

Memorandum



CITY OF DALLAS

DATE December 6, 2018

TO Honorable Mayor and Members of the City Council

SUBJECT **Public Charge Comment Opportunity**

On October 10th, 2018, the U.S. Department of Homeland Security (DHS) issued a Notice of Proposed Rulemaking, “Inadmissibility on Public Charge Grounds”. In brief, the proposed rulemaking would make changes to “public charge” policies that govern how the use of public benefits such as Medicaid, Supplemental Nutrition Assistance Program (“SNAP”), formerly called “Food Stamps”; potentially, the Children’s Health Insurance Program (CHIP), and other non-cash benefits may affect individuals’ ability to enter the U.S. or adjust to legal permanent resident (LPR) status, such as obtaining a green card.

In summary, analysis by the City’s Office of Welcoming Communities and Immigrant Affairs concluded that this proposed rule would have a deleterious impact on the national and local economy as well as the health, welfare, safety of families who would be directly or indirectly impacted by the change in regulatory policy.

As such, Mayor Rawlings, on behalf of the City of Dallas, will submit comments (attached hereto) respectfully urging DHS to forego implementation of the new public charge rules. As a City Council member, you can amplify the City’s opposition to this proposed rule. In addition, community members are also encouraged to comment. Numerous civic organizations are submitting comments. If you are inclined to comment or would like to inform your district residents, feel free to simply refer to the Mayor’s comments in your response. Individuals are able to submit comments by visiting [regulations.gov](http://www.regulations.gov) and searching for Docket No. USCIS– 2010–0012, or by visiting the following link, <https://www.regulations.gov/comment?D=USCIS-2010-0012-0001>.

The deadline to submit comments is December 10, 2018.

A handwritten signature in black ink, appearing to read 'T.C. Broadnax', written over a circular stamp.

T.C. Broadnax
City Manager

c: Chris Caso, City Attorney (I)
Carol A. Smith, City Auditor (I)
Biliera Johnson, City Secretary
Preston Robinson, Administrative Judge
Kimberly Bizzor Tolbert, Chief of Staff to the City Manager

Majed A. Al-Ghafry, Assistant City Manager
Jon Fortune, Assistant City Manager
Joey Zapata, Assistant City Manager
Nadia Chandler Hardy, Assistant City Manager and Chief Resilience Officer
M. Elizabeth Reich, Chief Financial Officer
Directors and Assistant Directors

MICHAEL S. RAWLINGS
Mayor of Dallas



December 7, 2018

Honorable Lee Francis Cissna
Director, United States 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

Dear Director Cissna:

On behalf of the City of Dallas, I write in strong opposition to the Department of Homeland Security (DHS) Notice of Proposed Rulemaking, "Inadmissibility on Public Charge Grounds," which was published in the Federal Register on October 10, 2018. The proposed rule poses a serious threat to national economy and to the health, welfare, safety and economy of Dallas and I respectfully urge DHS to forego implementation of new public charge rules.

(1) Introduction

As Mayor of the 9th largest city in the United States, I am committed to harnessing the power of the robust Dallas economy to create long-term economic resilience and inclusiveness for all Dallas residents. This goal includes Dallas' immigrant community which makes up almost a quarter of our city's demographic.

Dallas is a vibrant and inclusive city where we celebrate diversity and believe that our community is at its best when all of our residents have the opportunity to achieve the American Dream. As of 2016, Dallas is home to 317,756 foreign-born individuals, accounting for 24 percent of the Dallas population.¹ If this proposed rule is implemented, many thousands of these Dallas residents could be chilled from accessing health care, nutrition, housing assistance, and other supports that make families and our city as a whole healthier and stronger. It could also negatively impact the Dallas economy, which greatly benefits from the contributions of our immigrant community.

In addition, I fear that the City and other local public agencies would be forced to shoulder the cost of addressing the harm caused by this rule and of its negative economic and public health impacts on Dallas residents. I also fear that this proposal, if implemented, could impose unfunded administrative burdens on Dallas and other local government agencies and public health and welfare service providers in our region.

