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RIN 1125-AA84: Inadmissibility and Deportability on Public Charge Grounds Testimony in opposition

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I am Maria Veronica Svetaz. MD MPH FAAFP FSAHM, a faculty physician at Hennepin Healthcare System's Department of Family & Community Medicine. I am also an Adolescent Medicine Specialist and Faculty at the University Of MN Division Of Pediatrics, a fellow at the Society for Adolescent Health (SAHM) and Medicine and of the American Academy of Family Medicine (AAFP), and a scholar on Adolescent Health and Health Equity.

I am the founder and Medical Director of Aqui Para Ti/Here For You (APT), a Latino Youth Development Health Care Home. APT is a program that was developed in 2002, and it was officially certified as a Health Care Home in 2011. APT has received multiple national awards in the areas of Innovation (AHRQ- Society for Adolescent Health and Medicine- SAHM) and Commitment to Diversity. APT provides medical, mental health, social support, and care coordination to Latino youth ages 10-24 and their families. APT testified and worked with DHS and the Legislature in the solidification of Behavioral Health Homes as a model of care in MN. APT is now a DHS Certified Primary Care Behavioral Home Model.

I want to bring some reflections around the societal-family risks of deporting Lawful Permanent Residents for receiving needed benefits to support their wellbeing

The complexities of migration are numerous, but the migratory journey is highlighted by individuals who are a skew group that successfully were able to uproot their lives and professions far from where they were born and educated, far from their own family of origin. Immigrants, as human beings, continue to live their lives despite their immigration status, or in spite of it.

From a legal or economic perspective, the analysis of the ramifications of an individual removed by deportation looks at the lifetime production or removal cost of that individual, without taking into account that individuals belong to families and networks, and removing one person is like cutting the strings of a complex circuit that will severely damage many lives by that action.

The action of punish someone who requires some public benefits to survive with removal from a country have several ramifications:

- 1) Fear of getting external support in a time of need that can make someone forgo vital care or services of their health or their family's health, which could potentially create harm for them and the broader community.

- 2) Fear in the community that these public benefits could in some way harm their future.
- 3) Direct impact on the health of the families of the deported individual.

Let's start from the last one as it one of the most startling effects. Most immigrants live in Mixed Status Families. This has been defined by the sharing of bloodlines, lineage, affection, and interdependence, but not a common legal status, which can be a source of psychological anguish and problems for citizen-children.

To understand the ramifications and direct impact of what this proposal will bring we can draw ongoing experience and research from serving current Mixed Status Families under the risk of deportations. [What we know is summarized in this work of Zaya & Cook-Heffron for the American Psychological Association:]

“Parents’ legal vulnerability, detention and deportation are strongly associated with depression, anxiety, fears of separation, social isolation, self-stigma, aggression, withdrawal and negative academic consequences among children (Brabeck & Xu, 2010; Chavez et al., 2012; Delva et al., 2013; Dreby, 2012; Gonzales, Suárez-Orozco & Dedios-Sanguinetti, 2013). Allen, Cisneros and Tellez (2013) showed that citizen-children were significantly more likely to show signs of depression, anxiety, aggression and conduct problems than children whose parents were not deported or whose parents were in the process of deportation.

Zayas (2015) conducted a study of three groups of citizen-children of undocumented immigrant parents: children who returned with deported parents back to Mexico; children who remained in the U.S. following a parent’s deportation; and children whose undocumented parents were not in deportation proceedings. The results underscored the psychological harm of deporting parents of citizen-children. Children who moved to Mexico with their deported parents reported symptoms of depression and emotional problems and described more physical symptoms than children whose undocumented parents were not in deportation proceedings. Children whose parents were detained or deported (whether the child returned to Mexico or stayed in the U.S.) were more likely to report depressive symptoms, negative mood, physical symptoms and negative self-esteem. All children in the study showed probable anxiety disorders, including separation anxiety disorder.

Qualitative analysis of data around citizen-children of undocumented immigrant parents explored the ways that deportability shapes citizen-children’s understanding of their sense of belonging (i.e., to family; place; identity as American) (Zayas & Gulbas, 2016). Three major themes emerged, reflecting how children negotiate their place in a social world of family, neighbors and friends, a world that is divided by legal status: discovery; rupture; and exclusion. Through discovery, or learning that their parents were undocumented, children understood acutely how legal status conferred social and economic privilege. Children realized that their own belonging was irrevocably tied to their parents’ illegality and deportability, generating a sense of not belonging (to the U.S. or to Mexico). The second theme was of rupture — both of family and geographic bonds — due to deportation. The family unit was now broken. This led to the third theme, the sense of exclusion from citizenship, community and place, and family.” Protecting families from deportation prevents Adverse Childhood Events for children.

