to afford medical care, the health of their child is placed at risk.⁴⁰ Public health insurance, however, buffers families from the high costs of medical care and prescription medicines, ensuring they are able to seek care when they need it. Research from other groups shows children with adequate health insurance coverage are more likely to receive preventive care and immunizations than those who lack coverage.⁴¹ Conversely, studies indicate that reducing health insurance coverage among children has long-term negative effects on children's health, educational attainment, and financial stability as adults.⁴² The Proclamation threatens to undermine the nation's health and the health of children and families by restricting immigrants' ability to purchase such

comprehensive health insurance available through the Affordable Care Act (ACA) marketplaces. Congress elected to make lawfully residing immigrants eligible for subsidized marketplace coverage because doing so advances the health of our nation. The Proclamation puts the nation's health at risk by ignoring Congress and instead requiring individuals to buy costly and less comprehensive health coverage.

The harmful, and deeply counterproductive focus of the Trump Administration to attempt to implement harmful and restrictive immigration policy and to increase enforcement in sweeping fashion has contributed to a culture of fear in the immigrant community, and is already harming the health and well-being of children across America. Furthermore, many of these policies, including public charge and the Presidential Proclamation, are facing injunctions and court proceedings, demonstrating the legal controversy of these unprecedented attacks on immigrants. These policies do harm, and not just to the immigrants directly affected. The policies will drive up national healthcare and education costs and impair over the long term our national health, educational achievement, and economic status. They build an invisible wall to keep out immigrants, including children, and are an affront to the American Dream. However, there is still time to protect the nation's health and values before these policies go into effect and do more harm. We strongly oppose these administrative actions that do injury to the health of children and their families and thus urge Congress to protect our immigrant neighbors.

Sincerely,

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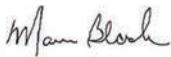
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[Additional submissions by Mr. Grijalva follow:]



Statement for the Record
U.S. House Committee on Education and Labor
Full Committee Markup
“Growing Up in Fear: How the Trump Administration’s
Immigration Policies Are Harming Children”

Submitted to
U.S. House Committee on Education and Labor

Submitted by

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December 17, 2019

Introduction

UnidosUS, formerly the National Council of La Raza, is the largest national Latino^{*} civil rights and advocacy organization in the United States. For more than 50 years, we have worked to advance opportunities for Latino families to enhance their significant contributions to the social, economic and political tapestry of our great nation. In this capacity, UnidosUS and its Affiliate network of nearly 300 community-based organizations in 36 states, the District of Columbia, and Puerto Rico, work to provide education, health care, immigration, housing, workforce development, free tax preparation, and other services to millions of Latinos in the United States each year.

Throughout our history as an organization, UnidosUS has united communities and diverse groups seeking common ground through collaboration and a shared desire to make our country stronger. Our approach to immigration policy is no different and has guided our advocacy efforts on every significant immigration conversation our country has had since 1968. UnidosUS has combined original research, policy analysis, and advocacy to support commonsense policy solutions to achieve an immigration system that is fair, just, and accountable to the rule of law—indeed, an immigration system of which we can all be proud.

This statement for the record highlights the urgent need for Congress to pass legislation that protects one of the most vulnerable child populations in the country: the U.S.-born American citizen children of undocumented and temporary immigrants. Four million Latino children in the U.S. have at least one undocumented parent – or roughly 1 in 4 Hispanic children.¹

Even before taking office, then-candidate Trump exploited anti-immigrant rhetoric in his politics of division. Since 2017, the Trump administration has made a series of policy decisions that have upended the lives of millions of American families. Eighty percent of Latinos in the U.S. are American citizens;² of the remaining 20% who are not, half have legal permanent residency (green cards).³ While only a small portion of Hispanic adults lack permanent legal immigration status, the threat of punitive U.S. immigration policy invades their families' lives and has an outsized impact on their American children. This stress spreads through entire communities and as a result, Latinos in the U.S. are bearing the brunt of the Trump administration's politics of hate. By 2060, it's estimated that nearly one in three Americans will be Hispanic.⁴ The Latino children of today are America's future work force, voters, leaders, and service members. They are crucial to our national well-being, but federal anti-immigrant policies undermine their safety and stability and place the entire generation at risk.

It is past time that Congress provide these individuals, their families, and their communities, with the peace of mind and certainty that comes with a permanent legislative relief.

^{*} The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

A Moral and Constitutional Obligation to Protect and Educate America's Children

Ninety-five percent of Hispanic children in the U.S. are U.S.-born citizens. Nearly half of these children have at least one parent who was born outside of the U.S.; a quarter have at least one parent who is undocumented. The Constitution clearly defines their rights, as Americans, to public K-12 education and equal protection under the law. Regardless of parental immigration status however, *including* naturalized citizens, research shows that the children of Hispanic immigrants in the U.S. experience the diffuse harms of punitive immigration policies,⁵ such as fearing U.S. Immigration and Customs Enforcement (ICE), toxic stress, and discrimination based on falsely imputed immigration status.⁶

Direct harms produced by anti-immigrant policies are only half the story; their indirect, or chilling, impacts can be far-reaching. The Trump administration has sought every opportunity to suppress Latino Americans through chilling: via the federal regulatory process, such as with the public charge rules; through indiscriminate, racialized immigration enforcement in the U.S. interior; and by creating a public environment in which Hispanics are falsely portrayed as villainous outsiders rather than lifelong, integral members of our community.

Education

While Hispanic education outcomes have been consistently rising over the past two decades, the stress of an anti-immigrant climate threatens to undercut these gains. Three separate studies from the University of California, Los Angeles detail growth in behavioral and emotional problems in schools with large immigrant populations due to fears associated with immigration enforcement.⁷ Teachers from primarily White schools report increasingly hostile school environments for ethnic minority students at levels unprecedented in their careers.⁸ School is already a difficult developmental stage for all children. Hispanic children in the U.S.—in addition to experiencing common childhood anxieties—also fear family separation and share collective worries with their impacted classmates.

The following statistics offer a snapshot of life at school for children in states with the largest Hispanic populations and underscore the scope and magnitude of impact of the current anti-immigrant climate on a sizeable share of America's children.

Texas

- 50% of children in Texas (ages 0-17) are Hispanic. 95% of Hispanic children in Texas are U.S. citizens.⁹
- 49% of Hispanic children in Texas (ages 0-17) have at least one foreign-born parent.¹⁰
- 53% of K-12 students in Texas are Hispanic.¹¹
- 33% of Hispanic K-12 students in Texas are designated English learners (EL)¹² despite 95% having been born in the U.S.¹³

Table 1: Texas Attainment on the Nation's Report Card (NAEP 2019)¹

Exam	Percent of students with passing score or higher		
	Non-Hispanic White	Hispanic	Hispanic English Learners
4 th grade Math	92%	84%	71%
4 th grade Reading	80%	61%	34%
4-year HS graduation rate	90%	88%	77%
% of college-going HS graduates*	52%	46%	n/a

*Denotes high school graduates who enroll in any form of higher education within 16 months of graduation.

Table sources: U.S. Department of Education, "NAEP Data Explorer," National Center for Education Statistics, Washington, DC, 2019, <https://www.nationsreportcard.gov/nedcore/xplore/NDE> (accessed September 23, 2019); and Texas Education Agency, *Enrollment in Texas public schools, 2018–19*, July 2019, https://tea.texas.gov/sites/default/files/enroll_2018-19.pdf (accessed October 31, 2019); and Texas Higher Education Coordinating Board, *High School Graduates Enrolled in Higher Education*, 2019, <http://www.bhigereodata.org/index.cfm?objectid=77062E90-D970-11E8-BB650050560100A9> (accessed October 31, 2019).

California

- 52% of children (ages 0-17) in California are Hispanic.¹⁴ 97% of Hispanic children in California are U.S. citizens.¹⁵
- 58% of Hispanic children in California have at least one foreign-born parent.¹⁶
- 55% of K-12 students in California are Hispanic.¹⁷
- 31% of Hispanic K-12 students in California are designated English learners (EL)¹⁸ despite 96% having been born in the U.S.¹⁹

Table 2: California Attainment on the Nation's Report Card (NAEP 2019)

Exam	Percent of students with passing score or higher		
	Non-Hispanic White	Hispanic	Hispanic English Learners
4 th grade Math	85%	76%	41%
4 th grade Reading	80%	65%	27%
4-year HS graduation rate	87%	81%	66%
% of college-going HS graduates*	70%	58%	37%

*Denotes high school graduates who enroll in any form of higher education within 16 months of graduation.

Sources: U.S. Department of Education, "NAEP Data Explorer," National Center for Education Statistics, Washington, DC, 2019, <https://www.nationsreportcard.gov/nedcore/xplore/NDE> (accessed September 23, 2019); and California Department of Education, "DataQuest," <https://dq.cde.ca.gov/dataset/> (accessed October 21, 2019).

¹ The National Assessment of Educational Progress (NAEP) is "the largest continuing and nationally representative assessment" of student knowledge and ability in key subjects. The Congressionally mandated program is managed by the U.S. Department of Education and is commonly used by researchers to compare academic progress across states.

Florida

- 32% of children (ages 0–17) in Florida are Hispanic. 91% of Hispanic children in Florida are U.S. citizens.²⁰
- 49% of Hispanic children in Florida (ages 0–17) were born in the U.S. and have at least one foreign-born parent.²¹
- 34% of K–12 students in Florida are Hispanic.²²
- 24% of Hispanic K–12 students in Florida are designated as English Learners (EL)²³ despite nearly 90% having been born in the U.S.²⁴

Table 3: Florida Attainment on the Nation's Report Card (NAEP 2019)

Exam	Percent of students with passing score or higher		
	Non-Hispanic White	Hispanic	Hispanic English Learners
4 th grade Math	95%	90%	69%
4 th grade Reading	86%	82%	33%
HS graduation rate	89%	85%	74%
% of college-going HS graduates*	71%	70%	45%

* Denotes high school graduates who enroll in any form of higher education within 16 months of graduation
Table sources: U.S. Department of Education, "NAEP Data Explorer," National Center for Education Statistics. Washington, DC, 2019, <https://www.nationsreportcard.gov/nedcore/xplore/NDE> (accessed September 23, 2019); and "2018–2019 Florida Report Card," Florida Department of Education. Tallahassee, 2018. <https://edstats.flde.org/SASPortal/main.do> (accessed August 31, 2019).

Illinois

- 25% of children (ages 0–17) in Illinois are Hispanic. 97% of Hispanic children in Illinois (ages 0–17) are U.S. citizens.²⁵
- 57% of Hispanic children in Illinois have at least one foreign-born parent.²⁶
- 26% of K–12 students in Illinois are Hispanic.²⁷
- 32% of Hispanic K–12 students in Illinois are designated English learners (EL)²⁸ despite 96% having been born in the U.S.²⁹

Table 4: Illinois Attainment on the Nation's Report Card (NAEP 2019)

Exam	Percent of students with passing score or higher		
	Non-Hispanic White	Hispanic	Hispanic English Learners
4 th grade Math	89%	86%	64%
4 th grade Reading	80%	71%	41%
4-year HS graduation rate (2018)	86%	82%	72%*

*4-year graduation rate applies to all English Learners in Illinois
Sources: U.S. Department of Education, "NAEP Data Explorer," National Center for Education Statistics. Washington, DC, 2019, <https://www.nationsreportcard.gov/nedcore/xplore/NDE> (accessed November 6, 2019); and Illinois State Board of Education, 2018 Annual Report, <https://www.isbe.net/Documents/2018-Annual-Report.pdf> (accessed November 6, 2019).

Arizona

- 49% of children (ages 0–17) in Arizona are Hispanic. 98% of Hispanic children in Arizona are U.S. citizens.³⁰
- 47% of Hispanic children in Arizona (ages 0–17) have at least one foreign-born parent.³¹
- 46% of K–12 students in Arizona are Hispanic.³²
- 12% of Hispanic K–12 students in Arizona are designated English learners (EL)³³ despite 96% having been born in the U.S.³⁴

Table 5: Arizona Attainment on the Nation's Report Card (NAEP 2019)

Exam	Percent of students with passing score or higher		
	Non-Hispanic White	Hispanic	Hispanic English Learners
4 th grade Math	91%	75%	36%
4 th grade Reading	80%	57%	16%
4-year HS graduation rate (2018)	85%	76%	35%*

*4-year graduation rate applies to all English Learners in Arizona

Sources: U.S. Department of Education, "NAEP Data Explorer," *National Center for Education Statistics*. Washington, DC, 2019, <https://www.nationsreportcard.gov/nedcore/xplore/NDE> (accessed November 6, 2019); and Arizona State Board of Education, *2018 Annual Report*, <https://www.abe.net/Documents/2018-Annual-Report.pdf> (accessed November 6, 2019).

History shows that righting this ship is possible, but we have much to lose if the status quo prevails. Based on current population trends, our future as a nation hangs in the balance if we do not cultivate and promote the full health, talents, and abilities of our Hispanic children.

Endnotes

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[Additional submissions by Ms. Hayes follow:]
GAO Report can be found at p. 1: <https://www.govinfo.gov/content/pkg/CPRT-117HPRT46287/pdf/CPRT-117HPRT46287.pdf>

[Additional submissions by Chairman Scott follow:]



U.S. Department of Justice
Civil Rights Division



U.S. Department of Education
Office for Civil Rights
Office of the General Counsel

May 8, 2014

Dear Colleague:

Under Federal law, State and local educational agencies (hereinafter "districts") are required to provide all children with equal access to public education at the elementary and secondary level. Recently, we have become aware of student enrollment practices that may chill or discourage the participation, or lead to the exclusion, of students based on their or their parents' or guardians' actual or perceived citizenship or immigration status. These practices contravene Federal law. Both the United States Department of Justice and the United States Department of Education (Departments) write to remind you of the Federal obligation to provide equal educational opportunities to all children residing within your district and to offer our assistance in ensuring that you comply with the law. We are writing to update the previous Dear Colleague Letter on this subject that was issued on May 6, 2011, and to respond to inquiries the Departments received about the May 6 Letter. This letter replaces the May 6 Letter.

The Departments enforce numerous statutes that prohibit discrimination, including Titles IV and VI of the Civil Rights Act of 1964. Title IV prohibits discrimination on the basis of race, color, or national origin, among other factors, by public elementary and secondary schools. 42 U.S.C. § 2000c-6. Title VI prohibits discrimination by recipients of Federal financial assistance on the basis of race, color, or national origin. 42 U.S.C. § 2000d. Title VI regulations, moreover, prohibit districts from unjustifiably utilizing criteria or methods of administration that have the effect of subjecting individuals to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of a program for individuals of a particular race, color, or national origin. See 28 C.F.R. § 42.104(b)(2) and 34 C.F.R. § 100.3(b)(2).

Additionally, the United States Supreme Court held in the case of *Plyler v. Doe*, 457 U.S. 202 (1982), that a State may not deny access to a basic public education to any child residing in the State, whether present in the United States legally or otherwise. Denying "innocent children" access to a public education, the Court explained, "imposes a lifetime hardship on a discrete class of children not accountable for their disabling status.... By denying these children a basic education, we deny

Page 2 – Dear Colleague Letter: School Enrollment Procedures

them the ability to live within the structure of our civic institutions, and foreclose any realistic possibility that they will contribute in even the smallest way to the progress of our Nation.” *Plyler*, 457 U.S. at 223. As *Plyler* makes clear, the undocumented or non-citizen status of a student (or his or her parent or guardian) is irrelevant to that student’s entitlement to an elementary and secondary public education.

To comply with these Federal civil rights laws, as well as the mandates of the Supreme Court, you must ensure that you do not discriminate on the basis of race, color, or national origin, and that students are not barred from enrolling in public schools at the elementary and secondary level on the basis of their own citizenship or immigration status or that of their parents or guardians. Moreover, districts may not request information with the purpose or result of denying access to public schools on the basis of race, color, or national origin. To assist you in meeting these obligations, we provide below some examples of permissible enrollment practices, as well as examples of the types of information that may not be used as a basis for denying a student entrance to school.

In order to ensure that its educational services are enjoyed only by residents of the district, a district may require students or their parents to provide proof of residency within the district. *See, e.g., Martinez v. Bynum*, 461 U.S. 321, 328 (1983).¹ For example, a district may require copies of phone and water bills or lease agreements to establish residency. While a district may restrict attendance to district residents, inquiring into students’ citizenship or immigration status, or that of their parents or guardians would not be relevant to establishing residency within the district. A district should review the list of documents that can be used to establish residency and ensure that any required documents would not unlawfully bar or discourage a student who is undocumented or whose parents are undocumented from enrolling in or attending school.

As with residency requirements, rules vary among States and districts as to what documents students may use to show they fall within State- or district-mandated minimum and maximum age requirements, and jurisdictions typically accept a variety of documents for this purpose. A school district may not bar a student from enrolling in its schools because he or she lacks a birth certificate or has records that indicate a foreign place of birth, such as a foreign birth certificate.

¹Homeless children and youth often do not have the documents ordinarily required for school enrollment such as proof of residency or birth certificates. A school selected for a homeless child must immediately enroll the homeless child, even if the child or the child’s parent or guardian is unable to produce the records normally required for enrollment. *See* 42 U.S.C. § 11432(g)(3)(C)(1).

Page 3 – Dear Colleague Letter: School Enrollment Procedures

Moreover, we recognize that districts have Federal obligations, and in some instances State obligations, to report certain data such as the race and ethnicity of their student population. While the Department of Education requires districts to collect and report such information, districts cannot use the acquired data to discriminate against students; nor should a parent's or guardian's refusal to respond to a request for this data lead to a denial of his or her child's enrollment.

Similarly, we are aware that many districts request a student's social security number at enrollment for use as a student identification number. A district may not deny enrollment to a student if he or she (or his or her parent or guardian) chooses not to provide a social security number. See 5 U.S.C. §552a (note).² If a district chooses to request a social security number, it shall inform the individual that the disclosure is voluntary, provide the statutory or other basis upon which it is seeking the number, and explain what uses will be made of it. *Id.* In all instances of information collection and review, it is essential that any request be uniformly applied to all students and not applied in a selective manner to specific groups of students.

As the Supreme Court noted in the landmark case of *Brown v. Board of Education*, 347 U.S. 483 (1954), "it is doubtful that any child may reasonably be expected to succeed in life if he [or she] is denied the opportunity of an education." *Id.* at 493. Both Departments are committed to vigorously enforcing the Federal civil rights laws outlined above and to providing any technical assistance that may be helpful to you so that all students are afforded equal educational opportunities. As immediate steps, you first may wish to review the documents your district requires for school enrollment to ensure that the requested documents do not have a chilling effect on a student's enrollment in school. Second, in the process of assessing your compliance with the law, you might review State and district level enrollment data. Precipitous drops in the enrollment of any group of students in a district or school may signal that there are barriers to their attendance that you should further investigate.

We are also attaching frequently asked questions and answers and a fact sheet that should be helpful to you. Please contact us if you have additional questions or if we can provide you with assistance in ensuring that your programs comply with Federal law. You may contact the Department of Justice, Civil Rights Division, Educational Opportunities Section, at (877) 292-3804 or education@usdoj.gov, the Department of Education Office for Civil Rights (OCR) at (800) 421-3481 or ocr@ed.gov or the Department of Education Office of the General Counsel at (202) 401-6000. You may also visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the OCR enforcement office that serves

² Federal law provides for certain limited exceptions to this requirement. See Pub. L. No. 93-579, § 7(a)(2).

Page 4 – Dear Colleague Letter: School Enrollment Procedures

your area. For general information about equal access to public education, please visit our websites at <http://www.justice.gov/crt/edo> and <http://www2.ed.gov/ocr/index.html>.

We look forward to working with you. Thank you for your attention to this matter and for taking the necessary steps to ensure that no child is denied a public education.

Sincerely,

/s/

Catherine E. Lhamon
Assistant Secretary
Office for Civil Rights
U.S. Department of Education

/s/

Philip H. Rosenfelt
Deputy General Counsel
Delegated the Authority to
Perform the Functions and
Duties of the General Counsel
U.S. Department of Education

/s/

Jocelyn Samuels
Acting Assistant Attorney General
Civil Rights Division
U.S. Department of Justice

Attachments

Working paper for UCLA Civil Rights Project
March 11, 2018

**"Stressed, Overworked, and Not Sure Whom to Trust:
How Public School Educators are Navigating Recent Immigration Enforcement"**

Shena Sanchez, Rachel Freeman and Patricia Martin

Abstract

Stepped up immigration enforcement policy after Trump took office has had a negative impact on our public K-12 schools. Students from immigrant backgrounds as well as their non-immigrant peers have been affected by the increased threat and enforcement of detention and deportation. Missing from the discourse are the educators—the teachers, administrators, and staff—who work closely with these students. To date, there is scant research on how these harsh enforcement policies have affected educators' wellbeing and professional responsibilities as they work with immigrant students. In this study, we investigate the ways in which educators who work with immigrant students nationwide are affected by the recent intensification of immigration enforcement. We find that educators have been deeply impacted by the trauma experienced by their students and school communities. Educators who participated in this study report: (1) experiencing symptoms that are consistent with Secondary Traumatic Stress; (2) being overworked as they strive to assist their students who are being targeted by immigration officials, and (3) feeling a sense of deterioration in the trust amongst one another. Although most educators expressed a continued commitment to working with their students in the current sociopolitical climate, the experience of secondary trauma and being overworked puts them at risk for burnout. This investigation illuminates how ramped-up immigration enforcement is harming educators, and consequently, students and school communities across the country.

Introduction

This study investigates how public school educators are affected by the recent intensification of immigration enforcement, including the increase in detentions and deportations. Since Trump took office in January 2017, he has prioritized the removal and exclusion of immigrants—both documented and undocumented—by rescinding the Deferred Action for Childhood Arrivals program (DACA), repealing the Temporary Protected Status program for Salvadoran, Haitian, Nicaraguan, and Sudanese immigrants, pushing for the construction of a wall on the U.S.-Mexico border, and implementing a travel ban for many Muslim-majority countries.

This study is an extension of a large national survey of educators, *U.S. Immigration Enforcement Policy and its Impact on Teaching and Learning in the Nation's Schools* conducted by the Civil Rights Project in the fall of 2017, which sought to understand the ways in which recent immigration policy shifts have shaped our public education. Of the more than 5,000 educators from

Working paper for UCLA Civil Rights Project
March 11, 2018

the larger study, 3500 ultimately completed the survey and 292 of those indicated that they wished to be further contacted for a follow-up interview regarding the impacts of recent immigration enforcement. This follow up is the basis for this study. Invitations for interviews were sent to a broad and representative sample of 159 educators based on their position and the region in which they worked. These educators were given the option of being interviewed over the phone or through an online questionnaire. Of the thirty-eight educators who elected to participate in this study, a majority chose to complete the questionnaire online (n=28) while the rest chose to be interviewed over the phone (n=10). Data from interviews and questionnaires were coded and analyzed by researchers with the Civil Rights Project.

The online questionnaire and phone interview asked the same 12 questions (see Appendix A), which focused on factors such as stress and anxiety levels, job satisfaction, working conditions, recruitment of new educators to the field, resource allocations, and recommendations for policymakers. The interview questions sought to better understand the extent to which educators are affected by immigration enforcement as well as gauge their thoughts and perceptions about what should be done to ameliorate these effects. Participants were asked to select a response on a four-point scale (with 1 equal to "No" and 4 denoting "Yes, a lot") that best described the degree to which they have been affected by the increased immigration enforcement and policy changes. They were then provided an opportunity to elaborate in an open ended textbox (questionnaire) or by further discussion of the topic (phone). Although respondents were asked the same questions, responses for the online questionnaire and interview protocol differed slightly. During the phone interview, researchers were able to follow up and clarify responses in a way that they were not able to do online, and participants were able to tell more anecdotes due to the conversational nature of the interview, although the online responses included many extended comments.

Working paper for UCLA Civil Rights Project
March 11, 2018

A majority of those educators that asked to be contacted for follow up to the initial survey reported that they chose to participate in an interview due to their proximity to the current circumstances of students affected by the new immigration policies and procedures. One teacher commented, *“Because I teach English as a second language, I work completely with immigrant students and I hear what they’re thinking and saying and feeling and experiencing, so it was important to me to take part in this.”* Many explained that their school served a large or increasing population of immigrant students and families, and therefore, this topic put them *“in the throes”* of this matter, as one teacher put it. With this in mind, we note that the participants in these interviews have a particularly important and unique grasp on how immigration enforcement is impacting immigrant youth and the school communities to which they belong.

Two thirds of the educators in our sample work in Title I schools, further adding to the challenges and stress of serving students from contexts of poverty and disadvantage. Some educators express having to worry about their students being vulnerable to immigration enforcement on top of them not having adequate resources and living in poverty. Diane, a high school teacher from Florida, notes the hardships that many of her students face regardless of their immigration status:

“Their [students] status as being legal or illegal doesn’t have as much impact as the simple fact that it’s a traumatic life change. Their parents may or may not have a job, they may not have money, maybe they were living in terrible conditions where they were, but a lot of them may be living in a house that’s over-crowded here. They’re just going through so much, their immigration status is only one little part of who they are.”