¹ "New Americans in Dallas" (Feb. 28, 2018) <https://research.newamericaneconomy.org/report/new-americans-in-dallas/>

The City of Dallas recognizes that the establishment and administration of immigration laws and regulations is largely the domain of the federal government. However, the changes to the “public charge” test pose a serious threat to the health, welfare, safety, and economy of the City of Dallas. I must therefore express strong opposition to these proposed changes that I have reason to believe will have a deleterious impact my community. To this end, I respectfully urge DHS to forego implementation of new public charge rules.

This makes a difficult and complex immigration process even more difficult and a change that would impact our community and economy in a negative manner.

(2) The proposed rule makes the immigration process harder for Dallas families.

In general, the City agrees that an individual seeking to immigrate to the United States should be able to show under federal law that the individual will sustain herself or himself. However, the public charge changes outlined in this proposed rule go well beyond what is necessary to make such an assessment by codifying regulatory barriers vis-a-vis a framework that will inevitably vary from adjudicator to adjudicator and case to case, with similarly situated applicants receiving contrary decisions.

My understanding is that the public charge determination has long been based on a test where an individual must show when she/he is applying for residence or for a non-immigrant visa that she/he is not likely to rely on federal assistance for sustenance. This “self-sufficiency” definition in practice has largely been based on whether an individual has received long-term institutionalized medical care or triggered by cash assistance for income maintenance.

Under current policy, a sufficient Form I-864, *Affidavit of Support*, demonstrating a commitment from a sponsor to support the immigrant at the legally required levels, generally establishes to USCIS’s satisfaction that, under the totality of circumstances, an individual will not become a public charge. This adjudicative framework is straightforward and efficient and has largely yielded predictable, consistent public charge assessments. The proposed rule would replace this policy with a complex test requiring adjudicators to weigh a potentially unlimited number of “factors” including income, language, and medical backgrounds and apply a host of unclear “considerations,” without meaningfully distinguishing “factor” from “consideration” and often referring to specific criteria as both a factor *and* a consideration.

In the notice of proposed rulemaking, there are eleven major amendments to current rules that redefine public charge and public benefits, identifies new role of a sponsor, creates a positive and negative factoring test, creates a new “self-sufficiency” form, and creates a complex bond process. This proposed regulation goes well beyond what is necessary to definitively state what public charge means in terms of promoting self-sufficiency among intending immigrants who are not exempted from such examinations under statute. To my knowledge, a languages test for intending immigrants has never been considered a “negative factor” for migration. Under this process, appeals will escalate, further tying up limited agency resources.

This process has already played out for intending immigrants seeking a visa from abroad when the U.S. Department of State implemented significant changes to the Foreign Affairs Manual (FAM) that raised the public charge bar for immigrant visa applicants earlier this year. This shift prompted numerous improper visa denials on public charge grounds, barring affected individuals from entering the United States and reuniting with their families.² Making matters worse, those denials oftentimes result in revocations of visa applicants’ approved I-601A

² “AILA, CLINIC, and NILC Express Concerns Over Improper Public Charge Determinations and I-601A Revocations” (Aug. 28, 2018); <https://www.aila.org/advo-media/aila-correspondence/2018/aila-clinic-and-nilc-express-concerns-over>.

provisional waivers, compelling these individuals to seek I-601 provisional waivers instead, even when they promptly overcome the public charge findings by providing additional documentation. The I-601 application process typically lasts longer than a year, during which time these individuals must remain overseas, apart from their loved ones.

The proposed rule threatens to multiply these problems exponentially. DOS has indicated that it could further modify its own public charge guidance in response to DHS's final public charge rule.³ If consulates begin applying a standard similar to the one proposed by DHS, the more than one million individuals that seek visas from DOS annually would be subject to burdensome and arbitrary standards, with many finding themselves unfairly shut out of the country and unable to join their families. Overall legal immigration could drop sharply, with severe consequences for family unity and the national economy. The proposed rule would replace this policy with a complex test requiring adjudicators to weigh a potentially unlimited number of "factors" and apply a host of unclear "considerations," without meaningfully distinguishing "factor" from "consideration."

Combined with USCIS's new policy for placing individuals in removal/deportation proceedings, people who are entitled to lawful permanent residence will be too afraid to apply to adjust status, leading to more people in the US without status and to an overall decline in immigration to the United States at a time when demographic trends point to a need for continued immigration to sustain our economy and bolster retirement, health, and social safety net programs.