Families, in addition to the service providers and immigration attorneys working alongside them, are often overwhelmed with this complex array of challenges. One of the most devastating issues is that when that happens, a child loses TWO parents: one, gone to another country, the other, to the job force, as the remaining parent must work even more to sustain the family as a single parent.

This is exactly what I have observed working at Hennepin Healthcare, as we are the largest Hospital in MN serving a safety net function.

What I heard from my teens this this year:

✓ Female, 11 years old

"Yeah, I feel sad. Although sometimes I feel like I have a double personality: at school, I laugh, I participate, I enjoy learning and just being there! And when I go back home, I feel all is sadness, my reality hit me again, and I wonder when my family will be apart again".

✓ Female 13 years old US-born, answering my question "for how long you have felt depressed":

"Hmm, that is a great question. To tell you the truth, I feel like this sadness is here since I was 4-5 years old since my dad had to live us; ... it was a Tuesday, we knew that Tuesday was the bad days back on those times as that is when they were doing raids. Then they were on Mondays. I have not talked to anyone about this since, as I felt I needed to protect my mom, how could I bring this to her? If she is dealing with the same grief plus us?"

✓ Female 12 years old US born. Dad deported one year ago

"The worst part comes when I am on the bus. I don't know why I start shacking as soon as the bus starts driving. Yes, my heart starts pounding hard too. My hands get really sweaty". And when I ask her: What do you think you are afraid of when you are going to the bus home? [thinking], I guess, yeah, fear that my mom will not be there when I get home (and cries).

✓ Mom reported, male 9 years old US-born, since this past December would NOT leave mom alone, will not allow her to be separated from him, crying inconsolably with this, so hard that some days he soils the pants out of fear. His dad was deported last Summer.

What I witnessed from families:

✓ An 11 y.o. came to us, and he was open and talking about the family until we asked about dad.

Silence. Not a word. As we work with parents too, our parent coach asked mom what she thought was going on. As mom felt comfortable with us, she shared that dad was deported a year ago and this child was so sad, he came back, but they were trained in not to talk about this. As mom was getting text after text, she shared with our parent coach that her 16 yo and mom's husband stayed at home, to pray for the family to be safe and not reported to any systems.

✓ Front desk called me and our team to come out to talk to a mom who was sobbing in the waiting room, as she had brought her two teens sons as part of her Visa and family reunification efforts, and now both were depressed and needed help, but her lawyer advised her against enrolling in insurance out of fear of what the upcoming Public Charge will encompass.

✓ A mother talking of the health of her husband, that was forgoing medical care for his Diabetes Mellitus with increased Blood Pressure and extreme weight loss out of fear of getting care. We were also caring for their 9 year old son suffering with anxiety.

We have also witnessed forgoing care, and not re-enrolling both US and foreign-born children in their Medicaid, out of fear of repercussion. The consequences are challenging as we are in the midst of an increase of fear and anxiety and unmet needs in the community, but families for the first time in 18 years started to forgo our care.

You'll find summary data specific to Hennepin Healthcare System in our attachment that demonstrates the increase in anxiety among young people who visit our clinic. You will also find the number of cancellations or no shows we are receiving has increased.

We are pleading with you to not add deportation to the public charge. There is no benefit, the harm of deportation lasts generations.

Data collected by Hennepin Healthcare System:

As part of our care, since 2007 we have expanded the questionnaire that we use to assess strengths and risk from our adolescents to include new questions that tried to describe those challenges during the family immigration journey. As that, we keep using the GAPS Guidelines for Adolescent Preventative Services questionnaires created by AMA but added more questions to make it more culturally and socially relevant.

In the past years, we witnessed an increase in the risks and the depth of trauma that the families seeking care from us presented in their initial visit.

That originated in a new set of qualitative and quantitative analysis (some retrospective, some ongoing) to clarify what we were seeing under their care.

The following is a summary of our findings.