A preliminary analysis of the data shows that educators are impacted by immigration enforcement in the following ways: (1) an increase in their levels of stress and anxiety; (2) an increase in their workload and shift in their responsibilities; (3) a deterioration in the sense of trust and community in schools.

Educators are Anxious and Stressed

Working paper for UCLA Civil Rights Project
March 11, 2018

This section discusses findings regarding the effects of increased immigration enforcement on teacher trauma, with a particular focus on stress and anxiety. We define trauma as experiences related to distressing and upsetting situations, such as the sudden removal or disappearance of a student, first hand accounts by students of the trauma experienced in their families, the fear of immigration raids taking place in their community, and the worry that their students and students' parents will be detained by immigration officers. We use the word trauma in this context not to denote a clinical assessment, but rather to echo the ways in which *educators are describing* their students' experiences with heightened immigration enforcement. We observe effects on teacher well-being as consistent with the symptoms of secondary traumatic stress (STS), which is "the emotional duress that results when an individual hears about the firsthand trauma experiences of another."¹ Symptoms of STS include: "re-experiencing personal trauma, an increase in arousal and avoidance reactions related to the indirect trauma exposure; changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence."² We find that teachers are reporting symptoms consistent with STS, and examples include an increase in their levels of stress, anxiety, and worry due to the experiences of their students and students' families with immigration enforcement.

Although scholars have not thoroughly examined STS among educators, especially those who work with students experiencing traumatic events, there has been empirical work done on STS among social workers. However, even in the field of social work, the emotional and psychological risks associated with caring about and serving vulnerable populations may be "an underestimated occupational hazard for those providing social work services" (Pryce, Shakleford, & Pryce, 2007) (Newell & MacNeil, 2010, pg. 58). Interestingly, some educators who participated in this study expressed that they are taking on the roles of social workers in addition to their teacher duties, and

¹ <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>
² <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>

Working paper for UCLA Civil Rights Project
March 11, 2018

that their school needs to hire more social workers to meet the needs of students. Rebecca, a high school teacher from Tennessee commented, *"They're expecting so much now. We are social workers and teachers and parents—we do it all in the course of a 10-hour day."* Claudio, a high school psychologist from California expressed, *"I would like my district to consider hiring social workers or case managers to support students."* We find that most educators who participated in this study deeply empathize with their students, a factor that contributes to an increased risk of STS (Alisic, Bus, Dulack, Pennings, & Splinter, 2012; Boscarino, Figley, & Adams, 2004). To this end, we assert that some of the impacts to educator well-being and experiences with STS may be observed in the same way that previous research have observed with social workers.

Consistent with symptoms of STS, educators report feeling a sense of helplessness with regard to what they can do to care for and support their students from immigrant backgrounds. Julie, a Tennessee elementary school administrator says:

"This past year, my job has felt simultaneously more important and more pointless than it ever has before. Pointless because I feel helpless. I feel like math and science pale in comparison to safety, security, and family stability. But how do I affect that? How do I truly help my students? More important because I know that we are a safe place for our students and now, more than ever, that's what our children need."

Educators also report an increase in student stress from the fear of their lack of safety in school, in their community, and at home. Oregon high school teacher, Katherine, sums up what other educators also observe about student stress, *"It's fear of something happening in general while they are at school and they come home and everything has changed. There's a lot of stress around this."*

There is a consistent pattern of educators expressing uncertainty regarding how best to help their students cope with the fear of going home and finding that a family member has been detained. One elementary teacher from Tennessee, Deborah, reports that she is affected by the recent changes in immigration enforcement because she is *"more attached"* to her Latino/a and ELL students, many of whom are immigrants. Speaking of her empathy with these students, she says:

Working paper for UCLA Civil Rights Project
March 11, 2018

"I know that they are going through a little bit more with immigration; they have to worry about coming home and having that fear of walking home and 'oh, is my mom going to be here?, is my dad going to be here? is my sister or my auntie going to be here?' along with all the other stresses of coming from a low-income area as well."

A majority of the educators report a general sense of "*heightened stress*," as one teacher put it, that affects their teaching. Rebecca, a teacher from Oregon, describes her stress and its impact on her work, she says:

"There's been a great deal of stress. Partly in just—how do I talk to my kids and what's going on and what do I say and not say and just as I hear things, it's like 'okay, how is it going to affect me in my work? What do I need to think about? What do I need to do?' I have noticed increased anxiety as new things [policies] are released and new things [rhetoric] are said and done."

Additionally, educators describe how the increase in stress and anxiety has affected their own emotional and physical well-being. Julie, an administrator at an elementary school in Tennessee, reports losing sleep over worrying about how the school will take care of their students should a deportation take place, and considers the option of taking students into their personal care. She says:

"Working at a low-income, high-priority, high-risk school always comes with a certain amount of added stress. This past year, that anxiety and stress increased drastically. How do I tell a sobbing child that it's going to be okay, that their parents are waiting for them—safe and sound at home—when I know there's a strong possibility that's not true? I have found myself lying awake at night agonizing over whether I should offer to take temporary custody of a child or children in the event that their parents are deported unexpectedly, and that's emotionally exhausting in an entirely new way."

Educators are Overworked

Along with an increase in anxiety and stress, we observe how immigration enforcement has impacted working conditions for teachers, administrators, and certified staff, including an increase in their workload and a shift in their priorities. We define working conditions as the context in which educators carry out their roles, including workload, time demands, and responsibilities. Many of the educators in our study are working in Title I schools that are under-resourced and have been grappling with multiple challenges prior to Trump coming into office. Deborah, the elementary

Working paper for UCLA Civil Rights Project
March 11, 2018

school teacher from Tennessee, explains the daily challenges she faces working in a school that serves large numbers of immigrants and other low income students:

"They [students] come to school without paper or pencils because their parents could barely afford food... I buy a lot of my own supplies and that is kind of the climate. It is expected that you are going to have to buy your own supplies...so we are trying to focus more on getting resources and materials for the students and so that is kind of our main focus right now."

Compounding the challenges that have existed in under-resourced schools for decades, the increase in immigration enforcement in the past year has put further stress on educators' workload. For example, Julie, the school administrator in Tennessee, describes how recent immigration enforcement has substantially added to her workload:

"The increased policies around immigration enforcement have been an enormous barrier, which means that I have spent more weeks working 50-60 hours to assure that our community feels safe, to prevent increases in student absences, and to encourage student involvement in education opportunities than ever before."

This illustrates a shift in educators' distribution of time as many report spending more time addressing the needs of students and families impacted by increased immigration enforcement policies, causing them to take time away from other instructional activities. Consistent with previous literature on teachers' instructional time use, many educators mention time constraints with teaching while learning to navigate the political terrain in their schools (Rogers & Mirra, 2014). Many educators report making a concerted effort to educate themselves about current immigration policies and legislation in order to provide accurate information to their students. This, too, takes additional time. Alex, a middle school teacher from Arizona, describes:

"And the other thing is trying to get information for myself as a teacher about how I can support students who are being negatively impacted by that [immigration enforcement]. The University... has some organizations within [that] are trying to disseminate that kind of information, so I'm just trying to be aware of what's going on myself, so that I can share that information with my students and their families."

Working paper for UCLA Civil Rights Project
March 11, 2018

While many teachers strive to support and inform their students on immigration matters, they are concerned that it takes away from learning time. Katie, a high school teacher from Tennessee, describes this dilemma:

"I have had to have conversations with my students about how important it is to follow the rules - driving the speed limit, wearing seat belts, not being rowdy in public because it might attract attention. I feel like this is beyond my responsibilities as a teacher, and the frequent need to discuss immigration policy detracts from actual education time."

Yet, despite the new demands at work, educators seem committed to offering support to their students to alleviate some of the burden of having to look for immigration information and resources. In many cases, educators in our study feel that they are often the sole providers of such support to their students and families.

Research shows that the more time spent obtaining information about immigration enforcement policies and ways to better support their students, the less time educators devote to teaching, thus affecting teaching efficacy (Collinson & Cook, 2001). Other studies have shown that English learner students (a proxy for immigrant students) already receive less instructional time because of the ways that schools organize instruction for them (Gándara, Rumberger, Maxwell-Jolly, & Callahan, 2003). Teachers in this study feel that their new responsibilities call them to act as counselors, social workers, and advocates for their students, with obligations often extending beyond the classroom walls. They worry that this can come at the expense of the education that they are able to provide in the fixed time that they have for instruction. Alex, a teacher from Arizona, comments, *"I think that if the state... had more supports for students and their families, I could be more of a teacher, I guess more percentage of the time and less like a social worker or legal advocate and stuff like that."*

Educators also report having to focus more on student behavior and absenteeism. Rebecca, a high school teacher in Tennessee, explains:

Working paper for UCLA Civil Rights Project
March 11, 2018

"Instead of planning lessons and trying to figure out quality academics, I'm doing stuff like following up on kids... Because I'm spending more of my time dealing with behavioral issues than teaching. A lot of it comes down to the sense of hopelessness they're feeling right now. That even if they get through school like what does it matter cause no one wants them here?"

Along the same vein, it is becoming increasingly difficult for educators to engage fearful immigrant students and teachers find themselves frequently comforting students. Tanya, an elementary school ESL teacher from Georgia, shares her experience of having to take on the role of a school counselor, stating, *"That has made my job hard because you never know when you've got to stop and be a counselor to a child and letting them know they are safe, they are secure."* Similarly, Linda, an elementary school teacher from Tennessee, mentions her efforts at maintaining a secure environment for her students as a shift in her teaching priorities:

"My main goal in thinking about classroom culture, routines, and procedures is to create and facilitate a SAFE environment. Every day I make it a goal to make at least my classroom safe... even if the hallways or school environment aren't safe, even if home isn't safe, even if our neighborhood isn't safe, then at least my classroom will be."

Deteriorating Trust Across the School Community

As educators in this study report shifts in their workload, time distribution, and responsibilities, they also express mounting distrust within the school community. Trust across school communities is a critical factor in creating an environment where students, educators, parents, and school communities can thrive. It can be challenging to create a sense of trust in under-resourced schools because there is often high teacher turnover, disproportionate numbers of inexperienced teachers, and underrepresentation of teachers of color (Orfield & Lee, 2005; Bryk & Schneider, 2002; Valenzuela & Rubio, 1999.) Trust is especially important for students from immigrant backgrounds who may be hesitant to share personal information about their immigration status with their teachers (Huber & Malagon, 2006; Nienhusser, Vega, & Carquin, 2016.) Compounding the

Working paper for UCLA Civil Rights Project
March 11, 2018

challenges to build trust in schools that serve low-income students and students of color, the increased immigration enforcement has led to a deteriorating sense of trust among educators.

Some of the educators in our study express uncertainty over whom they can trust to care for their students. Brenda, a district administrator in Nebraska says, "*I do not always know who I can trust - just like our students and families.*" Similarly, Audrey, a high school teacher in California, shares that she operates with caution when speaking with her colleagues and students, saying, "*I am even more careful about what I say to students and what I say to other adults. I have lost trust in some of my colleagues and have a network of "trusted" colleagues that I go to with these issues.*"

Some teachers are concerned that their colleagues might share private information about their students' and their students' families if ICE agents came to their school. Caroline, an elementary school teacher in Tennessee, is diligent about protecting her students' information, saying, "*I make sure now to keep my students' records more carefully locked up.*" These concerns are shared by educators who work in districts that have officially declared noncooperation with ICE as well as districts that have not made official statements. We find that even when a school district has announced support for the immigrant students, educators still worry that their colleagues will not abide by the district's policies. Audrey, a high school teacher from California, says, "*Our district policy is protective; unfortunately, some staff disagree and I fear they may act to report students to ICE.*" Elizabeth, a Spanish teacher who works for a school district in Tennessee that has not issued public statements opposing cooperation with ICE, fears that some school staff will release information to ICE because they have not received enough training about what to do when ICE comes to the school. She describes her concern about this type of situation:

I think that front office staff and front office volunteers, parent volunteers... all need to be retrained as far as access to student information because I think it would be really easy if someone walked up with a big shiny badge and acts very authoritatively for them to give out information that they're not supposed to because well it's the federal government, you know? It's ICE. So we need specific training that no - the privacy rules still apply.

Working paper for UCLA Civil Rights Project
March 11, 2018

Along with a deterioration of trust among the educators themselves, educators also perceive that students' parents are concerned that the school will share information about their immigration status with ICE. While parent-teacher relationships are critically important to the academic success of students, research has shown that there is a lack of trust between parents and school personnel in many under-resourced schools that serve communities of color (Bryk & Schneider, 2002; El Nokali, Bachman, & Votruba-Drzal, 2010). Increased immigration enforcement in the past year has further impacted the challenges to build trust and a sense of community in schools. Principals and teachers report that parent volunteering has decreased and that parents have been hesitant to sign permission forms for their children to go on field trips. Many teachers express that they are concerned about the way parent involvement has diminished because it is critical to the quality of their students' education. Teachers say that the more parents are involved, the more engaged the students are at school. For example, Deborah, an elementary school teacher in Tennessee, says:

"Parents have fallen back a little bit trying to keep a low radar, a low profile. They don't want to be seen too many places driving around especially I have noticed. A lot of them will walk and won't drive...because they are so worried that something might happen. So that kind of takes away the joy because I know that if the parents aren't involved then the students slack off more and have more behavioral issues and so parent involvement is important...if they're worried about their parents they are not going to be worried about how to do division."

Some educators mention spending more time reaching out to parents and families who have distanced themselves due to their lack of trust in government officials and their fear of immigration enforcement. Katherine, a high school teacher in Oregon, mentions what she attempts to relay to parents, *"There's no danger, I want your kids to have an education."* She explains, *"Because there's a lot of fear of basically coming out about your visa status or your legal status...they live in that fear. And so it's affected me a lot at work and just how I communicate with the families."* This deterioration of trust between colleagues at schools as well as between the school and parents has deeply impacted a sense of safety and well-being across school communities.

Working paper for UCLA Civil Rights Project
March 11, 2018

Educators are More Committed

One consistent theme in addition to our three major findings is the increased commitment that educators have for their students. In spite of the stress, added workload, and distrust that they are experiencing, educators we interviewed are continuing to do everything they can to protect and educate their immigrant students. Janet, a teacher from Tennessee, claims that the effects of recent immigration enforcement policies have made her more determined to keep teaching. She says, "*I've reached an age where I can consider retirement, but then it's like no, the kids need me. They need me. I am 59.*" Some educators are even more convinced that they are in the right profession, one where they are able to affect positive change in the lives of their students. This belief adds to a greater sense of passion in and dedication to their roles as educators.

Educators' Policy Recommendations

When asked what they would say to policymakers, many educators respond by saying that the government should stop deporting immigrants and create a pathway to citizenship for undocumented immigrants. Many educators express that the intensification of immigration enforcement—the raids, detentions, and deportations—is cruel and unnecessary. Alejandra, a high school teacher in California says, "*The government needs to get out of the fear business. Coming to people's homes in the middle of the night, establishing checkpoints to pass through, and hassling all of us as we cross the border has not made our country safer, but it has made our country scarier.*" Educators also express their disdain for the xenophobic underpinnings of these immigration enforcement policies that have severe implications for many families. Max, an elementary school teacher in California says, "*Stop splitting up families! Stop threatening groups of people based on religion and color of skin!*"

Additionally, educators feel that policymakers are often too far removed from the lived experiences of their students and harsh realities with which they are faced. They call on our country's

Working paper for UCLA Civil Rights Project
March 11, 2018

leaders to understand that random immigration enforcement raids not only create difficulties, but could also be fatal for many children. Elizabeth, a high school teacher in Tennessee said, *"The policies that are being put in place could result in my kids literally being sent back to their deaths. And I think policymakers need to look my kids in the face if they're going to make decisions like that."* All of the educators in this study express concern about their students' wellbeing and many call on policymakers to cease the threats of detention and deportation on immigrant families and communities.

Conclusion

Increased immigration enforcement in the past year has impacted educators and school communities across the country in three major ways. First, educators report symptoms that are consistent with Secondary Traumatic Stress, including increased anxiety and stress. Second, educators maintain that they have to work harder in order to assist their students who are impacted by immigration enforcement. Some teachers describe working over time each week to learn about the legal resources available to their students and families, while others mention taking time away from instruction to tend to the socio-emotional needs of students, thus placing greater burdens on teachers to meet instructional objectives. Third, educators feel uncertain over whom to trust, thus leading to a deteriorating sense of community in the schools. Educators are not sure which of their colleagues they can trust to act in the best interest of their students. They also perceive that parents have become increasingly concerned about whether schools are safe places for their children. Elizabeth's experiences as a high school Spanish teacher in Tennessee best captures our three findings about stress, working conditions, and deteriorating trust. She describes her experience after one of her students was detained by ICE:

"He spent 49 days in custody and then he was finally released because we were able to raise \$8500... I was the one who got the 2 AM phone call from the jail because I made my kids memorize my cell phone number for emergencies... I was the only one who could communicate between him and his dad for their safety. And so spending 49

Working paper for UCLA Civil Rights Project
March 11, 2018

days trying to pass messages back and forth, trying to negotiate the legal system, trying to you know, keep my kid calm, and then I had to tell my students at school, like we have an empty desk... I told them with permission from my student what happened and I broke down in front of them. And then I'm trying to hold them all together because I have an entire class of kids who know why their classmate isn't there and know it could happen to them, know it could happen to their families."

Immigration enforcement policies disrupt the school ecology and impact the well-being of entire school communities—educators, students, and families alike. While many educators express an even deeper commitment to their students in the face of what they perceive to be cruel terrorization, the worry, stress, and anxiety that they experience puts them at risk for burnout [Kim, Youngs & Frank, 2017]. We question how much stress these educators can absorb before they, too, reach a breaking point. Our findings suggest that they may be on track to succumb to the stress and anxiety from immigration enforcement as we see how their health, overall well-being, and morale are being negatively impacted. No one wins when educators lose their capacity to effectively educate their students and current immigration enforcement is pushing our educators to their limits.

Working paper for UCLA Civil Rights Project
March 11, 2018

Appendix A
Interview Questions Protocol

What is your job title?

(Instructions)

We are especially interested in the way immigration enforcement policies may be affecting you as a (use job title from above).

I have a series of questions to ask you. For each one, I'll ask you to indicate the degree to which each question applies to you and I'll ask you to elaborate.

1. You indicated your interest in being interviewed when you took the survey online. Was there something in particular you wanted to share about the impact of immigration enforcement policy at your school?

Please explain (Type response below):

2. Have the reactions of some students to stepped-up immigration enforcement had any effect on YOUR level of stress, anxiety, or anything else you might be feeling?

How so? Can you elaborate (type in explanation below):

Please indicate one response from these choices that tells me the degree to which immigration enforcement has had any effect on YOUR stress, etc. (put xx marks next to the answer or other indication):

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

3. Has immigration enforcement had any effect on how you DO your job?

Please explain (Type response below):

Please indicate one:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

4. Has immigration enforcement had any effect on how you FEEL about your job?

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March 11, 2018

Please explain (Type response below):

Please indicate one:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

5. Has immigration enforcement made your job harder?

Please explain (Type response below):

Please indicate one response:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

6. Has your **job satisfaction** been affected by the climate around immigration enforcement?
("Sense of fulfillment from your job" can be substituted for "Job satisfaction" if additional prompt is needed.)

Please explain (type response below):

Please indicate one response:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

7. Have your **working conditions** been impacted by the climate around immigration enforcement?
(Working conditions include: workload, hours required, how much of your own resources are needed, relationships with colleagues, etc.)

Please explain (type response below):

Please indicate one response:

- No (1)

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March 11, 2018

- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

8. Has immigration enforcement policy affected **your desire to continue in your job?**

Please explain (type response below):

Please indicate one response:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

9. Do you think the climate created by stepped-up immigration enforcement has had or will have an impact on people's desire to become a _____ (use staff title that pertains to this person)? (if prompt needed, explain that we are interested to know how immigration enforcement impacts the recruitment of _____ (use staff title). Can you help us to understand better?)

Please explain (type response below):

Please indicate one response:

- No (1)
- Yes, a little (2)
- Yes, a moderate amount (3)
- Yes, a lot (4)

10. What kind of support from your school or your district would be helpful in meeting the needs of **your students** who may be affected by immigration enforcement?

Please explain (type response below):

11. What kind of support, if any, from your school or your district would be helpful to **support YOU** in meeting your own needs?

Please explain (type response below):

12. If you had the opportunity, what would you say to policymakers about the impact of immigration enforcement on teachers, classrooms, students, and schools? Is there something you would like to see done to reduce the impact on schools?

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March 11, 2018

Please explain (type response below):

13. Is there anything else you would like to add that I have not asked you?

Please explain (type response below):

14. In which state do you work?

Write in answer:

15. At what grade(s) or school level do you work?

- Elementary (3)
- Middle or Junior High School (6-8 or 7-9) (4)
- High School (9-12 or 10-12) (5)
- Other (6) _____

Thank you very much for your time and insights.

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March 11, 2018

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Immigration Policy's Harmful Impacts on Early Care and Education



**Hannah Matthews
Rebecca Ullrich
Wendy Cervantes**
March 2018

Compromising Our Nation's Future

Executive summary

“

You do go home and think about it [families' wellbeing]. It's heart-wrenching for me. It can be a little depressing because you're worried about your families. We work not only with the children but the whole family... It seems like the harder it gets the harder we work.

– Family services worker in California

”

CLASP conducted the first ever multi-state study of the effects of the current immigration climate on young children under age 8. In 2017, CLASP interviewed early care and education providers, community-based social service providers, and immigrant parents in six states. Our findings, detailed in *Our Children's Fear: Immigration Policy's Effects on Young Children*, reveal a distressing picture of fear, stress, and unease that occupy the minds of millions of young children and their parents daily. This stress—and other documented hardships—puts children's growth and development at great risk with the potential for impacts that last well into adulthood.

Young children of immigrants—children with one or more foreign-born parents—make up a quarter of our country's young children. The vast majority of them are U.S. citizens. Most live with parents who have some form of legal immigration status; many others are members of “mixed-status families,” meaning that they are living with at least one undocumented family member. Our study found impacts on all these children regardless of parents’ status.

The focus of this companion paper is the effects on early care and education programs and the central role of early childhood professionals working with families during a grave and stressful time, often with limited resources, insufficient information on immigration-related issues, and under tremendous strain. Our key findings include:

Early care and education programs have experienced drops in enrollment, attendance, and parent participation. Immigrant families are fearful of leaving their homes, largely due to a perceived increase of immigration enforcement agents in communities. One consequence of the resulting social isolation is children not regularly attending child care and early education programs. “It’s been hard. It’s never been hard before,” said a provider in California. “We still have a center that needs children. We used to fill up...but now we’re scrounging for children. They think maybe they’re going to be deported if they sign up.”

Early care and education programs face increased difficulty connecting immigrant families to health, nutrition, and social services. Parents are increasingly reluctant to access public health insurance and nutrition assistance programs—even for their U.S. citizen children. Providers and parents reported being concerned about their information being shared with immigration officials and about how participation in programs would affect their immigration status. “We’ve seen a major reluctance to enroll or re-enroll in public benefits. Moms are afraid to sign back up for Medicaid, food stamps, other services.” one home visitor in North Carolina said.

Many early care and education programs feel unprepared to meet families’ needs. Immigrant families are seeking resources, such as legal advice and information on how immigration policies affect them, that are often outside of the expertise of early childhood providers. Across study sites, teachers and staff working directly with children and families expressed intense emotions about working with immigrant families and feeling unable to meet their needs. “It’s been really tough. Watching families go through this and not knowing how to support them,” said a social worker in California.

Immigration policy changes directly affect the early care and education workforce. An estimated one-fifth of the early care and education workforce is foreign-born. Early care and education staff reported anxiety about increased incidents of racism and xenophobia that are affecting the families they serve and/or themselves, personally. Some were worried about the legal status of their own family members or friends. And several staff people had personal concerns, particularly those who had DACA status and worried about their futures. “I have some employees that are in the Dreamer program. And they’re kinda scared. And I’m kinda devastated you know—they grow up here, they know the language very well. They graduated and now they’re going to college and trying to start a career and they might not be able to fulfill their career anymore,” said a child care provider in New Mexico.

Early care and education programs’ responses to the current environment differ—with some taking on new roles and approaches. Many early care and education programs have intentionally changed how they work with families, while others struggled to make changes. Few programs had formalized policies or clear procedures related to potential immigration enforcement activity. Many programs that sought to work with immigrant families in more meaningful ways lacked the capacity to offer increased support to staff. Programs having strong relationships with community-based immigrant-serving organizations were most likely to meet a wider set of families’ needs.

A better path forward: recommendations

In order to protect and defend the wellbeing of young children in immigrant families and increase supports for the early childhood workforce to better serve immigrant families, CLASP recommends:

The philanthropic community should:

- Mount a major effort to protect, defend, and elevate the wellbeing of children in immigrant families.
- Speak out about the wellbeing of young children of immigrants, their needs, and the developmental consequences of the current crisis.