I would point out that the complexity of the new "public charge" tests outlined in the proposed rule as well as the complexity of the proposed rule overall run directly counter to overall Administration policy to reduce regulation and control regulatory costs.⁴ As DHS clearly outlines in this proposal, it would increase administrative costs for both DHS and visa applicants and will require DHS and other federal agencies to hire additional staff to administer the more complex public charge test.

(2) The proposed rule would negatively impact the Dallas economy.

Dallas is a diverse community, where nearly 43 percent of our households speak a language other than English. We regard this diversity as a cultural, economic and social asset. In Dallas, immigrants make up over 32 percent of our local workforce. Immigrants are over-represented in the STEM fields as well as the more laborious occupations of construction, hospitality and other service-related industries. They often create their own business and, in 2016, Immigrant households earned \$7.9 billion in household income. In 2017, the City established an office of Welcoming Communities and Immigrant Affairs to maximize the assets immigrants contribute, while also striving to ensure that immigrants have equitable access to services in our City.

In addition, immigrant households contributed \$1.9 billion to federal taxes and \$591.M went to state and local taxes. This left them with \$5.4 billion in spending power in the Dallas community. Not only do immigrants contribute to the local economy, they also support federal social programs. In 2016, they contributed \$847.7 million to Social Security and \$218.9 million to Medicare. Additionally, immigrants were responsible for 40 percent of overall population growth from 2011 to 2016. Despite the net contributions from immigrants in our community,

³ See "Exclusive: Trump administration may target immigrants who use food aid, other benefits" [Reuters](https://www.reuters.com/article/us-usa-immigration-services-exclusive/exclusive-trump-administration-may-target-immigrants-who-use-food-aid-other-benefits-idUSKBN1FS2ZK) (Feb. 8, 2018); <https://www.reuters.com/article/us-usa-immigration-services-exclusive/exclusive-trump-administration-may-target-immigrants-who-use-food-aid-other-benefits-idUSKBN1FS2ZK>.

⁴ Executive Order 13771, [Reducing Regulation and Controlling Costs](#), January 30, 2017

we know that newcomers are less likely to access public benefits, and although they may currently earn lower wages, they are contributing to their families and our community.

Over the last two decades, the size of the U.S.-born population with a high school degree or less has decreased. This is particularly evident among young workers, ages 25-44, the group typically most capable of doing physically demanding work. As this population declined, however, the number of jobs for workers with that education level held steady. Thus, real and persistent gaps in the American workforce have opened-up, especially in agriculture, hospitality, and meatpacking. Foreign-born workers, a group considerably more likely than natives to lack education beyond high school, step in to fill those jobs that would otherwise remain vacant. This situation is the case in Dallas where immigrants are represented at higher rates in the workforce than their demographic percentages in the overall population. According to the Dallas Federal Reserve, "An important benefit of immigration is the immigrant population's relative youth. In Texas and the rest of the country, immigrants are much more likely than U.S. natives to in their prime working years."⁵

By creating a much less welcoming environment in America to new immigrants, we might not only be closing doors on working-class immigrants, but highly-skilled immigrants who may no longer view the U.S. as a desirable home for their families and relatives. We have seen this scenario with foreign students, where the annual enrollment numbers have declined in recent years given to the changing climate at the national level.

(3) The proposed rule would negatively impact public health, welfare, and public safety in Dallas.

Investing in nutrition, health care, and other essential needs keeps children learning, parents working, families strong, and allows all of us to contribute fully to our communities. The policies articulated in the proposed rule would terrify immigrant families, discourage or prevent hard-working people from immigrating, and deter immigrant families, most of which in Dallas include U.S. citizen children, from seeking the help they need to lead a healthy and productive life.

The proposed rule would pressure large numbers of immigrants and their families to forego enrolling in vital programs such as nutrition assistance, health coverage and housing that their families are eligible for and need. Because the rules for determining whether someone is a "public charge" are technical and the circumstances under which such a determination is made are often confusing, the number of low-income immigrant families that choose not to receive benefits would likely exceed by a sizable amount the number that would ultimately be subject to a "public charge" determination.

The fear created by these rules would extend far beyond the individuals who forego benefits, harming entire communities as well as the infrastructure that serves all of us, such as schools, hospitals and clinics. All of these consequences are identified in the proposed rule itself, under costs; and a substantial body of evidence demonstrates that they are highly significant and damaging.