Table 1: Characteristics of APT youth, between 2008-2018

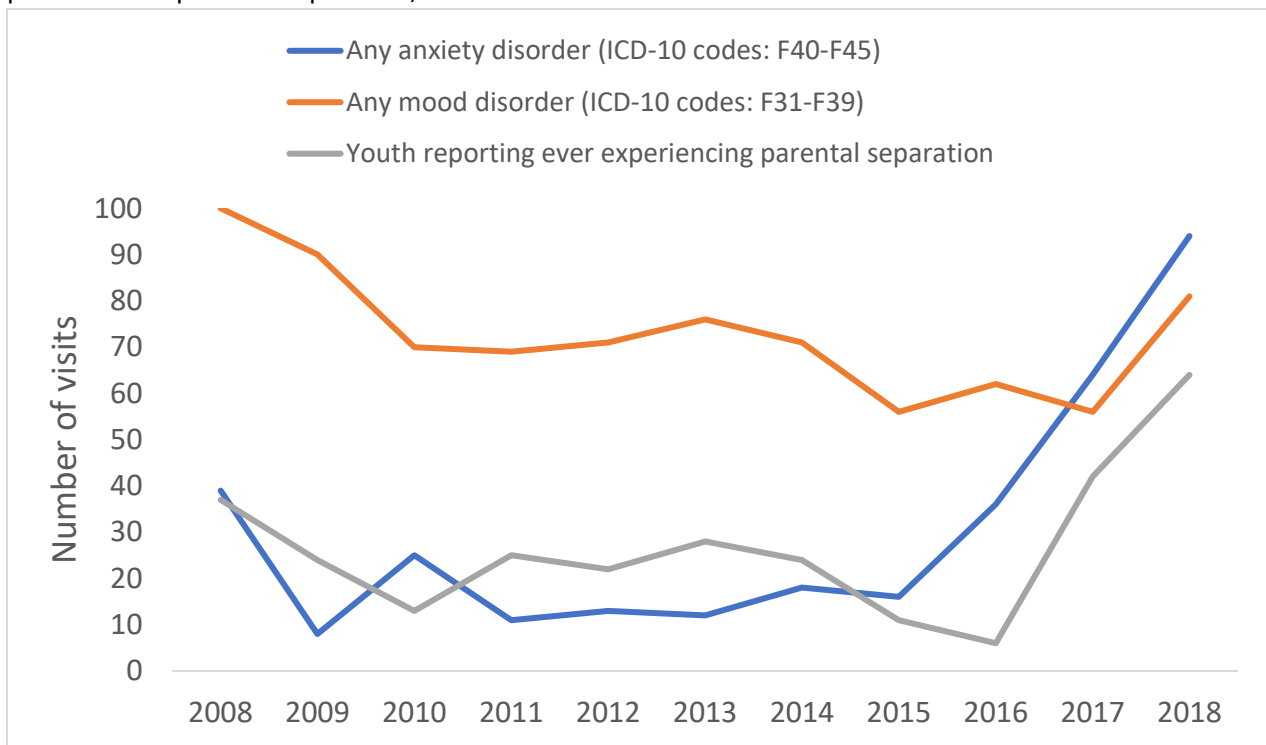
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Age, mean	16.2	15.1	16.2	15.3	15.2	14.6	14.5	14.8	14.3	16.3	16.9
Gender, % Female	80.9	78.6	77.0	78.4	75.9	73.6	69.3	65.9	67.4	68.1	67.5
Country of birth, % US	30.2	31.9	37.0	39.4	45.0	51.1	54.1	54.2	55.5	63.3	65.9

Interpretation: Over time, the characteristics of youth receiving care at APT have changed. Patient's mean age reduced initially and has increased after 2016. There has been a reduction in the percentage of female patients and an increase in US-born patients.

Table 2: Number of visits with APT youth diagnosed with any anxiety or mood disorder, and lifetime prevalence of parental separation, between 2008 and 2018.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Any anxiety disorder (ICD-10 codes: F40-F45)	39	8	25	11	13	12	18	16	36	64	94
Any mood disorder (ICD-10 codes: F31-F39)	100	90	70	69	71	76	71	56	62	56	81
Youth reporting ever experiencing parental separation	37	24	13	25	22	28	24	11	6	42	64

Figure 1: Number of visits with APT youth diagnosed with any anxiety or mood disorder, and lifetime prevalence of parental separation, between 2008 and 2018.



Interpretation: Over time, the rate of youth reporting ever experiencing parental separation was steady or with a trend to be reduced until 2016. After that year, it has increased 6 times. In a similar way, the number of visits of youth being diagnosed with any anxiety disorder was similar between 2008 and 2015 and increased up to more than 4 times since 2016. Finally, the number of visits with youth diagnosed with a mood disorder decreased until 2017, and there was an increase in 2018.

Table 3: Correlations between patient demographics and the number of visits with mental health diagnoses and report of parental separation.

	Correlation	p value
Demographics		
Age	0.739	0.011
Gender	-0.06	0.861
Country of birth	0.343	0.302
Mental Health Visits		
Any anxiety disorder	0.768	0.006
Any mood disorder	0.380	0.249

Interpretation: There is a strong correlation between the number of youth reporting separation and the mean patient age and the number of visits where anxiety was diagnosed.

This data is the same data found everywhere in the country that has been published extensively in the past years.

- Number of APT visits and patients by appointment status:
- 1064 total visits scheduled, 324 total patients scheduled (100%)
- 358 visits canceled (33.6%), 189 patients (58.3%)
- 555 visits completed (52.2%), 242 patients (74.7%)
- 151 visits with no show 151 (14.2%), 115 patients (35.5%)