State and local policymakers across government should:

- Safeguard young children in immigrant families against state and local legislation, laws, and policies that undermine the wellbeing of these children.
- Increase funding for legal services in communities and build links to pro bono services.
- Promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations to improve access by families and the workforce to key information that affects immigrant families.
- Ensure immigrants and their families have a voice in key coalitions, councils, and activities.

State agencies administering early childhood programs should:

- Provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support.
- Ensure that programs have access to best practices and training on trauma-informed care and funding to implement those practices.

State agencies administering public benefits should:

- Ensure immigrant children and families are not deterred from enrolling in critical programs by issuing guidance to staff and distributing information to families and community partners.
- Provide guidance to programs on protecting data and personal confidentiality.

Early care and education programs should:

- Engage leadership, including boards of directors, boards of education, and district superintendents, in a dialogue on immigration and its consequences that creates an intentional focus on the needs of children in immigrant families.
- Partner with community-based organizations to connect parents and staff to local information and resources.
- Adopt policies to safeguard their locations and share these policies with staff and parents.
- Ensure that all staff and parents have information about existing privacy protections.
- Encourage families to create their own deportation safety plans and to share them with program staff.
- Engage parents, social service providers, and immigrant-serving organizations in identifying community-specific solutions to program participation.

Introduction

Demographic changes over the past decades have forced a strong connection between immigration policy and early childhood education policy and practice. More than one in four young children, under age eight, lives in an immigrant family in which one or more members is foreign-born. While the vast majority of these children (94 percent) are U.S. citizens, a significant share live in mixed-status households with at least one undocumented family member.¹

The early childhood workforce—including professionals who work as teachers in child care and preschool settings and as home visitors—also has grown in diversity over recent decades. By one estimate, 18 percent of the early childhood workforce is foreign-born.² As a result, immigration policy decisions directly impact a large share of the country's children and the early childhood workforce.

Since the beginning of his term, President Trump has made immigration enforcement a heightened priority and removed protections for groups that had previously been granted leniency, including parents of citizen children and young immigrants who came to the United States as children. His administration has also threatened to restrict immigrant families' access to public assistance programs, including for their citizen children.

To understand how changing immigration policy, and in particular increased immigration enforcement, is affecting young children in immigrant families and their parents, CLASP interviewed child care and early education teachers, home visitors, and staff; community-based social service providers; and immigrant parents in six states across the country from May through November 2017.³ Our findings, detailed in *Our Children's Fear: Immigration Policy's Effects on Young Children*, reveal a distressing picture of fear, stress, and unease that occupy the minds of millions of young children and their parents daily—with harmful implications for these children's long-term development.⁴

Our study also uncovered the central role of early care and education professionals working directly with families during a grave and stressful time, as well as the many challenges interfering with their provision of high-quality early childhood experiences for immigrant families. Many early childhood providers are doing an incredible job attempting to meet the complex needs of immigrant families, often with limited resources and insufficient information on immigration-related issues, and in the context of tremendous stress for front-line staff. For many in the diverse early childhood workforce, this challenge is both professional and personal as they navigate immigration-related challenges for both their clients and themselves, family members, or others in their communities.

In this paper, we first summarize a subset of key findings identified in the main project report about the experiences of immigrant families. We then further detail the experiences of early care and education providers working with immigrant families and explore ways in which policymakers, practitioners, philanthropy, and advocates may safeguard the wellbeing of young children in immigrant families and enhance the efforts of the early care workforce to provide support to families during a harrowing time.

Select findings and recommendations from *Our Children's Fear: Immigration Policy's Effects on Young Children*

In an elementary school in North Carolina, a school counselor reported overhearing children planning for "when their parents go back to Mexico—not if, but when." One little boy was writing down what he knew how to cook—peanut butter sandwiches and cheese sandwiches—in order to reassure his frightened five-year-old sister they would be okay if their parents were deported.

Young children fear their parents will be taken away. Parent and provider reports of child behaviors and actions suggest that children as young as three are deeply aware of the Trump Administration's anti-immigrant sentiment and the possibility of losing a parent. As a result, they are fearful for their parents' and their own safety. An early childhood educator in New Mexico described children making comments such as, 'He cannot take my family,' and 'Can you imagine if they take my friend's family away from them? What will they do?'

Children also showed disturbing new behaviors—such as increased aggression, separation anxiety, and withdrawal from their environments. Educators with many years of experience described behavior they observed as distinct from children's behaviors in past years. A preschool director in Georgia described a five-year-old child whose anxiety was so severe that he was biting his fingertips to the point that they were bleeding.

Expressions of fear were not limited to children in mixed-status families (those with an undocumented parent) but extended to children whose parents have lawful immigration status—some even children of U.S. citizens. Because young children can't understand the details of immigration policy—and may not even know their parent's immigration status—providers reported that children feared the worst based on what they hear around them.

Young children's daily routines are interrupted because fear is keeping families isolated in their homes. Families are afraid to leave their homes and encounter immigration enforcement agents, leading them to make dramatic changes to their daily routines. They leave their homes for necessary activities—like going to work or buying groceries—yet have stopped frequenting parks, libraries, and retail stores. "We don't feel safe even taking the kids to child care," a parent in California told us.

Parent and provider accounts suggest that young children are getting less access to nutrition and health care services because of families' fears. In all six states, providers and parents report elevated concerns about enrolling in or maintaining enrollment in publicly funded programs that support basic needs, including for their citizen children. Parents reported being worried about their information being shared with immigration officials and about how participation in programs would affect their ability to obtain lawful permanent residence.

Young children's housing and economic stability are in turmoil, with likely significant consequences for their wellbeing. Providers and parents reported increased job loss and more difficulty finding work; overcrowded housing and frequent moving; and more exploitation by employers and landlords. A preschool director in California described receiving frequent notifications of changes in employment and addresses in recent months. She speculated that parents were making these changes to avoid immigration enforcement actions.

Parents are under severe stress and lack resources to meet their needs. Providers in all six states talked about parents coming to them with increased worries and new questions. Parents are struggling with difficult decisions, such as what to do if they or their spouses are deported, and how to talk to their children about deportation. Many parents are asking for resources, such as legal assistance and mental health services, but there is not enough to meet the need. "You feel like you don't know what's going to happen," an early childhood educator in Illinois said. "That feeling of stability—emotional stability and security—is what most of our families have lost."

The cumulative effect of these threats is likely harming millions of young children. Our interviews and focus groups revealed a distressing picture of the day-to-day experiences for young children. Prolonged exposure to such anxiety and uncertainty undermines children's brain development and can have lasting effects on their capacity to learn and manage their emotions.⁵ This elevated fear comes at the same time that children are losing access to health care, nutrition services, and early care and education—supports that are necessary to set them on a path to success.⁶ Experiencing multiple types of hardships (for example, lower household income, housing instability, and not having enough to eat) does far greater damage to young children's long-term development than simply adding up the effects of each individual risk factor.⁷ Without changing course, we as a nation will also pay a heavy price as our future prosperity will be largely determined by the extent to which our increasingly diverse U.S. child population is able to succeed.

A better path forward: recommendations

Congress and the Trump Administration should ensure that the best interests of children, including U.S. citizen children living in mixed-status families, are held paramount in immigration policy decisions.

- Congress should pass legislation that provides a pathway to citizenship to undocumented immigrants, including parents and Dreamers.
- Congress should ensure immigration judges are able to weigh the hardship to children in decisions regarding a parent's ability to enter or remain in the country.
- The U.S. Department of Homeland Security (DHS) should use discretion when making decisions to arrest, detain, and deport parents of minor children in the United States.
- Congress and DHS should expand and consistently enforce the sensitive locations policy to restrict enforcement actions at or near places that are critical to children's health and wellbeing.
- DHS should strengthen protocols to minimize potential harm to children when they are present during immigration enforcement actions and train all staff on these protocols.
- DHS should ensure that detained and deported parents are able to make decisions about their children's care.

Federal, state, and local policymakers should ensure that immigrant families have access to the programs and services they need to promote their children's healthy development.

- Congress and federal agencies should reverse course on the Trump Administration's effort to discourage immigrant families and their children from accessing health, nutrition, and early childhood education services.

Immigration policy has widespread effects on early care and education programs and the workforce

This paper builds on the findings described in *Our Children's Fear: Immigration Policy's Effects on Young Children* to provide more detail on the relationship between early care and education policy and practice and the current immigration environment. Below we summarize the widespread impacts of that landscape on child care and early education programs and professionals.

Early care and education programs have experienced drops in enrollment, attendance, and parent participation

“

Sometimes they don't want to come because they are afraid of coming out of their house. That's something that really hurts to see families going through this tough time and not be able to come and see us.”

— Social service provider in North Carolina

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Early care and education providers and parents underscored how fearful families are of leaving their homes, largely due to a perceived increase of immigration enforcement agents in communities and more enforcement activity since President Trump took office. Providers described many ways in which immigrant families are changing their routines and withdrawing from “ordinary life”—limiting the amount of time they spend outside their homes and in public spaces. Providers and parents described families no longer going to parks, public libraries, or retail stores.

One result of the increasing social isolation of immigrant families is a noted drop in the enrollment and/or attendance of immigrant families in child care and early education programs. A parent in California said that her main worry was dropping her daughter off at child care. “I stay with that worry of what will happen to her, if something happens to me,” she told us.

Similarly, a parent in Pennsylvania shared that she feared dropping her kids off at the Head Start program. A preschool director in California described how multiple families removed their children from her program and said they were going to have a relative care for them.

Some providers noted very specific drops in attendance or program participation around key events—immediately following the 2016 election, after President Trump’s inauguration, and after

major policy announcements. They also reported that when there are home or workplace raids in the community, families are fearful to leave their homes and children do not attend programs, sometimes for multiple days. This may happen even when there are rumors of raids, as both real and perceived enforcement activities generate immense fear. In some cases, providers had specific examples of families in which a parent was deported and the child stopped coming to the program. They often did not know where the child was.

Providers in California, Georgia, and New Mexico told us these stories about changing patterns in enrollment or attendance:

- A home visiting program reported a drop in referrals from health clinics in Latino communities during the 2016 election and, after the election, referrals completely stopped for several months.
- A parent education program reported a big drop in attendance over the last year. They admitted they did not know the reason but noted that this was exceptional and they had not experienced such low attendance in the program's history.
- A home visiting program noted a decline after the election in new clients from refugee and immigrant families.
- An early childhood program noted receiving close to 100 fewer new applicants in the spring of 2017 as compared to the previous year.
- An early childhood program described fewer applicants and trouble filling available spaces, which had not happened in previous years.

Several providers mentioned declines in parent participation in the classroom and school or program events. A pre-kindergarten program in Georgia told us that parents used to routinely volunteer in the classroom. They "came in regularly, worked in the classroom, read in Spanish," the teacher told us. Participation began to drop off during the 2016-2017 school year; as of the fall of the 2017-2018 school year, no families had come in to volunteer.

Related to fear of immigration consequences, many providers correlated the decline in program participation with a lack of transportation options. In nearly all study sites, providers mentioned transportation as an increasing concern, in particular in areas where local law enforcement is cooperating with immigration enforcement agents. In those areas, traffic stops are routine and can easily result in undocumented individuals being taken into custody. As a result, many parents are no longer taking the risk of driving without a license, and one couple in California flagged concerns about driving with licenses that identify their immigration status.⁸ One provider in California speculated that offering transportation to and from the center might help with their enrollment difficulties. In many of the communities we visited, public transportation options were extremely limited, making it especially difficult for families to get around. One program director in Georgia described a child with special needs being pulled out of weekly speech and physical therapy due to a parent's fear of potential traffic stops when driving—and public transportation was not a realistic alternative.

Across study sites, early care and education providers in immigrant communities expressed concern about future enrollment of families in their programs. "It's been hard. It's never been hard before," a provider in California told us. "We still have a center that needs children. We used to fill up like this but now we're scrapping for children. They think maybe they're going to be deported if they sign up."

Even programs that had not experienced widespread changes felt the families who continued to attend programs or seek services during the past year did so because they had already established a trusted relationship with the providers. The programs expressed concerns that enrolling new families over the coming months would be more difficult as families may not be willing to access new services and it may be harder to build trust as immigrant communities become more isolated.

Frequent absences reduce the efficacy of early learning programs and make it harder for children to maintain relationships with teachers and caregivers, which are central to early learning. Programs also have reason to be directly concerned since lower enrollment or declining attendance can have financial implications because public funding streams typically have enrollment and/or attendance requirements.

Early care and education programs face increased difficulty connecting immigrant families to health, nutrition, and social services

“

What if I apply for that benefit and they say I'm living off of that? Or maybe even they come looking for me? Or maybe they will say that's why they don't want us living here?

– Mother in California

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Many early childhood programs have historically provided a valuable role in connecting families to needed health, nutrition, and social services. Head Start's required comprehensive services, for example, include health and developmental screenings; health care referrals and follow up; vision and hearing screenings; and immunizations. Early childhood programs may be the connector, offering referrals or warm hand-offs to other service providers, or may enroll families directly in services or benefit programs.

Providers noted there have always been some immigrant parents—including those who are lawfully present—reluctant to enroll in public benefits programs. However, fears of enrolling in or maintaining enrollment in programs such as Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Food Program for Women, Infants, and Children (WIC) program, and Medicaid—even for their U.S. citizen children—have increased since the election.

In every site visited, providers and parents described families' reluctance to enroll in or maintain enrollment in publicly funded services. In some cases, providers said they were able to quell families' fears and maintain their participation in these critical programs. However, in others, parents decline to enroll, withdraw their enrollment, or choose not to reapply. Providers most

commonly mentioned parents refusing nutrition assistance. The result has been young children losing access to critical programs that support their basic needs and promote positive development.

"It's our experience that [families] don't want to apply for programs. We invite them to apply. They say no, no thanks, I'm ok. We say, but you're eligible to apply for food stamps [SNAP]. We have families with five kids. It may be a single mom or a dad is not working and they refuse to apply," an early education provider in Illinois said.

"We've seen a major reluctance to enroll or re-enroll in public benefits. Moms are afraid to sign back up for Medicaid, food stamps, other services. They end up lacking health coverage," one home visitor in North Carolina said.

"There's a public benefit service... they come out to make sure families know what they're eligible for, help them sign up," a provider in Georgia told us. "But there were a couple months where families didn't want to sign up for anything."

Providers reported that parents' concerns about public programs were elevated both immediately after Trump's election and following a leaked policy memo that outlined proposed restrictions to immigrant families' access to health, nutrition, and educational services.⁹ Parents' concerns were primarily related to how participation in these programs could potentially have immigration-related consequences. Parents are worried that using public benefits will affect their ability to obtain legal status or naturalize or make them identifiable to immigration enforcement agents.

A California provider, when referring to families' concerns about enrolling in SNAP or Medicaid, said "Some have told me that their understanding is that if they apply later on to become citizens that they'll be seen as a cost to society and they won't be accepted. And some have talked to attorneys who told them not to have their names on any lists because they'll be identified when they start looking for people to report."

Families expressed fear that immigration agents would be able to locate them by obtaining their information through public benefits rolls. As stated by one provider in California, "It's also because of the news they hear. One family disclosed that they didn't apply for WIC because they heard that immigration would come to their door."

Providers also described parent reluctance to seek and obtain specialized services for children and expressed concerns that children were not getting services they needed. Home visitors, for example, reported that some families refused connections to other services, such as therapists or other professionals besides the trusted home visitor, making it hard to fully meet families' needs.

In some cases, trusted providers were able to assure families that accessing public benefits was safe and would not bring harm or immigration consequences to their families. These tended to be programs that described having deep ties to their communities and a long history of working with immigrant families.

"Given the population we serve, anxiety with our families about the state, the city, the government, has always been there," a program director in Illinois told us. Her center has been considered a safe haven for immigrant families for decades. "Word of mouth is a big asset to us... our community knows and trusts us. But... the number of people who are afraid and the intensity has increased over the last eight months."

Most immigrant families understood that their citizen children were eligible for benefits; yet many have questions and concerns around data sharing. While providers were confident in their own program's rules around privacy protections and limitations on data sharing, often citing compliance with federal HIPPA laws, they were less knowledgeable about what information might be shared between states and the federal government. Therefore providers were not always able to confidently assure families about the safety of their personal information and data.

Providers also indicated that families are delaying or forgoing health care services. For example, a provider in Georgia said that pregnant immigrant women are increasingly forgoing or receiving prenatal care late in their pregnancies, due to the fear of going to health clinics and a lack of health insurance. Some providers noted that they've heard reports of increased no-shows at health clinics or knew their clients were skipping appointments, which was reiterated in our conversations with parents. In Pennsylvania, parents talked about hesitating to take their children to the hospital for emergency care at night as it required a route where immigration agents often patrolled. Now they need to make arrangements to find a neighbor or friend to take the child or make decisions about which parent would go and "take the risk."

"Public charge" and what it means for immigrant families

"**Public charge**" is a term used by U.S. immigration officials to refer to a person who is considered primarily dependent on the government for subsistence. Certain immigrants can be denied entry to the U.S. or a "green card" (lawful permanent residence) if, based on all their circumstances, they are deemed likely to become a "public charge" in the future. In very limited circumstances, the law also makes individuals deportable for becoming a public charge.

Under longstanding practice, only the use of cash assistance for income maintenance (such as Temporary Assistance for Needy Families—TANF—and Supplemental Security Income—SSI) or government-funded long-term care have been considered in the public charge determination. Some immigrants—including refugees, asylees, victims of domestic violence and other crimes, as well as green card holders applying for citizenship—are not subject to the public charge rules.

On February 8, 2018, media outlets published a leaked draft public charge "notice of proposed rulemaking" indicating the Trump Administration's intent to change regulations implementing the "public charge" provision of federal immigration law. The leaked draft proposal would broadly expand the types of benefits to be considered under the public charge determination, explicitly including Medicaid, Children's Health Insurance Program (CHIP), SNAP, WIC, Head Start, and many other human services programs. The proposed rule also indicates the administration's intent to expand scrutiny to include use of public benefits by the applicant's family, including U.S. citizen children. If finalized, this proposal could force immigrant families to forgo needed health care or go hungry in order to obtain secure immigration status for themselves or their families.

As of publication of this paper, this proposal is still in development and has not been published. CLASP and the National Immigration Law Center (NILC) lead the "Protecting Immigrant Families, Advancing Our Future" campaign, a broad coalition of advocates for immigrants, children, education, health, anti-hunger and anti-poverty groups, and faith leaders. The Protecting Immigrant Families campaign is developing resources and will coordinate efforts to fight back against this dangerous proposal. For more information on the campaign, please contact Madison Hardee (mharddee@clasp.org).

Many early care and education programs feel unprepared to meet families' needs

“
We provide trauma-informed services, but even so... we're not CPS. Our expertise is not to work with families who are going to be separated from their kids.
 – Home visiting director in New Mexico
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Immigrant families are seeking information, resources that may be outside of the expertise of early childhood providers

Early care and education providers are often the conduit to information for families. Nearly all providers told us that since November 2016, families are seeking new and different information than previously:

- A program in Georgia that surveys parents annually on topics for parent trainings and workshops received requests for help managing stress and indicated that was the first time they had heard requests on that topic.
- A pre-kindergarten program in Georgia mentioned that parents were expressing increased stress levels to staff triggered by how difficult daily life had become and the uncertainty around their families' future.
- A Head Start program in New Mexico said parents are looking for financial assistance to help cover the cost of legal services.
- A pre-kindergarten program in Georgia that also surveys families received requests for information on immigration and immigrant rights for the first time.
- A home visitor in California described more general questions from parents about their rights and what to do in certain situations, such as "What do I do if they show up at my door? Will they come in my house? What do I do?"

Across study sites, providers noted that because they were getting frequent questions about immigration policy and Trump Administration actions, they needed accurate information as developments unfold and policies change. Providers also reported requests from parents to better understand their rights around immigration enforcement. Many parents are asking for legal resources, including legal information on the care and custody of their children in the case of possible deportation.

In some cases, providers are able to meet these information requests by seeking out new resources for families. Some early childhood providers used community partners, such as immigrant-serving organizations, to get information and resources to families. Many providers connected families with immigrant rights trainings and some even did trainings themselves for staff and parents. Others invited partners into their programs to talk to parents and staff on immigrant rights. Fewer providers had connected families with family safety planning resources on how to prepare for possible deportation, including information on transferring assets and establishing powers of attorney or guardianships for their children.

Across study sites, providers told us of the dearth of free or affordable legal assistance, particularly from immigration and family attorneys. Some providers expressed reservations about providing parents with legal advice and other information outside their expertise and struggled to make referrals to those with appropriate skills and knowledge. Immigrant parents also discussed the challenges of not being able to afford legal assistance.

Providers acknowledged they lacked information the families need and wanted to be better informed so they could help their families.

"We are family outreach workers, so what we do is provide information that the parents require, not only for immigration but for employment or any other services they need," a Head Start provider told us. "But for immigration, I feel like I am learning step by step, but I don't have enough resources to provide to the families."

In focus groups, parents reported that early childhood organizations had helped by referring them to information and lawyers. One said her home visitor helped when she was scared and would bring her information. This sentiment was echoed in our interviews with providers, who recognized that many parents saw them as a trusted source of information and took that responsibility seriously. "It carries a lot of weight," a provider in Illinois said. "When they [parents] can ask you a question and you're able to answer, it makes their day better."

Immigration context puts emotional strain, stress on early care and education providers working with families

Across study sites, teachers and staff directly serving children and families expressed intense emotions about working with immigrant families living in trauma in the current environment. Staff working the closest with parents and family members—often family support workers and home visitors—voiced the greatest emotion about how difficult their jobs have become.

"Within the immigrant service provider environment in North Carolina, the sentiment is hopelessness. Despite our efforts for the past 15 years, we have not seen a significant change," a service provider told us. "Sometimes it's hard to share the hope with the clients when you feel hopeless."

"It's been really tough. Watching families go through this and not knowing how to support them. It doesn't feel right and it doesn't feel just," said a social worker in California.

"You can't help but think about the families you serve and have a great relationship with. It gives me stress to think about what would happen if something happened to them. What would happen to their children?" an early education provider in Illinois.

The profound emotional stress of the work was prevalent across racial, ethnic, and immigrant backgrounds. For some, their own immigrant or cultural backgrounds led them to be personally affected by the same issues impacting the families they serve, ranging from deportation concerns to increased racism in communities. Others, not facing the same issues in their personal life, expressed sincere grief knowing that young children and their parents were experiencing such trauma.

Perhaps most illustrative of the great emotional demands on early care and education staff was the common experience of staff having been asked by parents to take care of their child in the event that a parent was arrested or deported. Multiple providers—in particular home visitors and family support workers—told stories of being asked by parents to consider accepting guardianship of their children. In many cases, the families they serve don't have relatives in the United States, and the parents perceived their home visitor as someone they could trust to care for their child.

For these staff, this was a heartbreakng conversation. One home visitor in Illinois questioned, "what is the best answer for them? To say yes because I really want to take care of them?"

An early childhood program director in Georgia described the increased stress on the program's only Spanish-speaking case worker: "Even our case worker is like a different person. She has a big burden on her shoulders and she just seems different in her personality. Families come to her for assistance and it's difficult for her."

Staff also expressed the challenge of feeling ill prepared to provide families with the support they need. A group of home visitors in one community, across the board, expressed that the lack of information and training they needed to properly support immigrant families caused them stress and anxiety.

"We're there to support, there to make sure they get the resources they need," a home visitor in Illinois told us. "But in my case I feel that there is not much I can do. So that's my worry." A family support worker in Georgia said, "We ask ourselves what can we do? But really, what can we do? Besides provide more information."

Staff expressed distress about not knowing how to respond to children's concerns. They hesitated to make false claims and assure the children that everything would be okay. Some providers questioned what advice they should give parents on whether they should be talking about these issues with their young children and also lacked the resources to help support parents in how to have these difficult conversations.

"I don't feel comfortable saying it's going to be okay because we don't know," a service provider in North Carolina said.

Providers also struggled with the reality that many of the issues families face are well beyond their ability to influence. This left them feeling helpless or regretful that they could not do more for families. One provider told us that she contacted every one of her parents on Fridays to let them know she cared about them and also to ease her mind. That way, over the weekend she was able to spend time with her family and not worry about the families in her program. When Monday came, her concerns returned, and she reached out again to check on them.



Some staff members have been more directly affected. All but two of our site visits took place after President Trump ended the Deferred Action for Childhood Arrivals (DACA) program and while the future of the program's beneficiaries remained in jeopardy. Providers in several states mentioned that they had staff with DACA status who were worried about how the president's decision to terminate the program would affect their ability to work. Recent estimates suggest that more than 40,000 DACA recipients are employed in the education, health, and social services industries—many of them are likely nurses, K-12 teachers, and early childhood educators.¹⁰

Early care and education programs' responses to the current environment differ

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Families are coming to us as a trusted source of information and experts in something we weren't necessarily experts in before. So it's changed the way we do our work that way. Internally, we've had to change our protocol....