According to data from Manatt Health, if implemented, this rule could impact as many as **26 million people** in families nationwide, and 781,824 non-citizens families in Dallas County.⁶ Any

⁵ *Gone to Texas: Immigration and the Transformation of the Texas Economy*, Orrenius, Pia M., Zavadny, Madeline, LoPalo, Melissa.

⁶ "Public Charge Rule – Potentially Chilled Population Data Dashboard, by County" Manatt, <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population#DataDashboard>

families with non-citizen members could fear consequences of accessing health care and basic need programs.

The widespread “chilling effect” that causes families to withdraw from benefits due to fear is already evident as a result of more than 18 months of leaks and rumors about changes to public charge policy. Community providers have already reported changes in health care use, including decreased participation in Medicaid and other programs due to community fears stemming from the leaked draft regulations. For example, as reported by the *Dallas Morning News* in October 2018, local organizations such as Faith in Texas, a religious group that works with low-income families in North Texas, experienced an increase in the number of mixed-status families who reported they would likely stop using programs such as CHIP and SNAP. In addition, local non-profits and faith-based groups have seen an increase in the number of calls they are receiving about the proposed regulation, often from mothers with U.S.-born children who have stopped getting federally funded medical care or nutrition assistance.⁷ A 2018 survey of public health clinics found that $\frac{2}{3}$ of health providers reported an increase in parents fear about enrolling kids in Medicaid, and nearly $\frac{1}{2}$ of providers reported an increase in no shows. Likewise, fear has already been driving immigrant families—who are eligible to receive benefits for themselves or their children—to forgo vital health and nutrition assistance, jeopardizing the health of families and communities alike. Historical evidence from the 1996 PRWORA policy changes, which is cited in the NPRM itself, demonstrates that public information alone cannot prevent these damaging consequences, because of the complexity of immigration policies (greatly increased by this proposed rule), among other reasons. Even among groups of immigrants who were explicitly excluded from the 1996 eligibility changes, such as U.S citizen children in mixed status families, participation dropped dramatically.

The proposed rule would cause major harm to the children of immigrant parents, whether they are immigrants or citizens themselves. This is explicitly acknowledged in the cost-benefit analysis of the proposal. Children’s well-being is inseparable from their parents’ and families’ well-being, so help received by parents is central to children’s health and well-being in the short- and long-term. Children thrive when their parents can access needed health or mental health care, when their families have enough to eat, and a roof over their heads. Conversely, parents’ stress and health challenges impede effective caregiving and can undermine children’s development.

This rule is an attack on our Dallas families with immigrants. Immigrant children themselves may be directly impacted by the rule, and there is no way to harm our city’s immigrant parents without harming all of their children as well. Citizen-children with immigrant parents are a large and growing segment of the U.S. child population. Nearly 16 million citizen-children under age 18 in the United States—one out of every four children—have one or more parents who are foreign-born. According to the Migration Policy Institute, in Texas 34.7 percent or 2,412,318 out of 6,948,492 children under age 18 have one or more parents who are foreign-born. This is higher than the national average, which is 25.8 percent.⁸ Children in immigrant families are more likely to face certain hardships and are already less likely to secure help due in part to flawed eligibility rules that create barriers for immigrant families. However, like all children, children in immigrant

⁷ “U.S. citizen kids may go without medical care, food because their immigrant parents are afraid to accept help” (Oct. 9) Dallas News, <https://www.dallasnews.com/news/immigration/2018/10/09/immigrants-fear-using-publicaid-us-citizen-kids-will-hurt-chances-legal-status>

⁸ “State Demographics” Migration Policy Institute (2016), <https://www.migrationpolicy.org/data/state-profiles/state/demographics/TX/US/>

families benefit when they have access to programs and services that promote their development.

The value of access to public benefits has been documented repeatedly. Multiple studies confirm that early childhood or prenatal access to Medicaid and SNAP improves health and reduces reliance on cash assistance. Children of immigrants who participate in the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) are more likely to be in good or excellent health, be food secure, and reside in stable housing. Compared to children in immigrant families without SNAP, families with children who participate in the program have more resources to afford medical care and prescription medications. An additional year of SNAP eligibility for young children with immigrant parents is associated with significant health benefits in later childhood and adolescence. Children in immigrant families with health insurance coverage are more likely to have a usual source of care and receive regular health care visits, and are less likely to have unmet care needs. Children with access to Medicaid have fewer absences from school, are more likely to graduate from high school and college, and are more likely to have higher paying jobs as adults. Children whose families receive housing assistance are more likely to have a healthy weight and to rate higher on measures of well-being—especially when housing assistance is accompanied by food assistance.

