



10 December 2018

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U.S. Citizenship and Immigration Services Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

**Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds**

The American Medical Women's Association Physicians Against the Trafficking of Humans (AMWA-PATH) respectfully submits these comments to express our strong opposition to the Department of Homeland Security's (DHS) Notice of Proposed Rulemaking (NPRM or proposed rule), **Inadmissibility on Public Charge Grounds**, published in the Federal Register on October 10, 2018.

**AMWA-PATH urges DHS to withdraw the proposed rule.**

**COMMENTS ON PROPOSED RULE**

The newly proposed **Inadmissibility on Public Charge Grounds** rule not only departs from existing policy but also is financially and ethically unsound.

Furthermore, the proposed rule runs counter to the much touted and publicized federal initiative to prevent and end human trafficking.

An applicant who *at time of admission to the U.S.* is identified as a person of status "T, T-1 victim, spouse, child, parent, sibling" (namely, a victim of human trafficking or family member of said victim of human trafficking) is subject to INA 212(1)(4) [Classes of Aliens Ineligible for Visas or Admission] and must file Form I-944, Declaration of Self-Sufficiency (with a waiver *available*); and is exempted from INA213A and Form I-864 (requiring affidavit/sponsorship). Because these rules are so complex, many human trafficking victims and survivors likely will find them difficult to understand without legal counsel: they will be discouraged from seeking benefits even if they might be eligible to do so without being penalized.

Furthermore, it seems that any applicant who is victimized by human trafficking *after arriving* in the United States would be unable to access essential services and resources. This is highly problematic, because we know from recent research that victims of human trafficking seek these services in order to find a path out of their exploitative and often violent situations.

The proposed rule will increase the vulnerabilities of *all* immigrants to human trafficking and will increase human trafficking in the U.S. This will occur by denying immigrants access to systems of care and protection, as well as through a chilling effect on those who are legally allowed to access these systems of care and protection, such as American-born children who are especially vulnerable to the manipulation and scare tactics of traffickers. The proposed rule would implement changes in the standards for public charge determinations that would curtail the use of services, regardless of type of immigration visa, and are contrary to recommended criminal justice policies. As we know, the complexity of the rule and the increased fears of deportation amongst immigrant communities have discouraged trafficked persons from receiving services or applying for T-visa or U-visa status.<sup>1</sup>

Whether in a medical setting, a legal setting, or a social services setting, a trauma-informed approach to victims and survivors of human trafficking requires that a range of services and resources be made readily available *in order for these individuals to escape violent and exploitative situations and enter full recovery.*<sup>2,3</sup> When it comes to medical care coordination, non-citizen victims of human trafficking without access to Medicaid and CHIP may seek help much later in their illness or only when their injuries are severe: and when individuals seek late and acute care from emergency departments, the costs rise for everyone – especially for tax-paying U.S. citizens. According to a recent analysis by the Kaiser Family Foundation, “Decreased participation in Medicaid would increase the uninsured rate among immigrant families, reducing access to care and contributing to worse health outcomes. Coverage losses also would result in lost revenues and increased uncompensated care for providers and have spillover effects within communities.”<sup>4</sup> Perhaps even more importantly, the very services that the proposed rule curtails could instead be used to *prevent* human trafficking in the United States.<sup>5</sup>

**By implementing these public charge rules changes, the federal government under the Trump Administration is closing some of the very doors it has promised to open.**

## **ABOUT AMWA-PATH**

The American Medical Women’s Association (AMWA) is a professional medical organization that functions at the local, national, and international level to advance women in medicine and improve women’s health. In 2014, AMWA founded the Physicians Against the Trafficking of Humans (PATH) to help medical professionals better care for all victims of human trafficking through

- enhancing awareness of the scope of the problem
- identifying at-risk patients by utilizing victim-centered interviewing techniques
- providing and promoting trauma-informed care
- equipping health professionals to intervene safely on behalf of patients
- connecting patients, providers, clinics, and hospitals to resources.

The reasons why individuals become vulnerable to this kind of exploitation are complex and multifaceted. The process of recognizing and intervening on their behalf is only a first step toward reclaiming them from a pernicious and deadly system. But for these victims to have a chance, the process has to begin somewhere, and medical professionals are uniquely positioned to act. Increasing awareness, improving training,

and connecting hospitals and clinics to resources are not the only things needed, but these actions can, and will, instigate positive change and begin the process of changing victims' lives.

## AMWA-PATH URGES DHS TO WITHDRAW THE PROPOSED “PUBLIC CHARGE” RULE

To reiterate, human trafficking victims rely on medical and social services to find the support they need to escape violent and abusive situations. Thus, these services may be used to *identify* victims of human trafficking and provide assistance to local law enforcement, the Federal Bureau of Investigation, and Homeland Security in identifying and punishing perpetrators of human trafficking, as well. In addition, the availability of such services may *prevent* this heinous crime by decreasing susceptibilities to poverty and exploitation.

AMWA-PATH urges the U.S. government under the Trump Administration to find a solution to immigration reform that better reflects the American values detailed so clearly in our Declaration of Independence, adhering to truths that are “self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”<sup>6</sup> Withdraw this proposed rule, and resolve to create immigration reform that emphasizes and renews its commitment to bring perpetrators of human trafficking to justice and that assists victims and survivors of human trafficking along their path to recovery.

Respectfully,



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<sup>1</sup> McCoy E, Owens C, Yu L, Love H, Hussema J. [Delivering Justice for Human Trafficking Survivors Implications for Practice](#). Urban Institute, March 2018.

<sup>2</sup> Chon KY, Khorana S. Moving Forward: Next Steps in Preventing and Disrupting Human Trafficking, in Human Trafficking is a Public Health Issue, Chisolm-Straker M, Stoklosa H eds. Springer 2017. DOI: 10.1007/978-3-319-47824- 1.

<sup>3</sup> Titchen KE, Katz D, Martinez K, White K. Ovarian cystadenoma in a trafficked patient. *Pediatrics* 2016;137(5):e1-5. PMID:27233785

<sup>4</sup> Artiga S, Garfield R, Damico A. [Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid](#). Henry J. Kaiser Family Foundation, October 11, 2018

<sup>5</sup> Greenbaum VJ, Titchen K, Walker-Descartes I, Feifer A, Rood, CJ, Fong H. Multi-level prevention of human trafficking: The role of health care professionals. *Am J Prev Med* 2018;114:164-7.

<sup>6</sup> Declaration of Independence. <https://www.archives.gov/founding-docs/declaration>. Retrieved 8 December 2018.