—Social service provider in North Carolina

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Many early care and education programs have intentionally changed practices—while others struggle

Early childhood programs are doing their best to respond to families' needs. Whether that effort however has been led by a program's board of directors, school district, program director or staff had implications for how supported staff felt, how much they felt empowered to find new ways of working with immigrant families, and how much direction they got in doing so. Programs also varied widely in how they have responded to staff members' changing needs.

When asked about how their work has changed since the election and since the beginning of the Trump Administration, some providers responded that their organizational approach did not change. Many said that their role has always been to support families in whatever needs they might have. They acknowledged that many of the needs have changed but see addressing immigration-related issues as a core component of the work they have always done to support families across a range of areas.

Some providers saw themselves as taking on new roles and have made a conscious effort to proactively provide more resources relevant to immigration issues. Staff in these programs described a clear directive from their boards, administrators, or other leadership to get informed and be prepared to provide resources that immigrant families need. One program director noted

that because immigration was seen by her board and organization as such an important reality for the communities they serve, it was necessary to become involved in an area outside of their expertise and experience.

Similarly, a home visiting director in New Mexico described being intentional about ensuring her staff were equipped to help parents prepare power of attorney and other guardianship-related documents. "...this was new territory for my staff," she said. "I had to really work with them to make sure they were providing [parents] with information that would be helpful."

Multi-service organizations and programs with strong community-based partnerships were often more likely to see themselves as advocates for their families on immigration issues. The response to that recognition differed and resulted in actions across a spectrum – from placing information on tables for families to take if desired to more actively hosting trainings and information sessions.

But this response varied. Several programs have continued to struggle with their role in the larger immigration context, with publicly funded programs in particular expressing nervousness about addressing immigration issues. Staff in one public program indicated that the agency seemed "paralyzed by what to do." She told us agency leaders "started by saying you're to do nothing and we said we can't." Staff members are now allowed to offer some pre-approved resources to the families they serve.

Staff we talked to in public schools offered varying perspectives on how comfortable students in immigrant families felt in school and how they were coping. One staff person in a Georgia school told us that she understood she was not to discuss issues related to immigration with students or parents. In some schools, administrators expressed pride in how they had conveyed to students and parents that their school is a safe community. Yet, our conversations with teaching staff suggested there were high levels of fear among students that these administrators may not have recognized.

Some programs were more explicit than others that their practices are different from past work with families. Programs reported having to be more sensitive overall—even everyday experiences such as having fire alarms go off for a drill can result in new fear-induced responses by students. One pre-k provider in Georgia simply stated, "Staff are trying to give them extra love in case they need it." Home visitors acknowledged that in-home services can be very hard for families to agree to. Some programs have adjusted their requirements and meet families wherever they prefer, rather than in their homes.

Few programs had the capacity to offer increased support to staff

Despite staff reporting high levels of stress and a great need for information and resources, few providers we interviewed indicated they were providing additional support or training to employees in response to the changing immigration context. Some directors talked about creating new procedures to support the emotional security of their staff. For example, one program has a social worker who meets monthly with family support specialists to provide additional emotional support. They planned on extending this service to teachers soon in response to increased anxiety among their teachers. A provider mentioned intentionally providing "safe space" for staff to have conversations and talk to directors about the work.

"I feel like my job is to provide my staff with as much support as possible, make sure they're cared for, so they can serve our families," one director of a home visiting program told us. "They have so much empathy and care and they aren't just sitting there connecting them to resources. They're experiencing it with them."

Some providers offer or receive informal emotional support. A Head Start staff member described having a strong relationship with her supervisor with whom she can vent and ask advice. Another social worker who supervises other staff members said supporting her staff is necessary but has to be informal due to the agency's unwillingness to take a strong stance. "There's a policy that we can't go against," she said. "So I'm trying to support them but not overstep."

Similarly, programs differed in their extent of offering or encouraging staff to attend workshops and training on immigration policy. One provider reviewed with staff the center's policies around what to do if immigration enforcement agents visited. A couple directors described offering information and resources, either through trainings or during staff meetings, related to Know Your Rights, safety planning, and changes in policy. Some programs had one staff member attend external coalition or informational meetings and bring the information back to share with others.

Few programs had formalized policies or clear procedures related to potential immigration enforcement activity

Programs mentioned standard security procedures, such as secured entrances. A few programs also had an established policy regarding what to do if immigration enforcement agents were on the premises. These providers described holding trainings and reviewing their procedures with staff and parents after President Trump took office to reassure families that their children were safe at the center.

"We're a sanctuary school... we explained what that meant," one provider shared. "Because a lot of the parents were a little fearful about what that meant and we made sure we enforce that policy and that we explain it correctly to our parents."

However these types of formal procedures and outreach to parents were fairly uncommon. Moreover, many providers did not know whether it was lawful for immigration enforcement activities to take place on their property and did not know whether or not they would be compelled to let immigration officials into the building. In fact, current Department of Homeland Security (DHS) operating policy considers early childhood programs, including child care and preschools, to be "Sensitive Locations" where enforcement activities are restricted (see page 22).

Programs also differed in how much they had communicated established protocols and procedures with families or in some way expressed that their program was a safe place. Some programs sent messages through parent newsletters or emails making clear that their program was a safe space. In some programs, the connection to immigrant rights trainings and other resources also communicated a level of trust to parents. Some programs, however, acknowledged that they were not sure that families understood what procedures or protocols they have.

Early Care and Education Programs are Sensitive Locations

The Department of Homeland Security (DHS) has longstanding policies that restrict immigration enforcement actions in "sensitive locations." This means that, except in limited circumstances, immigration agents should not conduct arrests, apprehensions, or other enforcement actions in the following locations:



Schools, including known and licensed child care programs, preschools, pre-kindergarten programs, Head Start programs, and other early care and education programs.

K-12 schools, colleges and universities, after-care programs, vocational or trade schools, and other education-related activities and events are also included in the policy.



School bus stops that are marked and/or known to the officer (during periods when children are present at the stop).



Medical treatment and health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities.



Places of worship, such as churches, synagogues, mosques, and temples.



Religious or civil ceremonies or observances, such as funerals and weddings.



During public demonstrations, such as marches, rallies, or parades.

What this means for early care and education providers:

- Providers should notify staff and parents that the program is considered a sensitive location.
- Providers do not have to allow immigration officials into your program without a warrant.
- Providers should develop internal procedures in case of potential enforcement actions and share them with staff and parents.
- Providers should track enforcement actions at or near their property. These can be reported to a local immigration or legal services organization.

For more information about the sensitive locations policy, please see CLASP and NILC's factsheet, The Department of Homeland Security's "Sensitive Locations" Policies, available at clasp.org/sensitiveLocations.

*For questions about the sensitive locations policy or if you believe the policy has been violated, contact **Rebecca Ullrich** (rullrich@clasp.org) at the Center for Law and Social Policy (CLASP). To learn more about CLASP, visit www.clasp.org.*

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Early care and education programs and sensitive locations policy

We heard from many immigrant parents in our focus groups that they have witnessed or heard of Immigration and Customs Enforcement (ICE) agents loitering around the corner from children's schools and child care centers. Early care and education providers also reported several instances of immigration enforcement agents apprehending parents at or near their centers. One provider said a parent was arrested in her center's parking lot. A home visitor described a father being apprehended while he and his wife were walking their four-year-old into child care. Their seven-year-old son witnessed the incident from the car. A child care director said ICE agents were waiting for parents in the parking lots of schools in her district and serving them with papers as they dropped off their children.

In 2011, the Obama Administration issued administrative guidance about immigration enforcement actions at or focused on so-called "sensitive locations." The policy states that ICE and Customs and Border Protection (CBP) agents are to limit arrests, interviews, searches, and surveillance at locations such as schools; hospitals; places of worship; religious ceremonies such as funerals or weddings; and sites of public demonstrations.¹¹ Both CBP and ICE issued Frequently Asked Questions (FAQ) to supplement the existing guidance in 2016, clarifying the locations that are deemed sensitive and describing exceptions to the policy.¹² DHS's memo and FAQ explicitly state that early care and education programs, such as known and licensed child care programs, preschools, and other early learning programs, are included as sensitive locations.¹³ In 2018, ICE issued a new policy memo and FAQ regarding enforcement actions in courthouses, restricting enforcement in non-criminal courts—such as family courts—without prior approval.¹⁴

Unfortunately, the current sensitive locations policy does not explicitly state what constitutes "at or focused on" a sensitive location, which causes confusion for program staff and anxiety for parents. The policy also does not prohibit enforcement operations from being carried out *near* sensitive locations, meaning parents could still be apprehended as they pick up or drop off their children from places deemed sensitive. Reports from around the country document instances of ICE agents apprehending parents in hospitals and outside their children's schools.¹⁵ Whether or not all these incidents qualify as direct violations of the policy, they certainly undermine the policy's intent to protect children and families from being able to carry out basic activities critical to their health and safety.

A better path forward: recommendations

The tremendous and harmful effects of immigration enforcement and anti-immigrant policies on young children, and the early childhood professionals working with them, require the immediate attention of a wide group of actors: government officials, non-government entities, philanthropy, and the entire early care and education field. The pervasive and intense trauma and hardship faced by mixed-status immigrant families makes access to quality early care and education more important than ever. Trusted caregivers, with adequate resources to support them, can provide nurturing care and stability when everything else in a child's world is uncertain. When caregivers do this, they help parents get the resources they need to take care of themselves and their children.

Early childhood programs must be responsive to the changing landscape for immigrant families—and they must see meeting these families' needs as core to their mission to advance the wellbeing and development of children. Quality early childhood practice embraces the whole child, recognizing that all children—and their developmental trajectories—are situated within the context of their family. In order for children to benefit from quality early care and education, they—and their families—must feel safe and secure attending programs that are capable of meeting their complex needs.

The wellbeing of early childhood professionals matters greatly to the efficacy of early care and education programs. Providers' ability to influence young children's development is hindered if they have unaddressed stress and lack the information, skills, supports, and partnerships necessary to support families' most pressing needs. The current emotional strain on early care and education providers is harmful both to their wellbeing and that of the children in their care.

The recommendations below are not a substitute for the policy recommendations included in *Our Children's Fear: Immigration Policy's Effects on Young Children*. It's important not to overstate the extent to which early care and education policymakers and practitioners can mitigate the harm to children caused by immigration policies. Ultimately the country needs to change course in its immigration policy that is inflicting great harm on children.

Until then, implementation of the following recommendations can begin to protect and defend the wellbeing of young children in immigrant families; strengthen cross-sector collaborations in order to improve child care and early childhood practices and policies; and increase supports for the early childhood workforce to better serve immigrant families.

Recommendations for philanthropy

The philanthropic community should:

Mount a major effort to protect, defend, and elevate the wellbeing of children in immigrant families. Philanthropic investments could jumpstart many of the recommendations below to provide immediate and urgent support to immigrant families and early childhood programs. A comprehensive philanthropic agenda for children of immigrants would include:

- Policy advocacy at all levels of government to protect and defend the wellbeing of young children;
- Affordable legal services and representation for immigrant families;
- Strong collaborations across the immigrant and early childhood sectors as well as other sectors serving children such as child welfare, education, etc.;
- Creation and dissemination of training and resources for early care and education staff;
- Outreach and information dissemination to inform immigrant families about policies that affect them;
- A comprehensive research agenda that includes documentation of the effects of immigration policies on young children and their caregivers, as well as the developmental consequences of those impacts; and
- Raising awareness among the public and policymakers about the importance of young children of immigrants to our country's future.

Speak out about the wellbeing of young children of immigrants, their needs and the developmental consequences of the current crisis. National, state, and local foundations should use their own credibility and prominence to highlight the importance of the wellbeing of young children and the urgency of a supportive policy, research, and advocacy agenda. Funders can issue broad statements aimed at influencing key constituencies or speak out on specific policy issues.

Recommendations for State and Local Policymakers

State and local policymakers should:

Safeguard the wellbeing of young children in immigrant families in state and local legislation, laws, and policies. Policymakers should oppose laws that encourage more immigration enforcement—such as collaborative agreements between ICE and local police—or discourage access to health, nutrition or educational services for children. Likewise, policymakers should oppose laws that create barriers to health, nutrition, or educational services for children in immigrant families. Conversely, policymakers should support policies that encourage the safety and wellbeing of immigrant families and protect children's interests such as expanded access to health care coverage for immigrant children. Early childhood administrators can play a vital role as watch-guards for children due to their unique understanding of child wellbeing.

Increase funding for legal services in communities and build links to pro bono services.
Resources are needed in communities to provide free legal advice and representation to help families navigate the legal system on immigration, child custody, and family law.

Promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations to improve access by families and the workforce to key information that affects immigrant families. Collaborations can ensure that early education programs have credible experts on immigration policy, immigrant rights, and immigrant public benefits eligibility. Funding can increase the capacity of immigrant-serving organizations to partner with early education program. This support could be in the form of grants to community-based organizations to increase capacity, funded partnerships between immigrant-serving and early childhood organizations, or resources for creating joint immigrant and early childhood coalitions. States and localities with offices of immigrant and refugee, or other coordinating bodies, should include early care and education organizations in community planning and ensure that early care and education organizations are informed of state and local efforts to support immigrant families.

Ensure a voice for immigrants and their families in key coalitions, councils, and activities. State early childhood advisory councils and other coordinating bodies should include immigrant-serving organizations in their membership. The needs of children of immigrants should inform professional development, family engagement, and quality improvement strategies. Coordinating bodies should use data to identify participation gaps in child care and early education programs and make access to early childhood programs for immigrant families a top priority.

State agencies administering early childhood programs should:

Provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support. State agencies should fund the development and implementation of trainings and supports, as well as increased staff compensation and benefits, to ensure that early childhood providers get the supports they need to do their job. States can fund entities such as universities and community-based organizations to develop resources and materials to give the early childhood workforce the tools they need to help children cope with fear, to support parents in discussing deportation and other issues with children, and to work with families in crisis due to immigration actions.

Ensure that programs have access to best practices and training on trauma-informed care and funding to implement those practices. According to the National Child Traumatic Stress Network, key components of a trauma-informed program include routinely screening for trauma exposure and symptoms; use of evidence-based, culturally responsive assessment and treatment; and a focus on continuity of care and collaboration across systems. Trauma-informed programs also intentionally address parent trauma, emphasize staff wellness, and make resources available to children, families and providers.¹⁶

State agencies administering public benefits should:

Ensure immigrant children and families are not deterred from enrolling in critical basic needs programs by issuing guidance to staff and distributing information to families and community partners. Agencies should issue guidance on immigrant eligibility rules, including recommendations for ensuring that enrollment practices do not deter immigrants from accessing public benefits on behalf of themselves or their children.¹⁷ Agencies should analyze data to identify any declines in public benefit use and conduct targeted outreach to reach underserved communities and limited English proficient communities. By partnering with early childhood programs and immigrant-serving organizations and paying attention to language access, agencies can improve outreach to families.

Issue guidance to programs on protecting data and personal confidentiality. Agencies can work with local agencies and social service providers to ensure compliance with privacy rules and to provide guidance on interactions or requests received from immigration enforcement officials.¹⁸ Agencies can also raise public awareness about individuals' privacy protections related to immigration fears.

Recommendations for Early Childhood Programs

Early care and education programs should:

Create an intentional focus on the needs of children in immigrant families by engaging leadership, including boards of directors, boards of education, and district superintendents, in a dialogue on immigration and consequences. A leadership directive that recognizes and prioritizes the issues facing immigrant families creates space to adopt new roles, take on new practices, and embrace new partnerships. Being intentional about the importance of serving immigrant families in a meaningful way may be a first step to examining the resources necessary to support families and the workforce.

Partner with community-based organizations to connect parents and staff to information and resources in the community. Partnering with trusted immigrant-serving organizations can help early childhood programs better connect parents to legal, mental health, and other services. Because they are designated as sensitive locations, child care and early education centers can also provide a safe space for Know Your Rights trainings and safety planning workshops.

Adopt policies to safeguard their locations and share these policies with staff and parents. Programs should inform parents about the program being a safe space and ensure that all personnel are familiar with the ICE sensitive locations policy and other internal policies. Programs should also document possible violations of the sensitive locations policy to ICE headquarters to help demonstrate the scope and impact of enforcement activities in sensitive locations and hold ICE accountable.

Ensure that all staff and parents have information regarding existing privacy protections. Programs can review existing policies to ensure compliance with federal policies and consider additional policies that will prevent the inappropriate recording and release of immigration status. By assuring parents that their personal information is safe and will not be shared with any state or federal agency for immigration purposes, staff will help families continue to feel safe accessing programs.

Encourage families to create family deportation safety plans and to share them with program staff. Creating these emergency plans can not only help mitigate anxiety for parents of children, but also help ensure that children are able to continue accessing early childhood programs and other services should a parent be deported. Programs should also support parents with resources on how to talk to their children about safety plans (see Appendix).

Talk to parents, social service providers, and immigrant-serving organizations to identify community-specific solutions to program participation. While the experiences faced by immigrant families were similar across study sites, community-level differences make it important for early childhood providers to investigate barriers to program participation in their communities and identify community-specific solutions. For example, in communities where transportation is a major barrier to participation, early care and education programs may use resources to provide transportation to increase the attendance of children or coordinate carpools among participating families. In other communities, misinformation on eligibility or safety of programs may be a barrier and communities can consider how to collaborate with trusted messengers to inform families about the availability of early care and education programs.

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Appendix: Resources for early care and education programs and parents

Appleseed Network, *Protecting Assets and Child Custody in the Face of Deportation: A Guide for Practitioners Assisting Immigrant Families*, 2017, <http://www.appleseednetwork.org/deportationmanual>.

National Immigration Law Center, *Access to Health Care, Food, and Other Public Programs for Immigrant Families Under the Trump Administration: Things to Keep in Mind When Talking With Immigrant Families*, 2018, <https://www.nilc.org/wp-content/uploads/2018/02/talking-to-immigrants-about-public-programs-2018.pdf>.

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Endnotes

¹ Migration Policy Institute tabulation of 2014 American Community Survey (ACS) and 2008 Survey of Income and Program Participation (SIPP) by Bachmeier and Van Hook.

² Maki Park, Margie McHugh, Jeanne Batalova, Jie Zong, *Immigrant and Refugee Workers in the Early Childhood Field: Taking a Closer Look*, Migration Policy Institute, 2015, <https://www.migrationpolicy.org/research/immigrant-and-refugee-workers-early-childhood-field-taking-closer-look>.

³ Interviews were conducted in California, Georgia, Illinois, New Mexico, North Carolina, and Pennsylvania. Parent focus groups took place in California, New Mexico, and Pennsylvania. The names of specific communities we visited are withheld to protect participants' privacy.

⁴ Wendy Cervantes, Rebecca Ulrich, and Hannah Matthews, *Our Children's Fear: Immigration Policy's Effects on Young Children*, CLASP, 2018, <https://clasp.org/ourchildrensfear>.

⁵ National Scientific Council on the Developing Child, *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*, 2010, <http://www.developingchild.net/>.

⁶ Maya Rossin-Slater, "Promoting Health in Early Childhood," *The Future of Children* 25 (2015).

⁷ Karen Hughes, Mark A. Bellis, Katherine A. Hardcastle, et al., "The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis," *The Lancet Public Health* 2 (2017); Elizabeth A. Schilling, Robert H. Aseltine, and Susan Gore, "The Impact of Cumulative Childhood Adversity on Young Adult Mental Health: Measures, Models, and Interpretations," *Social Science & Medicine* 66 (2008); Natalie Slopen, Karestan C. Koenen, Laura D. Kubzansky, "Cumulative Adversity in Childhood and Emergent Risk Factors for Long-Term Health," *The Journal of Pediatrics* 164 (2014).

⁸ Some states have allowed undocumented immigrants access to state drivers licenses; however, some are observably different than the standard issued drivers licenses.

⁹ In January 2017, a draft executive order from the Trump Administration was leaked, revealing the administration's intent to rewrite longstanding rules regarding immigrants' ability to access a green card, enter the country, or even be deportable based on their use of certain public benefits, including nutrition assistance and health care. In February 2018, after the conclusion of our site visits, a leaked draft notice of proposed rulemaking was published indicating the administration's intent to pursue this policy change through a rulemaking process. As of publication of this paper, notice of this regulatory change is yet to be released or promulgated.

¹⁰ Jie Zong, Ariel G. Ruiz Soto, Jeanne Batalova, et al., *A Profile of Current DACA Recipients by Education, Industry, and Occupation*, Migration Policy Institute, 2017, <https://www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation>.

¹¹ John Morton, "Enforcement Actions at or Focused on Sensitive Locations," U.S Department of Homeland Security, October 24, 2011, <https://www.ice.dhs.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>.

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¹³ U.S Department of Justice, U.S. Department of Education, *Fact Sheet for Families and School Staff: Limitations on DHS Immigration Enforcement Actions at Sensitive Locations*, 2014, <https://www2.ed.gov/about/overview/focus/safe-spaces-fact-sheet.pdf>.

¹⁴ Thomas D. Homan, *Directive Number 11072.1: Civil Immigration Enforcement Actions Inside Courthouses*, U.S. Immigration and Customs Enforcement, January 10, 2018, <https://www.ice.dhs.gov/sites/default/files/documents/Document/2018/ciEnforcementActionsCourthouses.pdf>; U.S. Immigration and Customs Enforcement, *FAQ on Sensitive Locations and Courthouse Arrests*, U.S. Department of Homeland Security, January 31, 2018, <https://www.ice.dhs.gov/ero/enforcement/sensitive-locations-and-courthouses>.

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¹⁶ The National Child Traumatic Stress Network, "Creating Trauma Informed Systems," U.S. Department of Health and Human Services, University of California, Los Angeles, Duke University, <http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

¹⁷ Cities across the country including San Francisco, New York and Los Angeles have developed and distributed public-facing flyers, presentations and other resources reassuring families that the election has not changed the local government's commitment to provide quality services for all, regardless of immigration status.

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SRCD
Society for Research
in Child Development

sharing child and youth development knowledge
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Social Policy Report Brief

How the Threat of Deportation Affects Children in Latino Immigrant Families



The Society for Research in Child Development (SRCD) is an international, interdisciplinary organization of scientists, established in 1933 by the National Academy of Sciences.

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The brief summarizes the Social Policy Report, "Applying a community violence framework to understand the impact of immigration enforcement threat on Latino children," September 2018, available on www.srcd.org/publications/social-policy-report.

Why Does This Matter?

Research tells us that children need safe, nurturing, predictable environments to develop in a healthy way and to thrive. Yet with recent changes in immigration policies and increased enforcement activities, children of undocumented parents, many of whom are U.S. citizens, increasingly live in fear that family members may be arrested, incarcerated, or deported. Research suggests that exposure to circumstances that produce such persistent fear and chronic anxiety entail significant risk for adverse long-term outcomes. Such adversities in childhood are powerful predictors of health conditions and early-onset mental illness.

Background

- One-quarter of youth under 18 in the United States are Latino; 95% of these are U.S. citizens.
- About 4.5 million children who are U.S. citizens live in families in which one or both parents are undocumented.
- While threat of deportation affects communities of various racial and ethnic backgrounds, Latinos account for approximately 95% of apprehensions by the Department of Homeland Security.
- Fear about family fragmentation is experienced most directly by children of undocumented parents, with spillover to children in Latino communities more broadly.

Research indicates that chronic fear and anxiety associated with the threat of family members being deported is taking a toll on the academic functioning and psychological well-being of children in Latino immigrant households, many of whom are U.S. citizens.

Background (continued)

- Deportations and threats of deportation have increased with changes in immigration policy and implementation activities, including:
 - Passage of the Immigration Reform and Control Act (1986) criminalizing hiring undocumented people and increasing enforcement and internal policing of immigrant communities;
 - A directive (2009) requiring Immigration and Customs Enforcement (ICE) to maintain 33,400 immigrant detention beds daily; and
 - Executive orders (2017) prioritizing prosecuting offenses at the southern border, targeting undocumented immigrants for deportation.
- The uncertainty and fear children in mixed-status families experience about parental detention or deportation has heightened as:
 - The Deferred Action for Childhood Arrivals (DACA) has been repealed and remains unresolved, and
 - Expiration of Temporary Protected Status approaches.

What the Research Says

- Behavioral neuroscience indicates that chronic activation of the stress response system leads to immediate and long-term problems in physical and mental health. Prolonged or excessive exposure to fear-inducing stimuli or threatening environments impairs cognitive control and learning.
- Uncertainty about family safety is linked to less use of health care services, social services and public health, nutrition, and educational programs for U.S.-citizen children of immigrant parents.
- Studies in schools indicate that for many students (especially immigrants and U.S.-citizen children of immigrants), fears about deportation or detention affect adjustment and academic progress, including:
 - Increased absenteeism after ICE raids and after increased threat of enforcement;
 - Symptoms of depression, anxiety or sadness, and crying over worries about the threat of family separation; and
 - Disruptions in children's ability to eat and sleep, and to focus and learn in school.
- State-level Medicaid data indicate that children of mothers who met the DACA birthdate eligibility cutoff had fewer adjustment and anxiety disorders than children of mothers who just missed the cutoff. This suggests that removing the threat and uncertainty about family safety improved mental health for these U.S.-citizen children.