A recent report by Georgetown University Center for Children and Families found that Texas has the highest rate of uninsured children in the United States, at 21 percent. Between 2016 and 2017, Texas saw an increase of nearly 83,000 uninsured children.⁹ Research demonstrates that safety net programs such as SNAP and Medicaid have short and long-term health benefits and are crucial levers to reducing the intergenerational transmission of poverty. For example, according to the Center on Budget and Policy Priorities, economic security and health programs lifted 36 million people above the poverty line in 2016, including 7 million children. Specifically, a study assessing the impact of expanding SNAP benefits found that disadvantaged children who had access to food stamps (now known as SNAP) in early childhood and whose mothers had access during pregnancy experienced better outcomes as adults related to health and education compared to children who didn't have access.¹⁰

The proposed changes would harm a broad swath of children and families in our city. Children in immigrant families do not live in isolation. They live and grow up in communities where their individual success is critical to the strength of the country's future workforce and collective economic security. When families have access to housing assistance, they have more resources to cover the cost of nutritious foods, health care, and other necessities. Where families live is also directly tied to where they work. If parents lose access to affordable housing, they may also be at risk of losing their jobs. As compared to children without health insurance, children enrolled in Medicaid in their early years have better health, educational, and employment outcomes not only in childhood but as adults. By making health insurance accessible to children and parents, Medicaid keeps families healthy and also protects them from financial hardship. For millions of families, Medicaid is a lifeline that keeps them living above the poverty threshold. America's future depends on ensuring that all children succeed. We need to invest in children, rather than put their healthy development and education at risk by

⁹ "Nation's Progress on Children's Health Coverage Reverse Course" (Nov. 2018), Georgetown University Center for Children and Families, https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf

¹⁰ "Economic Security, Health Programs Reduce Poverty and Hardship, with Long-Term Benefits" (Feb. 2018) Center on Budget and Policy Priorities, <https://www.cbpp.org/blog/economic-security-health-programs-reduce-poverty-and-hardship-with-long-term-benefits>

destabilizing their families. Forcing parents to choose between their ability to remain with or reunite their family and their children's access to critical benefits is short-sighted and will harm all of us.

At FR 51174, the Department specifically requests comment on whether the Children's Health Insurance Program (CHIP) should be included in a public charge determination. For many of the same reasons that Dallas opposes the inclusion of Medicaid, the City adamantly oppose the inclusion of CHIP. Making the receipt of CHIP a negative factor in the public charge assessment or including it in the "public charge" definition, would exacerbate the problems with this rule by extending its reach further to exclude moderate income working families – and applicants likely to earn a moderate income at some point in the future. Including CHIP in a public charge determination would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed elsewhere in these comments. Nearly 9 million children across the U.S. depend on CHIP for their health care. Due to the chilling effect of the rule, many eligible citizen children likely would forego CHIP—and health care services altogether—if their parents think they will be subject to a public charge determination.

In addition to the great harm that would be caused by the inclusion of CHIP, this would be counter to Congress' explicit intent in expanding coverage to lawfully present children and pregnant women. Section 214 of the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) gave states a new option to cover, with regular federal matching dollars, lawfully residing children and pregnant women under Medicaid and CHIP during their first five years in the U.S. This was enacted because Congress recognized the public health, economic, and social benefits of ensuring that these populations have access to care. Moreover, Congress left it to the discretion to the states to decide whether or not to provide this coverage to pregnant women and children. Overall, we believe the benefits of excluding CHIP and Medicaid strongly outweigh their inclusion in a public charge determination. We firmly recommend that DHS continue to exclude CHIP from consideration in a public charge determination in the final rule but also exclude receipt of receipt of Medicaid for the same reasons.

(4) The proposed rule has already had a negative impact on the Dallas community.

