

Declaration of the New York Legal Assistance Group

I, Sarah Nolan, under penalty of perjury, hereby declare:

1. My name is Sarah Nolan. I am a Supervising Attorney in the LegalHealth division of the New York Legal Assistance Group (NYLAG). I have nine years of experience providing immigration legal services and developing legal services programs in New York City.
2. NYLAG is a not-for-profit legal services organization located in New York City. NYLAG uses the power of the law to help New Yorkers in need combat social and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves immigrants, veterans, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, people with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, as well as others in need of free legal services.
3. NYLAG's LegalHealth Unit is the nation's largest medical-legal partnership, with clinics at 36 hospitals and community health organizations in New York City, Westchester County and Long Island. LegalHealth complements health care with legal care by providing free legal services onsite at medical facilities and training health care professionals to understand the legal issues their patients face as well as their role in addressing these issues. The majority of LegalHealth's clients are individuals with chronic and serious illnesses, including cancer, end-stage renal disease, high blood pressure, diabetes, HIV, asthma and heart disease. LegalHealth's immigration practice provides comprehensive legal services on a wide range of issues, including naturalization, adjustment of status, relative petitions, asylum, U & T Visas and VAWA self-petitions, medical deferred action, visa extensions and Special Immigrant Juvenile Status (SIJS).
4. NYLAG's attorneys, especially in LegalHealth's medical-legal partnership setting, have a unique perspective about how the public charge inadmissibility rule has profoundly impacted immigrants as they grapple with difficult decisions about their health care and immigration status. In December 2018, NYLAG submitted public comments objecting to the proposed changes to the rule. Our comments detailed the myriad ways in which our clients' fear of the public charge rule has led to serious health consequences for themselves and their families. Since the proposed rule was first leaked, and through the present, our attorneys have advised many clients who express profound fear that receiving medical care

for themselves or their families will cause them to be denied their green cards on public charge grounds. We have had to explain to doctors and social workers why patients they were treating successfully may have suddenly disappeared or refused to continue their care. We have seen that immigrants across the spectrum—from lawful permanent residents seeking to naturalize, to those applying for humanitarian relief or family-based adjustment of status to the undocumented—are all worried about the implications of the rule changes on their immigration status. Our public comments provided numerous case examples of how this fear has lead immigrants to forego life-saving treatment, discontinue chronic care disease management, and decline preventive care for themselves and their family members.

5. LegalHealth also has a unique perspective on the devastating impact of the public charge rule because of our close relationships with medical professionals, who have continually sought our advice on how to combat the widespread chilling effect on immigrant families' willingness to apply for Medicaid and seek healthcare. In response, LegalHealth has conducted or participated in over 30 trainings and community events related to public charge in partnership with New York City Health + Hospitals, the Greater New York Hospital Association (GNYHA), Mt. Sinai Hospital, Weill Cornell Hospital, National Center for Medical Legal Partnership, and others. LegalHealth trains medical professionals about the rule, how to communicate with patients and how to refer concerned patients for legal advice. To supplement our training program, LegalHealth set up a specialized hotline to provide information about the public charge rule to our partner health care professionals and patients.
6. Even with the extensive efforts by NYLAG's LegalHealth unit and other advocates to train and provide information and advice to health professionals and immigrant communities, we continue to observe a high level of ongoing confusion and fear about the public charge rule.
7. Now, with New York as the epicenter of the worldwide COVID-19 pandemic, with a staggering 159,937 cases to date, including 7,067 deaths, we are facing an unprecedented public health crisis. The impact of pandemic among immigrant communities will be even more catastrophic as a result of the continued fear in immigrant communities related to public charge.
8. NYLAG revised its materials after March 14, 2020 to reflect the USCIS announcement that COVID-19 related treatment would not be considered in the public charge analysis. With our extensive experience over two years trying to allay fear and confusion among immigrants related to public charge, we believe this announcement on its own is not nearly sufficient to overcome the newly-emerging fears around public charge in the current COVID-19 crisis.
9. Since March 2020, NYLAG's LegalHealth unit has observed that community

members are already declining or delaying seeking health treatment and applying for benefits that are needed because of the COVID-19 pandemic because of public charge concerns as demonstrated by the following examples.

10. A LegalHealth client with a pending U visa who is residing in a shelter had COVID-19 like symptoms and was seriously ill, but did not want to go to a hospital for testing and treatment out of fear it would impact her pending application.
11. A lawful permanent resident who lost his job recently called the LegalHealth public charge hotline with concerns that receiving Medicaid and applying for unemployment would impact his permanent residency.
12. NYLAG has received requests for assistance from temporary non-immigrants in New York, such as those on B2 visas, who intended to return to their home countries but are now unable to because of travel restrictions and cancelled flights. Most urgently, these immigrants who were not planning to remain in the U.S., are now scrambling to figure out how to continue to support themselves here. Some now require medical care that they were not intending to receive in the U.S., such as emergency labor and delivery services, treatment for cancer, or treatment for COVID-19. Several clients have expressed concern about how they will support themselves now without causing public charge problems in the future.
13. NYLAG has also received questions from immigrants who are concerned about applying for unemployment benefits, emergency benefits, or cash assistance after losing a job due to the closures related to the COVID-19 pandemic. Clients have expressed fear that applying for or receiving these benefits will have a negative impact on their current immigration status or on a pending application for benefits.
14. As with health-related benefits, this fear of applying for benefits needed because of COVID-19 related job losses exists among those not subject to public charge inadmissibility. For example, a NYLAG client who is a lawful permanent resident and wishes to eventually apply for citizenship expressed concerns about applying for public assistance after recently losing a job due to the COVID-19 crisis.
15. The above examples provide clear evidence that immigrants, regardless of their legal status, remain extremely fearful of accessing healthcare and benefits as a result of the public charge rule. These fears are now causing immigrant clients to delay seeking urgently needed medical and financial help related to COVID-19, compounding the harms already caused by this public health crisis of unprecedeted scale and scope.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: New York, New York
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