Implications for Policy and Practice

- Researchers, teachers, and practitioners should understand how uncertainty and threat affect the lives of Latino children, especially those in immigrant households. To decrease the fear and uncertainty affecting children in immigrant families, policymakers can:
 - Urge the U.S. Citizenship and Immigration Services to address the current backlog of more than 700,000 applications for citizenship;
 - Convey clearly that all children in the United States have a constitutional right to receive free public school education, regardless of immigration status;
 - Support legislation that provides a pathway to citizenship to undocumented immigrants, including parents of U.S.-citizen children, and undocumented young people brought to the United States as children;
 - Communicate clearly for which health, nutrition, early childhood, and education services children and parents in immigrant families are eligible and support their access to these services; and
 - Advocate for the Protecting Sensitive Locations Act (H.R. 1815 and S. 845), which would expand and improve upon current sensitive locations policies in several ways, including prohibiting agents from conducting enforcement actions within 1,000 feet of places such as schools, churches, and hospitals.

This brief summarizes a longer Social Policy Report by R. Gabriela Barajas-Gonzalez, Assistant Professor, Center for Early Childhood Health and Development, Department of Population Health, New York University Langone Health; Cecilia Ayón, Associate Professor, School of Public Policy, University of California, Riverside; and Franco Torres, Supervising Attorney, Immigration Legal Services Department, Catholic Charities Community Services.
[View the full Social Policy Report and References.](#)

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December 3, 2019

The Honorable Bobby Scott
 Chair
 House Committee on Education and Labor
 Washington, DC 20515

The Honorable Virginia Foxx
 Ranking Member
 House Committee on Education and Labor Services
 Washington, DC 20515

Dear Chair Scott and Ranking Member Foxx,

I write to provide my views as a policy entrepreneur with Next100 for the December 4 Education and Labor committee hearing on "Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children." I would ask that this statement be included as part of the official hearing record.

Next100 is a startup think tank created for and by the next generation of policy leaders. Its mission is to change the face and future of progressive policy by supporting and providing autonomy to a diverse cohort of next generation policy thinkers and doers. Policy Entrepreneurs at Next100 have the independence to research and develop policy analysis and solutions in areas critical to themselves and their communities, and the support to drive change in those areas in a variety of ways. My work with the organization focuses on researching issues at the intersection of education and immigration.

Students and children from immigrant backgrounds now live in an environment so hostile to them that it's measurably impeding their development. In my fourth-grade classroom in Houston, Texas, the morning after Election Day 2016 was quiet. As students filed into the classroom, I asked them to make a circle on the rug to talk through the question, "How are you feeling today?" My most charismatic, happy-go-lucky student broke into tears.

"The president is going to take my parents away, Miss! What am I going to do?" My stomach tensed in the face of the question I'd been dreading. Other students chimed in with similar fears and concerns for themselves and their families. My students, 9- and 10-year-old children, should not be concerned with being separated from their caregivers. They should have a caring and supportive environment in which they can focus on their learning. But that's not the reality they're currently allowed.

On the contrary, children from immigrant families, including approximately 4.1 million U.S. citizen children living with an undocumented parent, are now immersed in a web of toxic stress. Adverse childhood experiences (ACEs) have been found to be especially impactful on a child's development when experienced in early childhood, having consequences on lifelong outcomes, including in health and education. The current administration has shown a complete disregard for how anti-immigrant policies create and intensify ACEs for children of immigrants: its policies seem all but designed to fabricate the conditions for some of the most commonly known ACEs, including generating family separation by incarcerating parents in detention centers and/or deporting them; exposing children to prolonged poverty by limiting household income and safety nets through unsuccessful attempts at "public charge" changes, detention, and

deportation; and, for the children who've sought entry and refuge in the United States by crossing the southern U.S. border, abuse at the hands of U.S. Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE), occurring most notoriously through the dehumanizing practice of housing children in filthy cages. Children of immigrants are surrounded by news of children like them in cages, separated from their parents. They hear repeated threats of mass deportation raids. And they know that ICE agents have increasingly targeted immigrants moving to and from schools, hospitals and churches.

How the Trump Administration Is Constructing Toxic Stress for the Children of Immigrants

<i>Adverse childhood experiences (ACEs) that create toxic stress</i>	<i>Immigration practices perpetuating harm and generating ACEs</i>
Constant exposure to economic hardship	Limiting household income and safety nets through unsuccessful attempts at "public charge" changes, mass raids , detentions, and deportations.
Separation from a parent or guardian	"Zero-tolerance" family separation policy, mass raids, targeting immigrant families and communities for detention and deportation
Exposure to abuse and neglect	For unaccompanied children crossing the southern border, there's been a documented violation of human rights , an attack on the Treaty agreement , wherein CBP is seeking to hold children indefinitely; and the dehumanizing practice of housing children in filthy cages . When a parent is detained and/or deported, the impact on their children is an afterthought, leaving children without parents.
* Exposure to four or more ACEs is linked to negative impacts on health and behavior.	

New
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This culture of fear clearly affects schools. In Forest, Mississippi, ICE agents arrested nearly 700 immigrant workers in one of the largest single immigration sweeps in history. These raids left children stranded, without parents—devastated and begging the government to have a heart. How can children focus on learning objectives when they're preoccupied with the reality that their parent may be gone when they get home? How can children learn when they're not coming to summer programs because their communities are scared into hiding? How does a child engage with academic material when their surroundings scream "Build the Wall"?

Last year, the UCLA Civil Rights Project published a first-of-its-kind study on the impact of current immigration enforcement on schools. According to the report, 70% of educators

surveyed noted a decline in academic performance among their immigrant students, which they attributed to concerns about immigration issues. Educators also reported that non-immigrant students' learning was being affected due to concerns for their peers whose families were at risk. This was especially true in southern cities, which educators reported were "hardest hit" by concerns about immigration policy and enforcement. Student absenteeism due to fear of potential ICE raids was reported as a problem by 68% of administrators across all regions. Given that schools lose funding when students are absent, this problem does not only affect student learning, but also school finances and operations.

Twenty-six percent of children under the age of 18 in U.S. schools have an immigrant parent. When we tell one in four children that they and their families don't belong, and actively destroy their safety networks and well-being, we are damaging our society's whole fabric. Can our country's conscience rest easy knowing the dire circumstances we're creating for children, including children we've formally accepted and children who've only ever known the United States as their home?

I return to my student's question often. "What am I going to do?" Children have to know that they're not expected to answer that question and that they're not alone in their concern. In class the morning after the 2016 election, we discussed "the people that care about you and will help you or your family, no matter what." Within our schools and communities, we also must change how we talk about immigrants, and respect the values and strengths they bring to our schools and communities.

To show that our society actually cares about the educational outcomes and the future of all our students, we have to let children know that we stand for them and with them, regardless of their or their parent's place of origin, and that we will use the leverage afforded us by our positions, however small, to respond to this crisis. There can be no ambiguity about our support for them and our insistence that public debates respect their dignity.

I am glad to see the attention the House Education and Labor committee is paying to the fact that the Trump administration's immigration policies are harming children. Our nation's future depends on ending that harm.

Sincerely,

Rosario Quiroz Villarreal
Policy Entrepreneur- Immigration and Education
Next100

*The letter above was put together from two articles I've previously written on the impact of current immigration policies on children. You can find sources at:

<https://educationpost.org/when-a-student-says-the-president-is-going-to-take-my-parents-away/>

<https://thenext100.org/check-out-these-creative-initiatives-standing-up-for-immigrant-students/>

Trauma At The Border can be found at p. 59: <https://www.govinfo.gov/content/pkg/CPRT-117HPRT46287/pdf/CPRT-117HPRT46287.pdf>

[Additional submissions by Mr. Takano follow:]



Our Children's Fear
Immigration Policy's Effects
on Young Children



Wendy Cervantes
Rebecca Ullrich
Hannah Matthews
March 2018

Compromising Our Nation's Future

Executive summary

**In 17 years, I've never seen this before.
The stress is so high, they're biting their fingers.**

— Georgia preschool director

This report documents how the current immigration context is affecting our nation's youngest children, under age eight, based on interviews and focus groups in 2017 with more than 150 early childhood educators and parents in six states—California, Georgia, Illinois, New Mexico, North Carolina, and Pennsylvania. We conducted this first multi-state study of its kind to focus on young children for two reasons.

First, the early years lay the foundation for children's long-term health and wellbeing. For children to learn and grow and ultimately succeed in school and in life, they need good nutrition, regular health care, a stable and healthy living environment, and nurturing and loving care. When their basic needs are not met—or when hardship and distress occur in children's environments—their growth and development is undercut and can have enduring, even life-long consequences.¹

Second, immigrants are central to our nation's past and future. Children of immigrants—those with at least one foreign-born parent—comprise a quarter of all young children, and the overwhelming majority of them are U.S. citizens. Our collective future is tied to their health and wellbeing, as well as their success in school and later careers.

Our study was motivated by widespread reports that children and families are being harmed by the Trump Administration's immigration policy priorities. This report documents impacts on young children of immigrants, whether their parents have some form of lawful immigration status or are undocumented.

Documenting the impact: key findings

Young children fear their parents will be taken away. Parent and provider reports of child behaviors and actions suggest that children as young as three are deeply aware of the Trump Administration's anti-immigrant sentiment and the possibility of losing a parent. As a result, they are fearful for their parents' and their own safety. An early childhood educator in New Mexico described children making comments such as, "He cannot take my family" and "Can you imagine if they take my friend's family away from them? What will they do?"

Children also showed disturbing new behaviors—such as increased aggression, separation anxiety, and withdrawal from their environments. Educators with many years of experience described behavior they observed as distinct from children's behaviors in past years.

A preschool director in Georgia described a five-year-old child whose anxiety was so severe that he was biting his fingertips to the point that they were bleeding.

Expressions of fear were not limited to children in mixed-status families (those with an undocumented parent) but extended to children whose parents have lawful immigration status—some even children of U.S. citizens. Because young children can't understand the details of immigration policy—and may not even know their parent's immigration status—providers reported that children feared the worst based on what they hear around them. A Head Start teacher in Pennsylvania told us that a four-year-old girl in her class said that President Trump wanted to send her mom back to Mexico. "Her mother is not even from Mexico," the teacher told us.

Children who had been separated from a parent or who had come into contact with immigration agents seemed to exhibit the greatest fear and evidence of behavioral changes. Providers and parents in nearly all of our interview sites described disturbing accounts of immigration enforcement activities that undermine the best interest of children, such as parents being arrested in their children's view or children and parents being separated during interrogation.

Young children's daily routines are interrupted because fear is keeping families isolated in their homes—resulting in reduced access to early care and education programs. Families are afraid to leave their homes and encounter immigration enforcement agents, leading them to make dramatic changes to their daily routines. They leave their homes for necessary activities—like going to work or buying groceries—yet have stopped frequenting parks, libraries, and retail stores.

"We don't feel safe even taking the kids to child care," a parent in California told us. Early education programs reported drops in attendance, fewer applicants, trouble filling available spaces, and decreased parent participation in classrooms and at events.² As a result of this withdrawal from ordinary life and decreased participation in early care and education programs, children are losing out on enriching early childhood experiences that are important to prepare them for success in school and in life.³

Parent and provider accounts suggest that young children are getting less access to nutrition and health care services because of families' fears. In all six states, providers and parents report elevated concerns about enrolling in or maintaining enrollment in publicly funded programs that support basic needs, including for their citizen children. Parents reported being worried about their information being shared with immigration officials and about how participation in programs would affect their ability to obtain lawful permanent residence. Some providers also described instances of blatant discrimination against immigrant parents when attempting to enroll in public programs and parents avoiding services because they are afraid they might encounter immigration enforcement agents when they drive. For example, in Pennsylvania, parents questioned whether it was safe to take their children to the hospital for emergency care because it required taking a route where immigration agents often patrolled. Research shows that access to medical care and nutritious foods are critical to promote good health, particularly in early childhood. Delaying doctors' visits or not getting enough healthy food may lead to greater health and developmental problems later.⁴

Young children's housing and economic stability are in turmoil, with likely significant consequences for their wellbeing. Providers and parents reported increased job loss and more difficulty finding work; overcrowded housing and frequent moving; and more exploitation by employers and landlords. A preschool director in California described receiving frequent notifications of changes in employment and addresses in recent months. She speculated that parents were making these changes to avoid immigration enforcement actions. This increased instability—on top of increased fear and anxiety—can impose incredible harm on children's developing minds and bodies.⁵

Parents and caregivers—the most important source of support for young children—are themselves under severe stress and lack resources to meet their needs. Providers in all six states talked about parents coming to them with increased worries and new questions. Parents are struggling with difficult decisions, such as what to do if they or their spouses are deported, and how to talk to their children about deportation. Many parents are asking for resources, such as legal assistance and mental health services, but there is not enough to meet the need. Providers are also under increased stress as they attempt to support families in new ways.

"You feel like you don't know what's going to happen," an early childhood educator in Illinois said. "That feeling of stability—emotional stability and security—is what most of our families have lost." When the support systems that children rely on—their parents and teachers—are frayed due to their own stress and fear, children feel the effect as the adults they rely on may be preoccupied with anxiety to fully meet children's caregiving needs.⁶

The cumulative effect of these threats is likely harming millions of young children.

Our interviews and focus groups revealed a distressing picture of the day-to-day experiences for young children around the country, characterized by fear, stress, and disruptions to their normal routines. Prolonged exposure to such anxiety and uncertainty undermines children's brain development and can have lasting effects on their capacity to learn and manage their emotions.⁷ This elevated fear comes at the same time that children are losing access to health care, nutrition services, and early care and education—supports that are necessary to set them on a path to success.⁸

Each of these risk factors by themselves have well-documented and powerful negative effects on children's health and wellbeing. But developmental research is clear that the harm children face is cumulative. Experiencing multiple types of hardships (for example, lower household income, housing instability, and not having enough to eat) does far greater damage to young children's long-term development than simply adding up the effects of each individual risk factor.⁹ Without changing course, we as a nation will also pay a heavy price as our future prosperity will be largely determined by the extent to which our increasingly diverse U.S. child population is able to succeed.

A better path forward: recommendations

To change course and safeguard the healthy development of young children in immigrant families, CLASP recommends the following:

Congress and the Trump Administration should ensure that the best interests of children, including U.S. citizen children living in mixed-status families, are held paramount in immigration policy decisions.

- Congress should pass legislation that provides a pathway to citizenship to undocumented immigrants, including parents and Dreamers.
- Congress should ensure immigration judges are able to weigh the hardship to children in decisions regarding a parent's ability to enter or remain in the country.
- The U.S. Department of Homeland Security (DHS) should use discretion when making decisions to arrest, detain, and deport parents of minor children in the United States.
- Congress and DHS should expand and consistently enforce the sensitive locations policy to restrict enforcement actions at or near places that are critical to children's health and wellbeing.
- DHS should strengthen protocols to minimize potential harm to children when they are present during immigration enforcement actions and train all staff on these protocols.
- DHS should ensure that detained and deported parents are able to make decisions about their children's care.

Federal, state, and local policymakers should ensure that immigrant families have access to the programs and services they need to promote their children's healthy development.

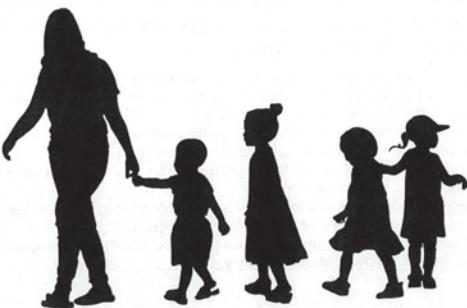
- Congress and federal agencies should reverse course on the Trump Administration's efforts to discourage immigrant families and their children from accessing health, nutrition, and early childhood education services.
- State and local policymakers should safeguard the wellbeing of young children in immigrant families in state and local legislation, laws, and policies.
- State and local policymakers should increase funding for legal services in communities and build links to pro bono services.
- State agencies administering public benefits should ensure immigrant families and their children are not deterred from enrolling in critical programs.
- State agencies administering public benefits should issue guidance to programs on protecting data and personal confidentiality.

State policymakers should ensure early childhood programs have the resources they need to better serve children in immigrant families.

- State policymakers should promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations, so families and providers have better access to key immigration information.
- State policymakers should provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support.
- State policymakers should ensure that programs have access to best practices and training on trauma-informed care, as well as the funding to implement those practices.

The philanthropic community should protect, defend, and elevate the wellbeing of children in immigrant families.

- Funders should invest in immediate and urgent support to children in immigrant families and the programs that serve them through a comprehensive agenda that includes policy advocacy; strong collaborations across the immigrant and early childhood sectors; creation and dissemination of training and resources for early care and education and other program staff; and a research agenda that includes documentation of the impacts of immigration policies on young children.
- Funders should speak out about the wellbeing of young children of immigrants, their needs and the developmental consequences of the current crisis.



A national concern

Roughly 9 million young children under age 8 in the United States live in an immigrant family with one or more member who is foreign-born.¹⁰ Young children in immigrant families are a significant and growing segment of the young child population, comprising 26 percent of all children under 8. The vast majority of these children—94 percent—are U.S. citizens, entitling them to all the legal rights and privileges that citizenship guarantees.¹¹

Most young children in immigrant families live with parents who have some form of legal U.S. immigration status. Many others are members of “mixed-status families,” meaning that they are living with at least one undocumented family member. An estimated 5.1 million children under the age of 18 in the United States live with at least one undocumented parent; nearly 2 million of these children are under age 5.¹²



This first-ever multi-state study documents effects of the current immigration climate on young children under age eight, including those living in families where every member has lawful immigration status as well as those in mixed-status families.

We focus on young children for two reasons. First, the early years lay the foundation to children's lifelong health and wellbeing. Experiences early in life affect children's physical, social, and emotional development. Good nutrition, regular health care, a stable and healthy living environment, and nurturing and loving care are necessities for children to grow and learn and ultimately do well in school and in life. When basic needs are not met—or hardship and distress occur in children's environments—it undercuts their growth and development and can have enduring, even life-long, effects.¹³

Second, immigrants are central to our nation's past and their experiences matter for America's future. Since our nation's founding, immigrants have moved to this country seeking a better life for themselves and their families. Children of immigrants represent a large and growing share of young children, and the overwhelming majority of them are U.S. citizens. Their experiences, development, and education are essential to all of us. Our future is tied to their health and wellbeing, as well as their success in school and later careers.

Our study was motivated by widespread reports that children and families are being harmed by the Trump Administration's immigration policy priorities, such as efforts to ramp up immigration enforcement and the removal of protections for groups that had previously been granted discretion, including parents of citizen-children and young immigrants who came to the United States as children. The administration has also threatened to restrict immigrant families' access to public assistance programs, including for their citizen-children. Our goal was to understand how our youngest children are experiencing—and are affected by—this changing environment.

Our Children's Fear
Immigration Policy's Effects on Young Children

Study overview

Between May and November 2017, CLASP conducted semi-structured interviews with child care and early education teachers, home visitors, and staff and community-based social service providers in six states around the country—California, Georgia, Illinois, New Mexico, North Carolina, and Pennsylvania. (We have withheld the names of specific locations to protect participants' privacy.) Participants included more than 100 staff across 33 organizations, including private child care centers, Head Start programs, preschools, public schools, and home visiting programs. We also convened four focus groups in California, New Mexico, and Pennsylvania with a total of 45 immigrant parents of young children.

Documenting the impact: key findings

"Who will take care of me?"

Young children fear their parents will be taken away

In an elementary school in North Carolina, a school counselor reported overhearing children planning for "when their parents go back to Mexico—not if, but when." One little boy was writing down what he knew how to cook—peanut butter sandwiches and cheese sandwiches—in order to reassure his frightened five-year-old sister that they would be okay if their parents were deported.

Young children's day-to-day lives were described as clouded by persistent fear of being separated from their parents or other loved ones. Children—as young as three years old—are articulating fears that their mothers won't be home when they return from preschool.

"[Children] hear and they understand," a teacher in Georgia told us. "They got so anxious. They were very concerned, very sad... What happens if they deport my mom? Who will take care of me?"

A Head Start teacher in Pennsylvania told us that a four-year-old girl in her class said that President Trump wanted to send her mom back to Mexico. "Her mother is not even from Mexico," the teacher told us.

Young children can't understand the details of immigration policy and may not even know their parents' immigration status. Yet the behaviors, actions, and statements relayed to us suggest children are deeply aware of the administration's anti-immigrant sentiment and the possibility of losing a parent, and they fear for their parents' and their own safety. This pervasive fear is not limited to children in mixed-status families but extends to children whose parents have lawful immigration status—some even children of U.S. citizens.

“

How do you know they're afraid? By the way they express themselves: "He cannot take my family. Can you imagine if they take my friend's family away from them? What will they do?" They're not just angry; they're concerned. They're worried about other members of their class.

— Early childhood educator in New Mexico

”

Very young children typically lack the vocabulary or emotional maturity to articulate their feelings and often express their emotions through behavior. Early childhood educators described disturbing behavioral changes among young children—including increased aggression, hyperactivity, and separation anxiety; decreased engagement; and withdrawal from their environments. They could not always attribute a direct cause of the behaviors, but we noted consistent observations across early care and education programs and not limited to children with an undocumented parent. Educators with many years of experience described behavior they observed as distinct from children's behaviors in past years, suggesting the behaviors were related to the current environment.

An early childhood educator in California said that following the 2016 election, "The kids were crying. It was tough for the kids to say good-bye to the parents when they came to school [for the morning drop off]. It was awful." A teacher in North Carolina told of reading a story about houses to her pre-kindergarten class. When she got to a page with a picture of the White House, children burst into tears.

"It could be this year's class is just different..." a pre-kindergarten teacher in Georgia told us, "but this year they [the children] are less lively and verbal as throughout the years I've been here. I don't know if it's because they are experiencing the stress of it. They are reluctant to talk."

Some providers recounted especially alarming behaviors, such as a five-year-old child whose anxiety was so severe that he was biting his fingertips to the point that they were bleeding. "In 17 years I've never seen this before," his preschool director said. "The stress is so high they're biting their fingers."

"We've seen [behavior changes] first-hand," a home visiting director in New Mexico told us. "Kids who were toilet trained are all of a sudden having more accidents at night, having accidents at their preschool or day care when they weren't previously."





The director went on to describe several children who were backsliding on certain age-appropriate skills. "They were engaged before, would sit down for a period of time, write or color with us, and we've now seen a regression where they're just kind of sad, anxious, not wanting to participate as much as they used to."

A social worker in California described signs in clients' homes, saying: *No abra la puerta*—Do not open the door—hung at children's eye level. "They see that everyday going in and out [of their homes]," she told us. "They know that if you open the door for someone, they can come in and take you or your parent."

Early care and education providers generally described more pronounced behavioral changes among children who had been directly affected by immigration enforcement. A preschooler in Georgia refused to talk and ate quickly during meal times. Educators at his child care center told us, "We kind of figured something was going on." As it turned out, ICE agents had been to the child's home. "It turned out they [the family] were afraid someone was going to come back to the home, so they had to eat quickly."

A preschool director in California described a three-year-old child who became aggressive and began fighting with his classmates after his father was deported. She noticed he particularly targeted three children whose fathers drop them off and pick them up from school. "The ones whose moms pick them up, he's fine," she said. "But to the others he's like, 'oh you can't be my friend because you have a daddy.'"

"Last [school] year we had an incident where a child drew a picture of a cop, his dad, and himself. He gave it to the teacher and the teacher asked what it was. And he was like, 'That's ICE who came and picked up my dad.' He was having a hard time... He'd wake up in the middle of the night, and he would cry," recalled a child care provider in Georgia.

Children have reportedly developed new fears of police and law enforcement officers, which providers attributed to an inability to distinguish between immigration officers and local law enforcement.¹⁴ A parent in Georgia told her child's preschool director that her four- and six-year-old children are now afraid of seeing police officers in the community. When they see a policeman, they tell their mother to hide so the officer won't take her. "The kids have taken a role of protecting the parents," the preschool director said. "...they don't completely understand why. The only thing that they know is that a policeman is a figure they can't trust."

Our Children's Fear *Immigration Policy's Effects on Young Children*

The Trump Administration's immigration actions, unpredictability, and racist and xenophobic comments about immigrants have all contributed to heightened tension in immigrant communities, which is clearly absorbed by children.¹⁵ Providers and parents also described increased racism in their communities, and some providers noted that very young children have even repeated racist comments to their peers. A few parents talked about their children suddenly not wanting to speak Spanish anymore because it meant "you were from another country."