Since the beginning of 2018, the City as well as local leaders in the social services and philanthropy sectors have received mixed messages that the public charge definition would be expanded to include a motley number of social programs which included everything from WIC to school lunch to Pell Grant.

It was thus a great relief when the proposed rule published in the Federal Register in October 2018 excluded many of the essential programs that exist to combat poverty in Dallas. Nevertheless, the current proposal dramatically expands the eligibility burden on the intending immigrant that changes the fundamental notion of a nation proud of its immigrant heritage to one that may be viewed as closing the door on any individual likely to use more than a minimal amount of public assistance.

Indeed, these mixed messages have already impacted these efforts in Dallas (an impact I cannot help but suspect the Administration intended). They have created a chill in our immigrant community, creating fear and confusion and discouraging people from seeking benefits for which they are eligible, including nutrition and health care benefits for United States citizen children of immigrants. In addition, the proposal dramatically expands the eligibility burden on the intending immigrant that changes the fundamental notion of a nation proud of its immigrant heritage to one that may be viewed as closing the door on any individual likely to use more than a minimal amount of public assistance.

This chill has already made a difficult and complex immigration process even more difficult. I fear that if implemented, the expanded public charge test would further exacerbate the difficulty and complexity of our immigration process, with significant negative impact on our community and economy. (I cannot help but think that for the authors of this proposal view such an outcome as positive. Indeed, I fear that purpose of this proposal is to make the immigration process even more complex and expensive to discourage immigration to the United States and to sow fear among immigrants residing in the United States.)

Notwithstanding local efforts to educate diverse communities about the proposed public charge rule, there is great uncertainty and confusion about what the proposed rule means and how it will be implemented. As has been well-documented, widespread misinformation and confusion created by drafts of the rule leaked to the press have resulted in a marked decline in the use of a wide variety of life-sustaining benefits by immigrant families,¹¹ and have caused instability and anxiety among individuals with lawful status - including those in exempt categories such as refugees.¹²

Notwithstanding Dallas' commitment to addressing poverty from a child-centered approach, we have seen how changing immigration policies at the federal level have caused a chilling effect on many members of our community. Our childhood wellness programs have reported a dip in families seeking services and are hearing stories like new mothers returning breast pumps for fear of being reported. We strongly oppose any effort to include the CHIP program in the list of programs that are considered public benefits.

(5) The proposed rule would negatively impact the national economy.

By creating a much less welcoming environment for new immigrants, we might not only be closing doors on working-class immigrants, but also on highly-skilled immigrants who may no longer view our nation as a desirable home for their families and relatives. We have already seen this scenario unfold with respect to foreign students studying at United States colleges and universities, whose numbers have alarmingly declined in recent years due to the Administration's hostility to immigrants. Historically, our nation's colleges and universities have been a magnet for the best and brightest from around the world. In addition to high profile examples such as Noble Prize winners, many of these students have contributed to our nation's success. There are literally tens of thousands of examples of foreign students becoming Americans and making major contributions to our economy and our society.

At the broadest level, like many developed "western" nations, the United States has an aging population. Though the aging of our population is not as pronounced as it is in other nations, we are clearly and rapidly becoming an unbalanced society in which the number of working age adults is too small to provide retirement and health benefits and take care of a disproportionately large population of retired persons. A reduction in immigration, which DHS predicts at several points that implementation of this proposal will lead to, will only exacerbate the economic and budgetary challenges of this demographic change.

¹¹ See Migration Policy Institute, "Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use," (June 2018), *available at* https://www.immigrationresearch-info.org/system/files/Chilling_Effects_Public_Charge_Rule.pdf.

¹² See the Henry J Kaiser Family Foundation, "Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health," (December 2017), *available at* <https://www.kff.org/report-section/living-in-an-immigrant-family-in-america-issue-brief/>

(6) Conclusion

In Dallas, our long-term growth depends on the well-being, physical and mental health and happiness of all our children and all our families. These attempts to curtail long-term immigration in the U.S. are impacting our ability to plan for a future where all children can pursue their rights to life, liberty and happiness, and thus prepare for the emerging economy.

Thank you for the opportunity to submit comments on the proposed rule. Please do not hesitate to contact the City via the Office of Welcoming Communities if you have any questions or need any further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Rawlings". The signature is fluid and cursive, with a large, stylized initial "M".

Michael S. Rawlings
Mayor of Dallas