The levels of anxiety and stress experienced by young children during these formative years can have serious and lasting effects on their physical and emotional development.¹⁶ Persistent and substantial exposure to fear and anxiety—sometimes called "toxic stress"—can do immense damage to children's health. This level of stress can interfere with young children's physical brain development, altering how they learn and their ability to manage their emotions. It can also lead to physical and mental health problems that last into adulthood.¹⁷

Family separation represents one of the greatest risks to the health and wellbeing of children, especially in early childhood when children are physically, emotionally, and economically dependent on their parents. There may be no greater threat to children's emotional security than the fear of being separated from a parent. One study found that nearly 30 percent of children with one or more undocumented parent reported being afraid nearly all or most of the time.¹⁸ Three-quarters of undocumented parents in the same study reported their children were experiencing symptoms of post-traumatic stress disorder, such as frequent crying, trouble sleeping, and increased anxiety.¹⁹ Children whose parents have actually been deported and children who witness a parent's arrest may suffer even further from significant anxiety and health problems.²⁰ The very real threat of family separation places children with undocumented parents at greater risk of developing mental and behavioral health problems compared to children whose parents have legal status.²¹

This anti-immigrant context also affects children's developing social identities. Children's earliest experiences shape their identities, which form the basis of their personalities and sense of self as they grow older. When children experience their identity group being denigrated, it can disparage their own self-worth and reduce their self-esteem. These early experiences matter for their emotional development, capacity to learn, and ultimately their academic and economic success.²²

"They didn't allow for him to say goodbye."
Witnessing a parent's arrest is traumatizing for young children.

Immigration and Customs Enforcement (ICE) agents apprehended a father in New Mexico as he and his wife were walking their four-year-old daughter into child care one morning. "ICE came and served him papers, and in front of his children, put him in the vehicle," the family's home visitor told us. "They didn't allow for him to say goodbye or to even give any attention to the child to let her know he would be okay." The preschooler's seven-year-old brother witnessed the incident from the car. After the arrest, the four-year-old girl became unusually clingy with her mother while her older brother began having toileting accidents at school.

"[The mother's] big thing was why did they do that in front of [the children]? Why couldn't they... there were so many opportunities, at work for example. [ICE] had all his information," the home visitor said. "It was just the lack of the humanity around this person, this father, being taken away in front of his children and his wife."

Staff in a California early childhood program expressed concern for a four-year-old girl at the center whose father had been deported a few weeks before the school year started. "It really affected the child. She's four... She has older siblings: one in elementary school and one in junior high. They were all home when ICE busted in and took the dad. She's been upset and really withdrawn... nervous, didn't want to talk." Her teacher noted it was a dramatic change in behavior from the year before.

Given our relatively small sample, we were particularly concerned about the large number of providers and parents who shared stories of children witnessing first-hand their parent being apprehended by ICE agents—an experience that could be particularly traumatizing for young children.²³



"For a week, I didn't send my kids to school."

Young children's daily routines are interrupted

"I asked one of my clients how she was doing," a social worker in California shared, "and she said, 'Oh, ICE was in the neighborhood, so I had to go the long way to school through all these back alleys, and we were late. And my kids were wondering why we had to hurry and I won't let them play outside.'"



Young children's everyday lives have been dramatically altered, according to providers and parents we interviewed. Families are fearful of leaving their homes and coming into contact with immigration agents.²⁴ Some families go out only when necessary—to buy groceries or go to work. As a result, children are not attending early childhood programs and may be secluded in homes for days or weeks at a time. Early education programs reported drops in attendance, fewer applications, trouble filling available spaces, and lower parent participation in the classroom and events.²⁵

"We had a decrease in enrollment when it first started," a preschool director in California said. "Some brought their kids back but some didn't." More recently, she had roughly 30 children who simply stopped attending. "I can't get in touch with the moms, I call the job and they say she doesn't work there anymore... we hope they'll call back but none of them have," she said. "I just lost them."

"For a week I didn't send my kids to school because I couldn't drop them off," one parent in California told us. "I heard ICE was there." Another parent said, "We don't feel safe even taking the kids to child care. You are worried you will run into them [immigration] and they will take you. It's very stressful." In some cases, providers had specific examples of families in which a parent was deported, and the child stopped coming to the program. They often did not know where the child was.

Providers and parents both described families avoiding other places in the community as well. In California, a Head Start director told us that families stopped using the library. "They pick up the kids and they go straight home," she said. A Head Start teacher in Pennsylvania said a child in her class complains that his parents don't take him to the park anymore because they are afraid of running into immigration agents.

“

Even going to places like the library or to buy groceries, one no longer feels safe just walking like before. You don't know when you're going to run into ICE. You don't even know who is who anymore because ICE no longer wears uniforms; they dress like everyone else.

– Mother in California

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"It became really unsafe right around February or March (2017). Families stopped going places....It had a very bad impact on our single moms who are already isolated, already have a lot of little ones and need to be out in the community. All of a sudden, they only wanted to go to the places they had to go to—the supermarket. Some were skipping doctor's appointments and well visits," a home visitor in New Mexico told us.

Providers described changes in how families navigated leaving their homes. For instance, they no longer go places together as a group, especially not with both parents. A home visitor in North Carolina noticed that when her program hosted outings in the community, whole families no longer attended. In North Carolina, a kindergarten teacher said she knows families who take turns going to the grocery store: one mom goes shopping while the other stays home with all the kids.

Young children grow and learn in the context of their environments. Participating in regular routines—going grocery shopping, taking walks, and riding bikes—are opportunities for children to practice emerging skills, such as following directions and managing their emotions and behaviors.²⁶ Use of community resources such as libraries, parks, and museums provide additional opportunities for play and enrichment that support children's healthy development.²⁷ Disrupting routines with trusted caregivers and reducing access to critical community resources—particularly during a time of heightened stress and uncertainty—may make children more vulnerable to the most harmful effects of anxiety.

For many children, attending an early education program is an important component of their daily routine. When children lose access to early education programs, they lose out on the educational opportunities that come from high-quality child care and early education—experiences that can be particularly important in bolstering the development of children facing hardship and adversity.²⁸ Children also lose nurturing, supportive relationships with caregivers who are fundamental to children's development.²⁹

"...they didn't apply for WIC because they heard that immigration would come to their door."

Children are not getting nutrition assistance or medical care

"We've seen a major reluctance to enroll or re-enroll in public benefits. Moms are afraid to sign back up for Medicaid, food stamps, and other services," a home visitor in North Carolina said.

"It's also because of the news they hear," said a provider in California. "One family disclosed that they didn't apply for WIC because they heard that immigration would come to their door."

In every site visited, providers and parents described families' reluctance to enroll in or maintain enrollment in the publicly funded health and nutrition services for which they are eligible. Providers most commonly mentioned parents refusing nutrition assistance, such as the Special Supplemental Food Program for Women, Infants, and Children (WIC) program and Supplemental Nutrition Assistance Program (SNAP). A home visiting director in New Mexico said families were afraid to visit social service agencies to sign up for these benefits, even when accompanied by a home visitor.



Parents' concerns about public programs were reportedly elevated immediately after the 2016 election and following a leaked policy memo in January 2017 that outlined the Trump Administration's plans to restrict immigrant families' access to health, nutrition, and educational services.³⁰ Parents' concerns were primarily related to how participation in health and nutrition programs could potentially have immigration-related consequences. Specifically, parents are worried that using these programs will affect their ability to obtain legal permanent residence or make them identifiable to immigration enforcement agents. Families also expressed fear that immigration agents would be able to locate them by obtaining their information through these programs.

"Right now we're the guardians of our grandsons, and one never knows how that might affect things," a parent in California shared. "What if I apply for that benefit and they say I'm living off of that? Or maybe even they come looking for me? Or maybe they will say that's why they don't want us living here? Really that's why I haven't applied for anything."

Most providers noted that immigrant families, including those who are lawfully present, have always been apprehensive about enrolling in public benefits, but they have noticed more acute

fears recently. In some cases, providers said they were able to calm families' fears and maintain their participation in these critical programs. However, some parents were declining to enroll, withdrawing their enrollment, or choosing not to reapply.

We also learned that families are delaying or forgoing medical care. Both parents and providers reported increased no-shows at health clinics and missed appointments. A provider in Georgia said that pregnant immigrant women are increasingly delaying prenatal care until late in their pregnancies or going without it altogether. Home visitors reported that families were refusing connections to other services, such as therapists and other medical professionals.

One reason families gave for forgoing services is fear of driving and encountering immigrant agents. A provider in Georgia told us about a child with autism who is no longer receiving therapeutic services because his father is too afraid to drive to the clinic. In Pennsylvania, parents talked about hesitating to take their children to the hospital for emergency care as it required a route where immigration agents often patrolled.

Families are also experiencing increased hostility and discrimination from staff in government offices. Parents in New Mexico and providers in California told of staff making discriminatory comments to families enrolling in nutrition assistance programs for their citizen-children. A social worker in California said that some of the parents she works with, all of whom have a young child with a disability, had experienced discrimination at the Supplemental Security Income (SSI) office. "One woman was told when she could speak English she could come back to apply for SSI," she said. "We've never had that happen before." SSI—like all federally funded programs—does not require applicants to speak English and, in fact, federal law requires that individuals with limited English proficiency have meaningful access to such programs.

Our interview findings are consistent with media reports that immigrant families are declining to obtain SNAP and WIC—even for their citizen children—and staying away from community hospitals and health centers.³¹ In a 2017 survey of 90 local agencies that manage WIC, one-quarter reported to the National WIC Association that undocumented parents are refusing services.³²

Not getting enough healthy food or forgoing doctors' visits can make children sick and lead to chronic health problems. Moreover, decades of research show the positive impact of public benefits—such as Medicaid, SNAP, and WIC—on children's long-term health and their economic security.³³ That is, when children get access to these programs, they are both healthier and their families have more money in their budgets to spend on other basic needs. For example, millions of children in households receiving SNAP would be living in poverty if weren't for the economic boost of SNAP assistance.³⁴

Our Children's Fear *Immigration Policy's Effects on Young Children*

16



These unstable and exploitative conditions undermine families' economic security and negatively affect their living conditions.³⁶ Job and housing instability coupled with other worries described by parents results in high levels of parental stress that can harm children's cognitive development—and children with undocumented parents are more likely to face stressors such as moving frequently, living in overcrowded or inadequate housing, and struggling to pay utility bills.³⁷ Unsafe or unstable housing represents one of the greatest threats to children's health and development. Children who move frequently or live in crowded conditions are more likely to have poor health outcomes, including developmental delays or behavior problems, and worse academic and social outcomes—all of which contribute to lower adult educational attainment.³⁸

Providers and parents reported particularly high levels of instability in families where a parent had been deported. For instance, a home visitor in Illinois told the story of her client whose husband was detained outside his home as he was leaving for work one morning. Terrified, the mother fled their home, taking only her children—a 18-year-old, 12-year-old, 5-year-old, and 1-month-old—and leaving behind baby supplies, medical cards, birth certificates, and clothing.

“
We can see how it's affecting the mom. She's undocumented. The language barrier... she's been here for a couple years and she never worked because he was the only one working and providing for the family. She doesn't know how to look for a job, where she can leave her children...
 — Home visitor in Illinois
”

A parent's deportation can drastically undercut the economic security of families who are already struggling to make ends meet. Notably, men are far more likely to be deported—one analysis estimates that approximately 85 to 90 percent of deportees are men—and many are also the sole or primary breadwinner in their homes.³⁹ Deported fathers leave behind wives and children who often fall into poverty in their absence. Studies have found the sudden loss of income resulting from a parent's detention or deportation can reduce a family's income by half or more.⁴⁰ This leads families to not have enough food to eat, move abruptly and frequently, or live in crowded housing with family or friends.

"I don't feel comfortable saying it's going to be okay."

Children's parents and caregivers are stressed and lack resources

"My young daughter tells me, why are those people coming for us? And she asks questions I don't know how to answer," a parent in New Mexico told us. "I'm not going to tell [my children] that we can be deported at any moment. They are from here. They don't know what that even means...They don't know what Mexico is. They are so little. How are we going to explain if her father goes to Mexico, we can't go there because [she] will suffer there?"

These are the tough questions that parents are grappling with. In all six states, we heard about the immense stress and uncertainty that parents of young children are experiencing. For example, an early education provider in Georgia said that for the first time, parents were requesting help with stress management and emotional support. A home visitor in California described increases in anxiety, depression, and concerns about intimate partner violence among the mothers in her program.

"You feel like you don't know what's going to happen. I think that's the fear some of our families are feeling right now, not knowing what is coming. That feeling of stability—emotional stability and security—is what most of our families have lost," said an early childhood educator in Illinois.

Consequently, providers—many of whom are immigrants themselves—are under increased pressure to support families in new ways. The providers we spoke with expressed great emotion at how challenging their already-demanding jobs had become. Some are experiencing the effects of the current environment personally due to their own immigrant or cultural backgrounds. But the incredible emotional stress of the work was prevalent across providers of every racial, ethnic, and immigrant background. Many were doing their best to connect parents to resources but felt ill-equipped to meet families' needs or even offer them emotional support.⁴¹

"I don't feel comfortable saying it's going to be okay because we don't know," one service provider said.

"You can't help but think about the families you serve and have a great relationship with. It gives me stress to think about what would happen if something happened to them. What would happen to their children?" said an early education provider in Illinois.

While being an undocumented immigrant in the United States has always been precarious, parents and providers indicated that the climate feels different. A family services coordinator in Illinois shared that his program has always served families with immigration cases. "What's changed now is that we never know if they're coming back after the check-in," he said, referring to the periodic check-ins with ICE required of those with pending immigration cases, including parents who have previously been granted permission to remain in this country. "The stress is different."



A woman in New Mexico broke down in tears while she described how hard her brother's detention was on their entire family. She took in her five nieces and nephews after he was detained by immigration authorities two months ago. "They keep asking when he will come back, if they will get to see him again," she said. "The youngest one has panic attacks in school, so we have to go pick her up all the time." On top of trying to support her nieces and nephews, she is struggling to reassure her own children of their safety, manage her own mental health, and keep up with the mounting costs associated with immigration hearings.

Providers and parents noted that the president's decision in September 2017 to terminate the Deferred Action for Childhood Arrivals (DACA) program triggered a spike in fear and anxiety (see accompanying text box on DACA). "We got a spike in calls right after DACA was eliminated," the director of a home visiting program in New Mexico shared, noting that DACA recipients, who had felt safe, were suddenly experiencing very acute anxiety.

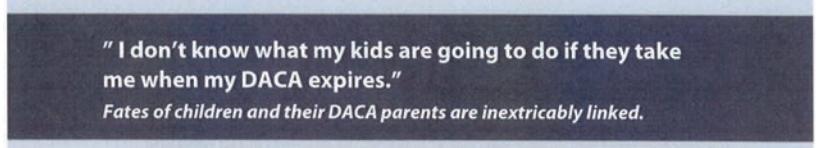
Parents and providers highlighted the lack of resources available in the community, most notably around legal assistance and help with legal fees, as well as more broadly accurate information about how immigration policies impact their families. Similarly, providers noted the dearth of mental health services for parents. Children who have health coverage can at least get some support, but there are few if any bilingual, culturally competent providers that will take clients without insurance. The shortage of legal and mental health resources was a problem echoed by providers in every state.

Young children depend on adults for their basic needs and emotional support. The adults that young children rely on the most—their parents and other caregivers—are experiencing significant stress themselves. While parents are doing their best to manage in unmanageable situations, for many the stress is overwhelming, especially as they are often unable to get the information and resources they need. Similarly, early care and education providers—already under-resourced and stretched thin—are left feeling helpless by their inability to fully meet families' rapidly changing needs.

The heightened fear that parents are experiencing is undoubtedly passed down to children, despite their best efforts to shield their children from concerns and worry.⁴² Just as children's own stress can be physically damaging, experiencing parental stress can directly hamper children's cognitive, emotional, and physical development.⁴³ Children feel sad, anxious, or scared when they

sense those emotions in their parents and caregivers. High levels of stress when parents are preoccupied by concerns can also get in the way of effective parenting and leave parents unable to fully meet their children's needs. The impacts of parental stress on children's development extend to other caregivers as well. When early care and education providers are experiencing significant stressors, all the children in their care may lack for support and be at risk for unhealthy development.⁴⁴





"I don't know what my kids are going to do if they take me when my DACA expires."

Fates of children and their DACA parents are inextricably linked.

"When they gave us DACA, everything was going really well. Better than before," said a parent in New Mexico, who obtained DACA status three years ago and has two citizen children. "Better work—we bought a house, a truck. The American Dream."

On September 5, 2017, the Trump Administration announced the termination of the Deferred Action for Childhood Arrivals (DACA) program, a program introduced by the Obama Administration in 2012 that removed the possibility of deportation and made work authorization available to approximately 800,000 immigrant youth and young adults who came to the U.S. as children—many when they were younger than six years old. DACA is widely regarded as a successful program, providing pathways to higher education, better jobs, and higher income.⁴⁵ Now teens and young adults, DACA recipients are integral members of their schools, workplaces, and communities. Some have started families themselves: in one survey of DACA recipients, 25 percent were parents of U.S. citizen-children.⁴⁶

Notably, DACA's benefits likely extend far beyond the recipients themselves. The doors opened for millions of immigrant youth and young adults may also improve opportunities for their young children. Children markedly benefit from having parents with higher levels of education and better-quality jobs.⁴⁷ Better-educated parents have more resources to support their children's development, which benefits children's health, academic achievement, educational attainment, and employment in the long run. When parents are facing less stress and are better able to make ends meet, they have more time and energy to devote to their children. One study found that mothers' eligibility for DACA was linked to better mental health outcomes for their children.⁴⁸

The harm of rescinding the program will be expansive as well. As a result of the administration's action, DACA recipients will eventually lose their protected status, work permits, and other critical supports.⁴⁹ The majority of our interviews and two out of the four focus groups took place after the program was terminated. Parents we spoke with were frustrated, angered, and scared by this decision. Parents in New Mexico with DACA voiced concerns about how they would continue to make ends meet and support their families once their work permits expire. They described trying to save as much as possible and planning for what may happen should they eventually be deported.

Parents with DACA status also expressed concern about what will happen to their children when their status expires. A mother in New Mexico told us, "My husband doesn't have papers, he lost DACA. So every time I hear immigration is near here, I get scared. He's been here since he was two years old. And I always tell him, what are we going to do if you get deported? He has family in Mexico but nothing there. He says if he gets deported we need to go with him. And it's scary because all my life we have been here. So we don't know what to do."

Some teachers and staff we interviewed were DACA recipients.⁵⁰ An assistant teacher in New Mexico, whose DACA status allowed her to work in a child care center and study early childhood education at a local college, was facing the expiration of her status in 2019. "If there's no work, I can't go to school because I'm paying for it," she said. "It would affect me in every area."

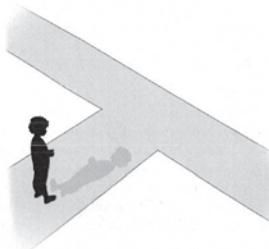
Consequences of fear, anxiety, and hardship on children

Young children in immigrant families have had their worlds turned upside down. Now, opening the front door could take a parent away forever, police officers are seen as threats rather than protectors, and school is no longer a guaranteed safe place. Increased immigration enforcement and anti-immigrant rhetoric, racism, discrimination, and xenophobia are all negatively influencing an entire generation of children.

Our interviews and focus groups revealed a distressing picture of young children's day-to-day experiences around the country. Young children in immigrant families—including children whose parents have lawful immigration status—are expressing their fearfulness in words and troubling behaviors. They are increasingly isolated from their communities. Some are missing out on child care and early education programs. Some are forgoing medical care and are not getting health and nutrition assistance they are legally entitled to as citizens. Their home lives are increasingly unstable due to overcrowded housing, frequent moving, or decreased economic security. Their parents and caregivers—their primary support system—are experiencing high levels of anxiety. And they are internalizing harmful ideas about their own self-worth.

Importantly, children do not experience these events—or their consequences—alone. Rather, child development research is clear that the harm children face is cumulative. Experiencing multiple types of hardships (for example, lower household income, housing instability, and not having enough to eat) does far greater damage to young children's long-term development than simply adding up the effects of each individual risk factor.⁵¹ The result: the development of millions of young children is likely being harmed—with many denied their rights as citizens of the United States simply because their parents are not.

Children of immigrants matter to America's future. Our nation's collective economic success is tied to the individual success of all our children. Therefore, our immigration policies must put the needs of children front and center. Our public policies must be designed to ensure that all children are able to achieve their full potential—through access to high-quality early educational experiences, health care and nutrition assistance, and other supports that promote healthy development from birth through adulthood. Without changing course, we as a nation will also pay a heavy price, as our future prosperity will be largely determined by the extent to which our increasingly diverse U.S. child population is able to succeed.



A better path forward: recommendations

“ We need laws to help people—not break people.
— Father in New Mexico **”**

Congress and the Administration should ensure that the best interest of children, including U.S. citizen children living in mixed-status families, are held paramount in immigration policy decisions.

Congress should pass legislation that provides a pathway to citizenship for undocumented immigrants, including parents and Dreamers. The majority of the 11 million undocumented immigrants living in the United States are connected to families and communities who rely on them, and for Dreamers—undocumented youth who came to this country as children—the United States is often the only home they have ever known. Legislation with a path to citizenship will remove the instability caused by lack of status and fear of deportation and enable parents to better provide for their children's basic needs. For recipients of the DACA program and other young Dreamers, passage of narrow legislation like the Dream Act of 2017 will provide a permanent solution and allow them to better pursue their educational and career goals, which is critical for their own wellbeing and that of their families.⁵²

Congress should ensure immigration judges are able to weigh the hardship to children in decisions regarding a parent's ability to enter or remain in the United States. Current immigration law explicitly overlooks hardship to children in critical immigration decisions regarding their parents. Congress should correct this flawed principle and reinstate judicial discretion that enables immigration judges to consider the potential hardship of a parent's deportation or ability to enter the country on U.S. citizen children, such as the risk of developmental harm and economic hardship on children left behind.

The U.S. Department of Homeland Security (DHS) should use discretion when making decisions to arrest, detain, and deport parents of minor children in the United States. Parents of minor children in the United States should not be priorities for enforcement. Parents who have been placed into deportation proceedings should generally be able to await deportation at home with their children as they to continue to care and provide for them and make arrangements for the future. Parents who must be detained should be placed into one of the agency's alternative-to-detention programs.

Federal, state, and local policymakers should ensure that immigrant families have access to the programs and services they need to promote their children's healthy development.

Congress and federal agencies should reverse course on the Trump Administration's efforts to discourage immigrant families and their citizen children from accessing the health, nutrition, and early childhood education services. The Trump Administration is currently developing regulations to rewrite the current definition of what is known as a "public charge" to significantly broaden the range of programs that government officials can consider in the public charge determination, possibly to include programs such as WIC, SNAP, Medicaid, the Children's Health Insurance Program (CHIP) and Head Start (See Appendix for a description of "public charge.") The proposed rule also may expand scrutiny to include use of public benefits by the applicant's family, including U.S. citizen children. If finalized, this proposal could force immigrant families to forgo needed health care, nutrition, and early education services to obtain secure immigration status for themselves or their families. The administration should reverse course on this harmful proposal that threatens the long-term health and wellbeing of millions of children, including citizen children. If federal agencies move forward, Congress should use its authority to undo this regulatory change through legislation.

State and local policymakers should safeguard the wellbeing of young children in immigrant families through state and local legislation, laws, and policies. Policymakers should oppose laws that promote more immigration enforcement—such as collaborative agreements between immigration enforcement agencies and local police—that limit immigrant families' mobility and ability to seek out essential services on behalf of their children. Likewise, policymakers should oppose laws that create barriers to health, nutrition, or educational services for children in immigrant families. Conversely, policymakers should support policies that encourage the health, safety and wellbeing of immigrant families and protect children's interests, such as expanded access to health care coverage for immigrant children.

State and local policymakers should increase funding for legal services in communities and build links to pro bono services. Resources are needed in communities to provide free legal advice and representation to families on immigration, child custody, and family law to help families navigate the legal system.

State agencies administering public benefits should ensure immigrant families and their children are not deterred from enrolling in critical programs. Agencies should issue guidance on immigrant eligibility rules, including recommendations for ensuring that enrollment practices do not deter immigrants from accessing benefits on behalf of themselves or their children.³⁵ Agencies should analyze their data to identify any declines in public benefit use and conduct targeted outreach to reach underserved communities and limited-English proficient communities. By partnering with trusted organizations such as early childhood programs and immigrant-serving organizations and paying attention to language access, agencies can improve their outreach to immigrant families.

State agencies administering public benefits should issue guidance to programs on protecting data and personal confidentiality. Agencies can work with local agencies and social service providers to ensure compliance with privacy rules and to provide guidance on interactions or requests from immigration enforcement officials.⁵⁶ Agencies can also issue public messages explaining individuals' privacy protections as they relate to immigration concerns.

State policymakers should ensure that early childhood programs have the resources they need to better serve children in immigrant families.

State policymakers should promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations. This will improve access by families and the workforce to key information that affects immigrant families. Collaborations can ensure that early education programs have experts who can provide credible information on immigration policy, immigrant rights, and immigrant eligibility for public benefits. Added financial resources can increase the capacity of immigrant-serving organizations to partner with early education programs. This support could be in the form of grants to community-based organizations to increase capacity, funded partnerships between immigrant-serving and early childhood organizations, or resources for creating joint immigrant and early childhood coalitions. States and localities with immigrant and refugee offices, or other coordinating bodies, should both include early care and education organizations in community planning and inform early care and education organizations about state and local efforts related to immigrant families.

Provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support. State agencies should fund the development and implementation of trainings and supports, as well as increased staff compensation and benefits to ensure that early childhood providers can get the supports they need to do their job. States can fund entities such as universities and community-based organizations to develop resources and materials to give the early childhood workforce the tools they need to help children cope with fear, to support parents in discussing deportation and other issues with children, and to work with families in crisis due to immigration actions.

Ensure that programs have access to best practices and training on trauma-informed care and funding to implement those practices. According to the National Child Traumatic Stress Network, key components of a trauma-informed program include routinely screening for trauma exposure and symptoms; use of evidence-based, culturally responsive assessment and treatment; and a focus on continuity of care and collaboration across systems. Trauma-informed programs also intentionally address parent trauma, emphasize staff wellness, and make resources available to children, families and providers.⁵⁷

The philanthropic community should protect, defend, and elevate the well-being of children in immigrant families.

Philanthropies should make investments in immediate and urgent support to children in immigrant families and the programs that serve them. A comprehensive philanthropic agenda would include:

- Policy advocacy at all levels of government to protect and defend the wellbeing of young children;
- Affordable legal services and representation for immigrant families;
- Strong collaborations across the immigrant and early childhood sectors as well as other sectors serving children such as child welfare, education, etc.;
- Creation and dissemination of training and resources for early care and education and other program staff;
- Outreach and information dissemination to inform immigrant families about policies that affect them;
- A comprehensive research agenda that includes documentation of the impacts of immigration policies on young children and their caregivers, as well as the developmental consequences of those impacts; and
- Raising awareness among the public and policymakers about the importance of young children of immigrants to our country's future.

Funders should speak out about the wellbeing of young children of immigrants, their needs and the developmental consequences of the current crisis. National, state, and local foundations should use their own credibility and prominence to elevate the importance of the wellbeing of young children and the urgency of a supportive policy, research, and advocacy agenda. Funders can issue broad statements aimed at influencing key constituencies or speak out on specific policy issues.



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Appendix: Overview of major immigration policy changes affecting young children under the Trump Administration

Increased immigration enforcement

Separation from a parent due to immigration enforcement is not a new consequence for children in mixed-status families. Over the past decade, DHS reported high rates of deportations involving parents of U.S. citizen children, which gradually decreased over time, from as high as 72,410 in 2013 to 28,860 in 2016.⁵⁸ However, between 2007 and 2013, ICE put a series of policies in place that were intended to mitigate the collateral effects of enforcement on children.⁵⁹ Central to these policies was an emphasis on the use of discretion when making decisions about the arrest and detention of parents, legal guardians, and primary caregivers. For example, immigration enforcement agents were instructed to consider factors such as family ties—including whether individuals are parents or guardians of U.S. citizen or lawful permanent resident (LPR) children—when determining whether they were an enforcement priority and whether to place them in deportation proceedings as well as whether and where to detain them.⁶⁰ In 2013, ICE issued a directive known as the “parental interest directive” that specifically addressed the need of parents facing removal to make arrangements for their children and to allow detained parents to participate in child welfare proceedings.⁶¹ Protective policies such as these helped reduce the likelihood that parents and guardians of citizen and LPR children would be arrested, detained, and removed, which helped reduce long-term harmful effects of enforcement on children.

The inception of the Trump Administration in 2017 was immediately marked by a drastic new focus on heightened immigration enforcement and decreased protections for vulnerable populations. Shortly after entering office, President Trump introduced two executive orders that significantly increased the intensity and scope of immigration enforcement in the United States. For example, the executive order entitled “Enhancing Public Safety in the Interior of the United States” calls for triple the number of enforcement agents, encourages increased collaboration between ICE and local police, and rescinds the enforcement priorities established under the Obama Administration—making every undocumented immigrant a priority for deportation, including parents of U.S. citizen children. The orders also limit the use of prosecutorial discretion and roll back protective policies, including key aspects of the parental interest directive. Recent reports from DHS for fiscal year (FY) 2017 reveal that ICE agents arrested 25 percent more people in the interior of the country who were suspected of being in violation of immigration laws than in FY 2016 and removed 30 percent more in FY 2017 compared to FY 2016. Arrests in the community—notably among immigrants without criminal violations—were particularly heightened, with the number of arrested immigrants without a criminal record increasing 146 percent between FY 2016 and FY 2017.⁶²

While protective policies such as the sensitive locations memo—which restricts ICE and CBP from carrying out enforcement actions in certain locations—and certain aspects of the parental interest directive remain in place as of the date of publication, our findings raise questions about oversight and accountability. It is unclear whether the Trump Administration will continue to

uphold and consistently implement its own policies designed to mitigate the effects of enforcement on child wellbeing and family unity. In addition, the speed with which many deportations are being carried out and the focus on removing individuals who have previously been permitted to remain in the United States contingent on regular check-in with ICE has put children in mixed-status families at increased risk of separation from a parent.

Undercutting access to vital programs

Through several public statements, proposed immigration principles, ramped up enforcement actions, and leaked policy proposals, the Trump Administration has made clear its intent to further restrict access to basic health and nutrition supports for low-income immigrant families and their citizen children. It is important to note that undocumented immigrants are already barred from most federal public benefits, and lawfully present immigrants already are subject to a five-year waiting period for federal programs like SNAP, TANF, CHIP, Medicaid, and SSI. Furthermore, low-income children with foreign-born parents are already less likely to receive SNAP or Medicaid than children with U.S.-born parents.⁶³ In fact, children in immigrant families are less likely to have health insurance at all—8.7 percent of children with foreign-born parents are uninsured, compared to 4.4 percent of children with native-born parents.⁶⁴

One of the most urgent threats is the Trump Administration's intent to redefine what is known as the "public charge" statute. "Public Charge" is a term used by U.S. immigration officials to refer to a person who is considered primarily dependent on the government for subsistence. Certain immigrants can be denied entry to the United States or a "green card" (lawful permanent residence) if, based on all their circumstances, they are deemed likely to become a "public charge" in the future. In very limited circumstances, the law also makes individuals deportable for becoming a public charge. Under longstanding practice, only the use of cash assistance for income maintenance (such as TANF and SSI) or government-funded long-term care have been considered in the public charge determination. Immigrants not subject to the public charge rules include refugees, asylees, victims of domestic violence and other crimes, as well as green card holders applying for citizenship.

Under a draft executive order leaked in January 2017, the Trump Administration threatened to rewrite the rules regarding the "public charge" statute to drastically broaden the scope of programs considered in the public charge determination as well as several other provisions that would restrict immigrants from accessing critical benefits and income supports. While the draft executive order was never released, even the rumor of it created a chilling effect by leading some immigrants to choose not to enroll themselves or their citizen children in critical programs, despite being eligible.

On February 8, 2018, media outlets published a leaked draft public charge "notice of proposed rulemaking" indicating the Trump Administration's intent to change the regulations used to implement the public charge provision of federal immigration law.⁶⁵ The leaked draft proposal would broadly expand the types of benefits to be considered under the public charge determination, explicitly including Medicaid, CHIP, SNAP, WIC, Head Start, and many other human services programs. The proposed rule also indicates the administration's intent to expand scrutiny to include use of public benefits by the applicant's family, including U.S. citizen children. If finalized, this proposal could force immigrant families to forgo needed health

care or go hungry in order to obtain secure immigration status for themselves or their families.

As of publication of this paper, this proposal is still in development and has not been published. CLASP and the National Immigration Law Center (NILC) lead the "Protecting Immigrant Families, Advancing Our Future" campaign, a broad coalition of advocates for immigrants, children, education, health, anti-hunger and anti-poverty groups and faith leaders. The Protecting Immigrant Families campaign is developing resources and will coordinate efforts to fight back against this dangerous proposal. For more information on the campaign, please contact Madison Hardee (mhardee@clasp.org).

Removing protections for certain populations

Another aspect of the Trump Administration's immigration policy has been to expel immigrants with long, established roots in the United States through the termination or cancellation of protective status for immigrants granted relief through the Deferred Action for Childhood Arrivals (DACA) program and through Temporary Protective Status (TPS).

In 2012, the Obama Administration introduced the DACA program, which provided an administrative solution to many of the barriers facing undocumented youth. DACA provided temporary work authorization and relief from deportation to nearly 800,000 qualifying Dreamers, allowing many to pursue postsecondary education and work legally.⁶⁶ Despite DACA's success, the Trump Administration announced its termination on September 5, 2017. The decision, which came after months of uncertainty, has put the lives of millions of immigrant youth and young adults and their families in jeopardy. In one survey, more than 25 percent of DACA respondents were parents of U.S. citizen children.⁶⁷ The program officially expires on March 5, 2018, and thousands of DACA recipients have already lost their protections and with it their jobs and ability to provide for their families.⁶⁸ At the time of writing, Congress had still failed to reach agreement on a legislative fix for DACA beneficiaries and other Dreamers as a result of the Trump Administration's refusal to accept multiple bipartisan proposals, including several that included the robust border enforcement measures requested by President Trump. As a result, DACA beneficiaries and their families remain in a state of limbo.

TPS is a temporary, renewable immigration status authorized through the Immigration Act of 1990. It provides work authorization and protection from deportation for individuals whose countries have experienced environmental disasters or epidemics, persistent armed conflicts, or other extraordinary conditions that prevent them from safely returning to their country of origin.⁶⁹ Decisions to extend TPS for immigrants from affected countries must be made periodically based on a review of existing circumstances in the designated country. Over the past year, the Trump Administration has announced the cancellation of the TPS designation for approximately 195,000 Salvadorans, 46,000 Haitians, 2,550 Nicaraguans, and over 1,000 Sudanese. These TPS holders have been given a deadline for when they must uproot themselves from the families and communities where they have resided for decades and potentially return to countries where conditions remain tenuous and they may have little ties. TPS holders are parents or guardians of U.S. citizen children, such as Salvadoran TPS holders who are estimated to have 192,000 U.S. citizen children.⁷⁰ A decision regarding the designation of TPS for approximately 57,000 Hondurans is expected this July.

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Our Children's Fear Immigration Policy's Effects on Young Children

38

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- ⁶⁶ For more information on DACA, see the U.S. Citizenship and Immigration Services archived page, "Consideration of Deferred Action for Childhood Arrivals (DACA)," <https://www.uscis.gov/archive/consideration-deferred-action-childhood-arrivals-daca>.

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[Questions submitted for the record and their responses follow:]

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Ms. R. Gabriela Barajas-Gonzalez, Ph.D.
Assistant Professor, Department of Population Health
NYU School of Medicine
1473 Deer Path
Mountainside, NJ 07092

Dear Professor Barajas-Gonzalez:

I would like to thank you for testifying at the December 4, 2019, Committee on Education and Labor hearing entitled "*Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children*"

Please find enclosed additional questions submitted by Committee members following the hearing. Please provide a written response no later than Monday, January 6, 2020 for inclusion in the official hearing record. Your responses should be sent to Paula Daneri of the Committee staff. She can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

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Chairman

Enclosure

Committee on Education and Labor Hearing
"Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children"
Wednesday, December 4, 2019 10:15 a.m.

Representative Gregorio Kilili Camacho Sablan (D-MP)

- Dr. Barajas-Gonzalez, a recent report highlighted the important role that early childhood programs play in connecting families to local resources and the consequences if children don't make it to school because a caregiver was detained or deported. When attendance at these programs declines, it is not just education services that young children miss out on. It's also nutrition assistance or health insurance.
 - What effects could we see in our local communities, and our country as a whole, five or ten years down the line if children in such an environment of fear are forced to forgo these vital services?

Representative Ilhan Omar (D-MN)

- Dr. Barajas-Gonzalez, can you speak to the psychological and developmental impacts for a child who has been separated from his or her parents, placed with another family and may never be able to see their biological parents again?
- Dr. Barajas-Gonzalez, would you agree the negative impacts of family separation are multiplied when families also have to deal with a lack of access to important life-saving programs like WIC and SNAP?
- Dr. Barajas-Gonzalez, can you speak to the long-term psychological impacts of lack of access to essential programs like WIC and SNAP?

Representative Haley M. Stevens (D-MI)

- Dr. Barajas-Gonzalez, children entering immigrant detention centers come from a broad array of cultural and linguistic backgrounds. What are best practices for the practitioners whose responsibility it is to care for and educate these children?

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Ms. Olanrewaju Falusi, MD, FAAP
Pediatrician and Executive Committee Member,
American Academy of Pediatrics Council on
Immigrant Child and Family Health
Past President, American Academy of Pediatrics'
D.C. Chapter
Dorchester House, 1630 Euclid Street, NW
Washington, D.C. 20009

Dear Dr. Falusi:

I would like to thank you for testifying at the December 4, 2019, Committee on Education and Labor hearing entitled "*Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children*"

Please find enclosed additional questions submitted by Committee members following the hearing. Please provide a written response no later than Monday, January 6, 2020 for inclusion in the official hearing record. Your responses should be sent to Paula Daneri of the Committee staff. She can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
Chairman

Enclosure

Committee on Education and Labor Hearing
*"Growing Up in Fear: How the Trump Administration's Immigration Policies
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Representative Gregorio Kilili Camancho Sablan (D-MP)

- Dr. Falusi, in September, I held a hearing as Chair of the Subcommittee on Early Childhood, Elementary and Secondary Education to examine trauma-informed practices in education. At that hearing, we discussed the concept of Adverse Childhood Experiences, or ACEs, and the role that schools can play in helping children process and overcome the negative effects of trauma. In a recent article published in the Journal of the American Academy of Pediatrics, doctors at the Connecticut Children's Medical Center and the University of Connecticut argued that many of the experiences that recent immigrant children are being put through are as traumatic as those experiences formally captured by ACEs questionnaires.
 - In your expert opinion, would you say that the experiences of children who are detained at the border will have long-lasting traumatic effects on their development?
 - What does the knowledge that researchers have accumulated about ACEs say about the effects of detaining young children?
- Dr. Falusi, in your opening statement you spoke about some of the fear and anxiety that children in immigrant or mixed-status families are experiencing as a result of the Administration's immigration policies and rhetoric.
 - From your experience, what are some of the consequences of that fear and anxiety as it relates to the physical and mental health of children, and what are the consequences for their long-term growth and development?

Representative Lauren Underwood (D-CT)

- Dr. Falusi, last month, a federal judge ruled that the U.S. government must provide mental health services and screening to children to address the trauma of family separation.
 - What mental health services will children who have been exposed to this kind of trauma and toxic stress need? How will these services differ in childhood, adolescence, and adulthood?
 - In your opinion, is the federal government currently prepared or even able to provide these services?

Representative Haley M. Stevens (D-MI)

- Dr. Falusi, the infant mortality rate in the United States is 5.8 deaths per 1,000 live births, which is significantly higher than in other developed nations. That rate is even higher for infants of color, at 11.8 deaths per 1,000 live births for non-Hispanic black babies.
 - Do we know if the Administration's immigration policies have an impact on birth outcomes?

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Mr. Pedro Martinez
Superintendent
San Antonio Independent School District
141 Lavaca Street
San Antonio, TX 78210

Dear Superintendent Martinez:

I would like to thank you for testifying at the December 4, 2019, Committee on Education and Labor hearing entitled "*Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children*"

Please find enclosed additional questions submitted by Committee members following the hearing. Please provide a written response no later than Monday, January 6, 2020 for inclusion in the official hearing record. Your responses should be sent to Paula Daneri of the Committee staff. She can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

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ROBERT C. "BOBBY" SCOTT
Chairman

Enclosure

Committee on Education and Labor Hearing
*"Growing Up in Fear: How the Trump Administration's Immigration Policies
 Are Harming Children"*
 Wednesday, December 4, 2019 10:15 a.m.

Chairman Robert C. "Bobby" Scott (D-VA)

- Superintendent Martinez, the lackadaisical way in which the Administration has handled the detainment and subsequent separation of immigrant children from families has resulted in, at best, a delay of application of the Individuals with Disabilities Act (IDEA), in particular Part B, Subpart B, Sec. 300.111 which indicates that the "State must have in effect policies and procedures to ensure that all children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State...are identified, located, and evaluated." This language states that all children, arguably including those held in immigration detention, should be identified and evaluated for special education services.
 - To what extent does the delay in special education evaluation and service provision affect children's ability to transition into public schools?
- Superintendent Martinez, between October 2018 and September 2019, 72,593 immigrant children were placed with sponsors or in long-term foster care, with the largest number of children (9,873) being released in your state of Texas. Many of these children are attending U.S. public schools.
 - Can you talk about how your district integrates children who were detained in border facilities or ORR facilities? Do you provide specialized services to support this population?
 - What resources or information has the federal government provided your district to support the transition into your public schools? Is there more we could do?

Representative Susan A. Davis (D-CA)

- Superintendent Martinez, food banks across California, including those that serve my District, are reporting first-hand chilling effects from the proposal to make SNAP count as part of the public charge determination. I'm hearing heart-breaking stories of families still eligible for the program coming to food banks to dis-enroll as they are fearful of contact with the county Human Services Agency. As you know, receipt of SNAP is not only the largest anti-hunger support for America's low-income children but is also a primary method by which children are directly certified for school meals, a critical component of the Community Eligibility Provision.
 - Can you speak to the consequences of lower SNAP participation on children's long-term health and academic outcomes?
 - What effects do you anticipate this rule would have on schools and students?
 - How can schools support students who experience food insecurity and housing instability to ensure that they can be healthy, both physically and mentally?

- Superintendent Pedro Martinez, a study by the Foundation for Child Development recommends the enhancement of multicultural teacher preparation programs as well as the hiring and retention of bilingual and minority educators and administrators.
 - How can these practices help immigrant children and families?

Representative Jahana Hayes (D-CT)

- Superintendent Martinez, we have heard reports that ICE is now circumventing school privacy laws by having school resource officers collect tips and disciplinary information on students from teachers and administrators. In a time when racial disparities in school discipline are growing, I am alarmed to hear that loopholes are being used to funnel non-citizen, often asylum-seeking students out of the classroom and into danger.
 - What is the impact of these policies on the implicit and explicit bias of teachers and administrators?
- Superintendent Martinez, can you go into more detail on how school resource officers relaying tips to immigration officers undermines trust between students, parents, and schools? Is this a practice that school resource officers in San Antonio are using, or have used?

Representative Ilhan Omar (D-MN)

- Superintendent Martinez, what are the impacts of a hostile school environment on student learning? What are the impacts of hostile school environments on teachers and school leaders?

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December 13, 2019

The Honorable Mark H. Metcalf, J.D.
 (Former Immigration Judge)
 County Attorney
 Garrard County, Kentucky
 7 Public Square
 Lancaster, KY 40444

Dear Judge Metcalf:

I would like to thank you for testifying at the December 4, 2019, Committee on Education and Labor hearing entitled "*Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children*"

Please find enclosed additional questions submitted by Committee members following the hearing. Please provide a written response no later than Monday, January 6, 2020 for inclusion in the official hearing record. Your responses should be sent to Paula Daneri of the Committee staff. She can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

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 Chairman

Enclosure

Committee on Education and Labor Hearing
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Representative Jahana Hayes (D-CT)

- Judge Metcalf, in the pilot rapid DNA test program you mentioned in your testimony, exactly how many children were tested?

[Ms. Barajas-Gonzalez response to questions submitted for the record follows:]

R. Gabriela Barajas-Gonzalez, PhD

Responses to the questions for the record, "Growing up in Fear: How the Trump administration's Immigration Policies are Harming Children."

Representative Gregorio Kilili Camacho Sablan (D-MP)

Dr. Barajas-Gonzalez, a recent report highlighted the important role that early childhood programs play in connecting families to local resources and the consequences if children don't make it to school because a caregiver was detained or deported. When attendance at these programs declines, it is not just education services that young children miss out on. Its also nutrition assistance or health insurance.

- What effects could we see in our local communities and our country as a whole, five or ten years down the line if children in such an environment of fear are forced to forgo these vital services?

Participation in nutrition assistance programs and health insurance programs is associated with improved physical health, growth, and academic achievement of children.^{1,4} A climate of fear that forces families to forgo these services puts children and families at greater risk of food insecurity, lower academic achievement, underemployment and poorer health and mental health outcomes.

Emerging research shows that groups whose Supplemental Nutrition Assistance Program (SNAP) benefits are reduced or cut off have significantly increased odds of food insecurity (defined as limited or uncertain availability of nutritionally adequate or safe foods), compared to those with consistent participation in SNAP.⁵ This is worrisome because food insecurity is linked with lower cognitive indicators, dysregulated behavior, and greater emotional distress among children of all ages.^{6,7} For example:

- Studies have found that intermittent or modest undernutrition may have long-term implications for a child's cognitive and school performance.⁸ Compared to children who do not experience food insecurity, infants and toddlers from food insecure homes indicate a 3-fold increase in developmental risk.⁹
- Children 36 months old or younger who live in food-insecure households have poorer overall health and more hospitalizations than do children who live in food-secure households.¹⁰
- In the preschool years, preschoolers from food insecure households have increased risk of attention-deficit/hyperactivity, aggressive behavior, and anxious/depressed mood.¹¹
- Adolescents in food insecure homes are more likely to experience depression and suicidal ideation.¹²

In addition to impacts on child health, food insecurity is also associated with physical and mental health problems such as diabetes and depression among adults.^{13,14} Moreover, household food

insecurity strains family functioning – it is significantly associated with use of harsh discipline strategies; and greater frequency and negativity of conflict between parents.¹⁵

SNAP and health insurance participation make a positive difference over the life course of a child: SNAP participation in early childhood is associated with decreased risk of later metabolic syndrome and, among women, increased economic self-sufficiency.¹⁶ Mothers who participate in SNAP during pregnancy are more likely to have healthier babies compared to SNAP-eligible non-participants.¹⁶ SNAP participation reduces school absences, doctor visits and hospitalizations, all of which are suggestive of long-term benefits.^{2,17} Expanding health insurance coverage for low-income children increases standardized test scores in fourth and eighth grade and increases the rate of high school and college completion.^{3,18} Studies of the long-term effects of exposure to Medicaid in early childhood indicate a significant reduction in the prevalence of obesity in adulthood and in chronic conditions such as high blood pressure.¹⁹ More years of childhood eligibility are associated with fewer hospitalizations in adulthood.¹⁷

The above research suggests that a reduction in children's access to resources that support their health and development will have direct, negative impacts on children and families in both the short- and long-term. A climate of fear that forces families to forgo services such as WIC, SNAP and Medicaid puts millions²⁰ of U.S. born citizen children at greater risk of food insecurity, lower academic achievement, poorer health, depression, underachievement and underemployment.

Representative Ilhan Omar (D-MN)

- Can you speak to the psychological and developmental impacts for a child who has been separated from his or her parents, placed with another family and may never be able to see their biological parents again?

The effects of parent– child separation are consistently negative on children's social-emotional development, well-being, and mental health.^{21,22} Parent-child separation increases risk for mental health problems, poor social functioning, insecure attachment, disrupted stress reactivity, anxiety, depression, post-traumatic stress disorder, lower IQ, obesity, and mortality.²¹

Developmental science clearly indicates that parent-child separation has long-term effects on child well-being, even if there is subsequent reunification.²¹ After being separated, reunited children can experience difficulty with emotional attachment to their parents, self-esteem, and physical and psychological health.^{21,23} Some children will not fully heal from the trauma of being separated from their parents.²¹ The effects of parent– child separation are more severe when the separation is prolonged or accompanied by other forms of deprivation or victimization.²¹⁻²³

As a developmental psychologist, I echo the recommendation of the American Academy of Pediatrics²³: children in the custody of their parents should never be detained, nor should they be separated from a parent, unless a competent family court makes that determination. In every

decision about children, government decision makers should prioritize the best interests of the child.²³

- Would you agree the negative impacts of family separation are multiplied when families also have to deal with a lack of access to important life-saving programs like WIC and SNAP?

Research on cumulative adversity in childhood indicates that the number of hardships, as well as the severity of hardship, matters for young children's long-term development.^{24,25} Research also indicates that the effects of parent– child separation are more severe when the separation is prolonged or accompanied by other forms of deprivation.^{22,23} It is therefore likely that the adverse effects of family separation are exacerbated if children and families also have to endure food insecurity and barriers to medical care.

- Can you speak to the long-term psychological impacts of lack of access to essential programs like WIC and SNAP?

WIC and SNAP both reduce food insecurity,²⁶ which has important implications for psychological health as food insecurity is linked with emotional distress and poor mental health across the life course.^{6,7} In the preschool years, preschoolers from food insecure households have increased risk of attention-deficit/hyperactivity, aggressive behavior, and anxious/depressed mood.¹¹ Adolescents in food insecure homes are more likely to experience depression and suicidal ideation.¹² Food insecurity is associated with poorer sleep outcomes and psychological distress in young adults.²⁷ In adults, food insecurity is also associated with depression and higher levels of family conflict among parents.^{13,15}

Representative Haley M Stevens (D-MI)

- Children entering immigrant detention centers from a broad array of cultural and linguistic backgrounds. What are the best practices for the practitioners whose responsibility it is to care for and educate these children?

Feeling safe is fundamental for healthy child development. As a developmental psychologist, I echo the recommendations put forth by the American Academy of Pediatrics:²⁸

- Treat all immigrant children and families seeking safe haven who are taken into US immigration custody with dignity and respect to protect their health and well-being.²³
- Eliminate exposure to conditions or settings that may retraumatize children, such as those that currently exist in detention, or detention itself.²³

- Separation of a parent or primary caregiver from his or her children should never occur, unless there are concerns for safety of the child at the hand of parent. Efforts should always be made to ensure that children separated from other relatives are able to maintain contact with them during detention.²³
- While in custody, unaccompanied children and family units should be provided with child-friendly orientation and regular updates regarding their current status, expectations, and rights.²³
- Because conditions at CBP processing centers are inconsistent with AAP recommendations for appropriate care and treatment of children, children should not be subjected to these facilities.²³
- Processing of children and family units should occur in a child friendly manner, taking place outside current CBP processing centers or conducted by child welfare professionals, to provide conditions that emphasize the health and well-being of children and families at this critical stage of immigration proceedings.²³
- DHS should discontinue the general use of family detention and instead use community-based alternatives to detention for children held in family units.²³
- Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Government funding should be provided to support case management programs.²³
- Children, whether unaccompanied or accompanied, should receive timely, comprehensive medical care that is culturally and linguistically sensitive by medical providers trained to care for children. This care should be consistent throughout all stages of the immigration processing pathway.²³
- Trauma-informed mental health screening and care are critical for immigrant children seeking safe haven. Screening should be conducted once a child is in the custody of US officials via a validated mental health screening tool, with periodic rescreening, additional evaluation, and trauma informed care available for children and their parents.²³
- When children are in the custody of the federal government, extra precautions must be in place to identify and protect children who have been victims of trafficking and to prevent recruitment of new children into the trafficking trade.²³
- Children should be provided with language-appropriate, year-round educational services, including special education if needed, throughout the immigration pathway.²³
- Recreational and social enrichment activities, such as opportunities for physical activity and creative expression, may alleviate stress and foster resiliency and should be part of any program for detained children. At a minimum, outdoor and major muscle activity should meet the minimum standards set by the Flores Settlement Agreement.²³
- Children and families should have access to legal counsel throughout the immigration pathway. Unaccompanied minors should have free or pro bono legal counsel with them for all appearances before an immigration judge.²³

Children, especially those who have been exposed to trauma and violence, should not be placed in settings that do not meet basic standards for children's physical and mental health and that expose children to additional risk, fear, and trauma.²³

Facilities that care for children in the Office of Refugee Resettlement's (ORR's) custody must promptly address children's mental health needs. Any educational assessments should focus on the strengths and abilities of the student in their native language, rather than highlight knowledge gaps or lack of English language skills.²⁸ Such assessments should be administered by a qualified educator who has the resources and training to appropriately identify a student's needs. An interpreter may be necessary to properly assess some students.

Staff and educators in detention centers should be trained in trauma-informed approaches to learning and have knowledge of child development.

Educators in detention centers can support integration into U.S. public schools by help students to understand the rules, norms, practices and expectations of U.S. schools.²⁸ They can also support transition into U.S. public schools by sending detailed educational records and recommendations for specific services or an Individualized Education Plan with children when they leave detention.²⁸

Throughout their detention, unaccompanied children and family units should be provided with regular updates regarding their current status, expectations, and rights in language that they understand.

ORR should ensure that its national network of external healthcare providers includes the mental health specialists needed to address children's mental health needs. ORR should determine whether the provider networks maintained by ORR's insurance underwriter include providers operating in a full range of specialties and sub-specialties, with needed language skills, in locations where ORR-funded facilities operate. Ensuring access to necessary mental health care will help facilities meet children's mental health needs and limit the chance that they will become a risk to themselves or others.²⁹

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[Dr. Falusi response to questions submitted for the record follows:]

Committee on Education and Labor Hearing
"Growing Up in Fear: How the Trump Administration's Immigration Policies Are Harming Children"
 Wednesday, December 4, 2019 10:15 a.m.

Representative Gregorio Kilili Camancho Sablan (D-MP)

- Dr. Falusi, in September, I held a hearing as Chair of the Subcommittee on Early Childhood, Elementary and Secondary Education to examine trauma-informed practices in education. At that hearing, we discussed the concept of Adverse Childhood Experiences, or ACEs, and the role that schools can play in helping children process and overcome the negative effects of trauma. In a recent article published in the Journal of the American Academy of Pediatrics, doctors at the Connecticut Children's Medical Center and the University of Connecticut argued that many of the experiences that recent immigrant children are being put through are as traumatic as those experiences formally captured by ACEs questionnaires.
 - In your expert opinion, would you say that the experiences of children who are detained at the border will have long-lasting traumatic effects on their development?
 - *The AAP Policy Statement entitled Detention of Immigrant Children recommends that immigrant children seeking safe haven in the United States should never be placed in ICE detention facilities. There is no evidence that any amount of time in detention is safe for children. In fact, even short periods of detention can cause psychological trauma and long-term mental health risks for children. Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression and posttraumatic stress disorder.*
 - What does the knowledge that researchers have accumulated about ACEs say about the effects of detaining young children?
 - *Specifically, detention of youth is associated with physical and mental health symptoms that appear to be caused and/or worsened by detention. A study of children ages 3 months to 17 years in a British immigration detention center revealed physical symptoms that may include somatic complaints (e.g., headaches, abdominal pain), weight loss, inability to manage chronic medical problems, and missed follow-up health appointments including those for vaccinations, developmental and educational problems, and mental health symptoms including anxiety, depression, and reemergence of post-traumatic stress disorder. In a systematic review that explored risk and protective factors for the psychological wellbeing of children and youth who were resettled in high-income countries, the authors indicate that adverse events during and after migration may be more consequential than pre-migration events.*

Specifically, the authors conclude that detention of immigrant children and youth is particularly detrimental to mental health and an example of trauma for which impact is cumulative.

- Dr. Falusi, in your opening statement you spoke about some of the fear and anxiety that children in immigrant or mixed-status families are experiencing as a result of the Administration's immigration policies and rhetoric.
 - From your experience, what are some of the consequences of that fear and anxiety as it relates to the physical and mental health of children, and what are the consequences for their long-term growth and development?
 - *Today's anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement create and perpetuate unprecedented challenges for children in immigrant families, resulting in short- and long-term negative developmental outcomes that are costly for children and society. I've witnessed this in my own practice. Children with undocumented parents complain of headaches and generalized pain, brought on by the extreme stress and fear of knowing their parents may be deported at any moment. I've seen patients decline to participate in SNAP, WIC, and Medicaid despite the fact that they are eligible for these programs because they fear that use of these benefits may harm their or their parents' green card application under proposed public charge rules. I've also cared for patients who were separated from their families as a result of various federal immigration policies. These children are suffering from the short- and long-term effects of toxic stress that will impact their development and their life course.*
 - *In addition to short-term changes in observable behavior, toxic stress in young children can lead to less outwardly visible yet permanent changes in brain structure and function. The plasticity of the fetal, infant, and early childhood brain makes it particularly sensitive to chemical influences, including stress hormones, and there is growing evidence from both animal and human studies that persistently elevated levels of stress hormones can disrupt its developing architecture.*

The potential consequences of toxic stress in early childhood for the pathogenesis of adult disease are considerable. At the behavioral level, there is extensive evidence of a strong link between early adversity and a wide range of health-threatening behaviors. At the biological level, there is growing documentation of the extent to which both the cumulative burden of stress over time and the timing of specific environmental insults during sensitive developmental periods can create structural and functional disruptions that lead to a wide range of physical and mental illnesses later in adult life. These effects can also be epigenetic, meaning

they alter an individual's DNA structure and result in passing on of these effects to the next generation.

Beyond its strong association with later risk-taking and generally unhealthy lifestyles, it is critically important to underscore the extent to which toxic stress in early childhood has also been shown to cause physiologic disruptions that persist into adulthood and lead to frank disease, even in the absence of later health-threatening behaviors. For example, the biological manifestations of toxic stress can include alterations in immune function and measurable increases in inflammatory markers, which are known to be associated with poor health outcomes as diverse as cardiovascular disease, viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and depression. Thus, toxic stress in early childhood not only is a risk factor for later risky behavior but also can be a direct source of biological injury or disruption that may have lifelong consequences independent of whatever circumstances might follow later in life. In such cases, toxic stress can be viewed as the precipitant of a physiologic memory or biological signature that confers lifelong risk well beyond its time of origin.

Representative Lauren Underwood (D-IL)

- Dr. Falusi, last month, a federal judge ruled that the U.S. government must provide mental health services and screening to children to address the trauma of family separation.
 - What mental health services will children who have been exposed to this kind of trauma and toxic stress need? How will these services differ in childhood, adolescence, and adulthood?
 - *Children who have experienced family separation need meaningful access to trauma-informed mental health care by a clinician who has pediatric training. It is important that the clinicians who provide this care are familiar with the unique needs of children. The longer children go without such desperately needed services, the more challenging the healing process may be.*
 - *The American Psychological Association recommends that there be adequate access to culturally-sensitive, bilingual, trauma-informed, and developmentally appropriate mental health providers, with the availability of qualified interpretation services when needed.*

Basic training should be provided for staff on the identification of the risk factors and warning signs of mental health issues and crisis intervention related to trauma utilizing a developmentally informed approach. Special

training should also be provided to foster parents and ORR congregate care staff to ensure that all the touch points for the child's mental health care are appropriate.

- In your opinion, is the federal government currently prepared or even able to provide these services?
 - *I'm not able to comment on whether the federal government is prepared or able to provide these services.*

Representative Haley M. Stevens (D-MI)

- Dr. Falusi, the infant mortality rate in the United States is 5.8 deaths per 1,000 live births, which is significantly higher than in other developed nations. That rate is even higher for infants of color, at 11.8 deaths per 1,000 live births for non-Hispanic black babies.
 - Do we know if the Administration's immigration policies have an impact on birth outcomes?
 - *Access to programs like Medicaid and WIC have a demonstrated positive impact on birth outcomes. Lack of adequate health care, including prenatal care, contributes to higher rates of maternal mortality, higher rates of infant mortality, and increased risk of low-infant birth weight. Similarly, prenatal WIC participation is associated with lower infant mortality rates, higher birth weights, and fewer pre-term births. Unfortunately, many immigrant families are avoiding enrolling in Medicaid and WIC due to the chilling effect of the public charge regulation and forgoing the benefits that can help them have a positive birth outcome.*
 - *The fear of deportation and exposure to immigration raids also negatively impacts birth outcomes, putting babies at risk for adverse health outcomes. In one study, infants born to Latina mothers had a 24 percent greater risk of low birthweight after an immigration raid when compared with the same period one year earlier, increasing the risk for subnormal growth, illnesses, and neurodevelopmental problems. In another study of women in New York City pre- and post-inauguration in 2017, the relative risk of preterm birth among Hispanic women increased 1.15% due to severe sociopolitical stressors such as heightened fear of deportation.*

[Mr. Martinez response to questions submitted for the record follows:]

Response to questions to Superintendent Pedro Martinez from Committee on Education and Labor hearing entitled “Growing Up in Fear: How the Trump Administration’s Immigration Policies Are Harming Children”

Chairman Robert C. “Bobby” Scott (D-VA)

- Superintendent Martinez, the lackadaisical way in which the Administration has handled the detention and subsequent separation of immigrant children from families has resulted in, at best, a delay of application of the Individuals with Disabilities Act (IDEA), in particular Part B, Subpart B, Sec. 300.111 which indicates that the “State must have in effect policies and procedures to ensure that all children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State...are identified, located, and evaluated.” This language states that all children, arguably including those held in immigration detention, should be identified and evaluated for special education services.

- o To what extent does the delay in special education evaluation and service provision affect children’s ability to transition into public schools?

Early intervention is critical to mitigating the long-term effects of a disability and providing students with the best opportunity to gain the tools necessary to make meaningful academic progress. Child Find is a crucial activity under IDEA that charges the state and school districts with early identification of students with disabilities so that services can be started as early as possible. When students are in detention without the opportunity to be identified and evaluated for special education services, not only is there a delay in the provision of much needed intervention, the delay is doubled because the student now has to wait to be identified on entrance into the public school system. Reasonably, if the school identified the student as needing an evaluation for special education services on the day of enrollment, it could take up to 45 school days for the evaluation to be complete and then another 30 calendar days for entrance into services. However, students are not typically referred for evaluation on enrolling so the timeline for receipt of services could be 4 to 6 months if the school is proactive about identification, longer if not. If the student were identified while detained, services would be immediately available on entrance into the public school setting.

Students coming from detention facilities already face trauma created by the detention itself and then being released into an unfamiliar community, unfamiliar and possibly uncertain living conditions, and attending a new school where the student’s first language may not be spoken. To be placed into school without the supports and services needed to address disabilities sets the student up for immediate failure and further trauma. The student’s academic gap continues to widen and the student’s long-term prospects diminish as the student falls further behind. For students with disabilities under these conditions, the transition to the public school system becomes a transition of failure.

- Superintendent Martinez, between October 2018 and September 2019, 72,593 immigrant children were placed with sponsors or in long-term foster care, with the largest number of

children (9,873) being released in your state of Texas. Many of these children are attending U.S. public schools.

- o Can you talk about how your district integrates children who were detained in border facilities or ORR facilities? Do you provide specialized services to support this population?

San Antonio ISD provides specialized services to support various types of immigrants, including asylum seekers and detained children. Barriers to the success of these immigrant students include health problems, hunger, transportation obstacles, and difficulty obtaining school supplies and clothes. San Antonio ISD addresses these needs through our International Welcome Center, which interviews immigrant students and recommends programs and services for them.

Many times, students are identified as eligible for McKinney-Vento Program services. These services include giving them 30 days to turn in any missing documentation for enrollment (i.e. immunizations, etc.) They are provided with school uniforms, school supplies, and transportation. We also work with other departments, such as the Office of Enrollment to ensure that immigrant students are enrolled as soon as possible. Students identified as Migrant are also referred to that department for possible eligibility for migrant program services.

Our English Learner Counselor ensures that immigrant students' transcripts are interpreted to award proper credits and ensure students are placed at the appropriate grade level. Program services (Bilingual/Dual Language/ESL) are recommended based on student needs. Additionally, our Social Workers interview families and refer them for additional community services as needed.

- o What resources or information has the federal government provided your district to support the transition into your public schools?

The U.S. Department of Education provides state and local education agencies with an English Learner (EL) Tool Kit that includes a broad spectrum of information. The tool kit is designed to help state and local education agencies (SEAs and LEAs) in meeting their legal obligations to ELs and in providing all ELs with the support needed to attain English language proficiency while meeting college- and career-readiness standards. The EL Tool Kit is intended primarily for state, district, and school administrators, as well as teachers, but may also inform other stakeholders concerned with the education of ELs.

This resource also includes a Newcomer Tool Kit that is designed to help U.S. educators, elementary and secondary teachers, principals, and other school staff who work directly with immigrant students, including asylees, refugees, and their families. The tool kit includes information on welcoming newcomers to a safe and thriving school environment, high-quality instruction for newcomer students, supporting newcomers' social emotional needs, and establishing partnerships with families.

This Newcomer Tool Kit, however, does not specifically address the unique needs of detained immigrant students. We have reached out to the Texas Education Agency for guidance on whether students who were previously held in detention centers are eligible for school credit. It didn't appear that TEA had received much information from the federal government to relay to local education agencies.

We also inquired over the following:

- What curriculum is taught at detention centers?
- What kind of second language acquisition practices are being implemented?
- Why aren't students getting their immunizations?
- What type of teacher certification does the detention center staff hold?
- How can detention centers help with documentation to expedite student enrollment?
- Can detention centers provide students with general orientation on the U.S. public school system and how to navigate the system?

Is there more we could do?

There is a need for additional financial resources to provide the support that students and families need, as we currently are not receiving immigrant funding.

Representative Susan A. Davis (D-CA)

- Superintendent Martinez, food banks across California, including those that serve my District, are reporting first-hand chilling effects from the proposal to make SNAP count as part of the public charge determination. I'm hearing heart-breaking stories of families still eligible for the program coming to food banks to dis-enroll as they are fearful of contact with the county Human Services Agency. As you know, receipt of SNAP is not only the largest anti-hunger support for America's low-income children but is also a primary method by which children are directly certified for school meals, a critical component of the Community Eligibility Provision.

o Can you speak to the consequences of lower SNAP participation on children's long-term health and academic outcomes?

We believe it is no coincidence that as our District recently received a B rating from the Texas Education Agency we have also been recognized by the Children at Risk Organization and the Food Research and Action Center for high participation in our Child Nutrition Meal programs. The data suggests well fed students not only perform higher on standardized test but are also less likely to miss school.

o What effects do you anticipate this rule would have on schools and students?

This is something we certainly want to keep our eye on because SAISD participates in the Community Eligibility Provision and all our students qualify for free meals. If fewer students qualify due to changes made to SNAP, Child Nutrition programs would be forced to distribute burdensome lunch applications and charge students for

school meals. It is very concerning to see the impact this change could have in our district. SAISD has achieved some of the highest participation rates in the state of Texas which is a huge indication of the need in our District, not to mention San Antonio has the highest poverty rate.

Additionally, due to immigration regulations, there is concern that parents may not turn lunch applications in due to fear, which could result in students not eating at all.

o How can schools support students who experience food insecurity and housing instability to ensure that they can be healthy, both physically and mentally?

SAISD has community partners like the food bank and our own campus-operated food pantries to assist with combating food insecurity over nights, weekends and holidays when our Meal Programs are not in operation. Our campuses work collaboratively with many of the organizations to assist in identifying and meeting our student's needs.

- Superintendent Pedro Martinez, a study by the Foundation for Child Development recommends the enhancement of multicultural teacher preparation programs as well as the hiring and retention of bilingual and minority educators and administrators.

o How can these practices help immigrant children and families?

Teachers and minority educators with a background in bilingual and multicultural education benefit students academically and socio-emotionally. Bilingual teachers, particularly dual language teachers, understand language acquisition, and they know how to utilize appropriate strategies to make content comprehensible for immigrant students while they acquire English. When teachers speak the language the students speak, the door opens for instruction in the students' native language to be used as an asset to ensure cognition can continue at all grade levels.

Teachers who have multicultural and bilingual education training respect not only the background knowledge of the student but the unique challenges they may face. They understand the affective needs of students and are trained to scaffold instruction for students who are limited English proficient. They are prepared readily affirm the cultures of immigrant children in the classroom so they can be motivated, responsive and receptive to the rigorous academic learning that is expected in U.S. school.

Teachers with multicultural and bilingual education training can also support immigrant student needs that extend beyond the academic spectrum. Their education provides them training on the needs of English learners, documented and undocumented. Ideally, teachers of immigrant children should also have training on how to teach students who have experienced trauma.

Bilingual teachers can also open the door for communication with families, as they are equipped to be prepared to hold special meetings with parents and families and create relationships as they bond through stories in the family's native language. With the pathways of communication open, bilingual teachers can also explain to parents the

U.S. school system, including the grading system, graduation requirements, and other key information to ensure success. They can also help families seek additional services.

It is critical that school districts create pathways to develop bilingual and minority educators and administrators. Immigrant students need to be taught by highly qualified and diverse educators who truly want to make a difference in students' lives. The recruitment and hiring process should include processes that integrate both proper certification as well as socio-cultural competency indicators and diverse linguistics repertoires. San Antonio ISD provides teacher training that is specific to the needs of newcomers, but it would be substantially beneficial if teachers were already coming from a background in multicultural education and with bilingual certification.

Representative Jahana Hayes (D-CT)

- Superintendent Martinez, we have heard reports that ICE is now circumventing school privacy laws by having school resource officers collect tips and disciplinary information on students from teachers and administrators. In a time when racial disparities in school discipline are growing, I am alarmed to hear that loopholes are being used to funnel non-citizen, often asylum-seeking students out of the classroom and into danger. o What is the impact of these policies on the implicit and explicit bias of teachers and administrators?

- Superintendent Martinez, can you go into more detail on how school resource officers relaying tips to immigration officers undermines trust between students, parents, and schools? Is this a practice that school resource officers in San Antonio are using, or have used?

At San Antonio ISD, our Police Chief created a handbook that clarifies the exact role of District police in our schools and how they do not act as immigration authorities. We do not track nor share information on a student's immigration status.

Representative Ilhan Omar (D-MN)

- Superintendent Martinez, what are the impacts of a hostile school environment on student learning? What are the impacts of hostile school environments on teachers and school leaders?

A student's learning environment plays a huge role in the comprehensive development of our students. Much of the context for academic and social emotional learning comes from the environment that the teacher creates for their students in the classroom.

Some guiding questions to consider:

- Is there a routine in the classroom?
- Do teachers value their relationships with students?
- Do teachers embrace diversity of thought and culture?
- Have teachers made clear their academic learning targets and goals?

- Are teachers providing classroom time to develop rapport with students and students with one another?

When the points above are not considered, then we can find disarray in organization and most importantly, teaching and learning. The teacher and the learning environment are the most important stage to set for fruitful learning and diversity of thought, as diversity leads to innovation. It is of the utmost that we continue to support our educators in creating classroom environments that clearly define expectations and lift up both academic and social emotional learning for the benefit of students.

[Mr. Metcalf response to questions submitted for the record follows:]



August 14, 2020

The Honorable Robert C. Scott, Chairman
 The Honorable Jahana Hayes, Member
 House Education and Labor Committee
 U.S. House of Representatives
 2716 Rayburn House Office Building
 Washington, DC 20515-6100

Re: Number of children included in rapid DNA testing at Southwest Border

Dear Chairman Scott and Member Hayes:

Thank you both for writing and inquiring about the number of children included in rapid DNA testing at the Southwest Border during the Summer and Fall of 2019. Numerous sources have reported on this program, yet none reveal an exact count for children. I have included several sources for your inspection and trust they will offer some insight.

According to an ICE statement in June 2019, agents tested 84 family units who "presented indicia of fraud", as part of a DNA pilot program. Of those tested, 16 groups—or 19 percent—claiming to be family units were identified as fraudulent. The Associated Press reported on May 1, 2019 that "ICE officials said they have identified 101 possible instances of fraudulent families since April 18th and determined one-third were fraudulent." That report, however, was published prior to the roll-out of the DNA pilot program that began May 8, 2019.

On May 18, 2020, the *Washington Examiner* reported that 30% of those tested for DNA matches within their travel groups had fraudulently claimed familial relations with children accompanying them to the border. This report by Anna Giaritelli cited an anonymous ICE official involved in the program's roll-out. Ms. Giaritelli wrote:

"Approximately 30% of rapid DNA tests of immigrant adults who were suspected of arriving at the southern border with children who weren't theirs revealed the adults were not related to the children..."

In all these reports, a count of the children that were tested is not disclosed. Still major concerns persist: the use of children as props to facilitate fraudulent entry into

Answer to Congressman Robert C. Scott and
Congresswoman Jahana Hayes

August 14, 2020

the United States and children posing as family members to be trafficked by the adults accompanying them. To the extent any initiatives intended to thwart these problems succeed, part of the success is the deterrent effect of DNA testing paired with the prosecution of fraudulent applicants.

With the Trump administration's stricter detention policies, ICE found that adults were increasingly crossing the border with children to avoid being detained. Federal rules that prohibit migrant children from being held for more than twenty (20) days in detention predictably led to adults traveling to the border with children and the release of some doubtful migrant families from detention to appear in an immigrant court. From mid-April to June 14, 2019, ICE identified 275 potentially fraudulent family applications, discovered 735 fraudulent documents, and delivered 553 individuals to the Department of Justice for prosecution. Former-DHS Acting Secretary, Kevin McAleenan, produced similar findings. From October 2018 to May 2019, border officials documented 4,800 fraudulent family units at the southern border. This number comprises only 1.5 percent of all families entering the United States through Mexico, but reveals that more widespread DNA testing may, like detention, be a significant deterrent to casual entrants and human traffickers alike.

While no reports specify the exact number of children involved in enforcement actions at the border, it is no doubt significant and validates your concerns that more definite numbers will assist Congress in its fact-finding and policy making functions.

Thank you for this opportunity to respond to your inquiries and be of assistance to the House Education and Labor Committee.

Sincerely,

MARK H. METCALF
Garrard County Attorney

Sources:

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Answer to Congressman Robert C. Scott and
Congresswoman Jahana Hayes

August 14, 2020

5. John Burnett, *More than 3,100 Migrants Found with Fake Documents in Past Year, Federal Agents Say*, NPR (Apr. 10, 2019),
<https://www.npr.org/2019/04/10/711850056/fake-documents-a-growing-problem-among-migrants-crossing-u-s-mexico-border>.
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9. Anna Giaritelli, *Trump Official: 4,800 Members of Fake Families Identified at Border – 1.5% of Migrant Families*, Washington Examiner (June 11, 2019),
<https://www.washingtonexaminer.com/news/trump-official-4-800-members-of-fake-families-identified-at-border-1-5-of-migrant-families>.

[Whereupon, at 1:15 p.m., the committee was adjourned.]

