One Nation Partners

California Healthy Nail
Salon Collaborative
California Health Advocates
Center for Empowering Refugees & Immigrants (CERI)
Center for Pan Asian Community Services (CPACS)
Charles B. Wang Community Health Center
Chinese Community Development Center (California)
Chinese for Affirmative Action
Chinese Progressive Association
Coalition of Asian American Leaders
Community Glimpse Consortium (California)
Community Health Center Network (CHCN) (California)
Demographic Asian Americans of Virginia
Asian for Progress
East Bay Asian Local Development Corporation (California)
East Bay Community Foundation
East Bay Korean American Senior Service Center
Empower (Florida)
Empowering Pacific Islander Communities (EPIC)
Filipino Advocates for Justice (California)
Hella Heart Oakland Giving Circle
Hepatitis B Foundation
Hmong American Partnership
Hmong National Development
HOPPE Clinic (Texas)
IDIC: Filipino Senior & Family Services
Interfaith Movement for Human Integrity
International Community Health Services
Japanese American Citizens League
Kalei-Palama Health Center (Hawaii)
KAYA: Filipino Americans for Progress
Korean American Association of Greater Cleveland
Korean American Center
Korean American Community Foundation - San Francisco
Korean American Community Foundation (KACF)
Korean Community Services (KCS)
Korean Resource Center
La Clinica De La Raza
Malama I Ke Ola Health Center
National Asian Pacific American Women's Forum (NAPAWF)
National Council for Asian Pacific Americans
National Council of Asian Pacific Islander Physicians (NCAPIP)
National Immigration Law Center
National Network for Immigrant & Refugee Rights
National Queer API Alliance
National Tongan American Society (Utah)
New York Immigrant Coalition
North Carolina Asian Americans Together
North East Medical Services (NEMS) (California)
OCA: Asian Pacific Americans Advocates (National)
Oklahoma Micronesian Coalition
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Progressive Vietnamese American Organization (PVVO) (National)
SEIU: America (National)
South Asian Americans Leading Together (SAALT)
South Asians for America
South Cove Community Health Center (Massachusetts)
Southeast Asia Resource Action Center
Southeast Asian Mutual Assistance Association Coalition (SEAMAAC) (Philadelphia)
The Unity Council
Tiburcio Vasquez Health Center (East Bay)
Vietnamese American Roundtable (California)
Vietnamese American Young Leaders
Association of New Orleans
Waianae Comprehensive Coast Health Center (Hawaii)
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CEO, Asian Health Services

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In 2018, the Trump Administration proposed radical change to a legacy “Public Charge” test that would deny or remove permanent resident status from lawful immigrants who may have used—or may possibly use in the future—food, housing, or medical benefits (such as food stamps, Medicaid, and housing) for which they are eligible. In addition, new factors will be applied to immigrants to deny permanent residence, including their age (too young or too old), educational level, and English proficiency. These are contrary to several prior decades of immigration policy and practice.

Story after story of immigrants in this country reflects the proud tradition of hard work, sacrifice, and perseverance. The immigrant narrative is about valuing family, fulfilling civic duty, and continually striving to make things better for community, society, and the collective whole—generation after generation.

Yet the impressive history of immigrants in the U.S. has a parallel drama: anti-immigrant fervor, scapegoating, hysteria, and violence. The current wave of anti-immigrant attacks is as huge and ominous as a tsunami. The Public Charge rule, with its convoluted and layered stipulations, serves to cover up an explicit agenda, articulated by Jeff Sessions and Steven Miller, to decrease legal immigration without legal oversight. False and distorted claims about immigrants stealing jobs from Americans aim to stoke fear and resentment. Scare tactics, divisive language, and white supremacist rage are on the rise; witness the mass shootings in California, Texas, and Ohio, and terrorist hate crimes against places of worship in Pennsylvania and New York.
We have been here before. In the 1970s economic downturn, the loss of auto manufacturing jobs was outrageously blamed on the superior quality of Japanese-made cars. Vincent Chin, a Chinese American, was singled out because he looked Japanese; in that racialized climate of hate in Michigan, he was beaten to death by two White autoworkers wielding a baseball bat. Immigrants were targeted with California’s Proposition 187, not only denying health care to eligible residents, but forcing doctors and teachers to turn in patients and students for deportation. In the 1990s, “welfare reform” not only cut benefits to immigrants but also increased costs and suffering by narrowing access to Head Start programs, and prenatal, labor and delivery care.

Now we have the lessons of history and a trail of hard battles, with some wins along the way. We know that anti-immigrant scapegoating can be reversed. We have seen Latino Americans work hard for representation, wisely gauging the body politic, putting in place leaders who make and implement fair and ethical policies and laws. Because of our collective fight, the narrative in California is one that welcomes and protects immigrants.

Not so long ago, some African Americans and Asian Americans were on the fence in the fight for immigrant rights. The movement was wrongly characterized as exclusively Latino or segmented even further as undocumented versus documented. Yes, all of our communities can be subject to the constant barrage of lies about each other, can be susceptible to fear and anger toward the “other.” But the truth is they are coming after all of us—anyone who is not deemed a “real” American.

Asians are the largest component of legal immigrants coming into the U.S. We have so much at stake and such a responsibility in the fight. With this recognition, our community has engaged and activated our fierce voice and impact. During California’s anti-immigrant Proposition 187 battle, we organized, pushed out facts to supplant the lies, and forged coalitions.

In 2019, millions of law abiding immigrants, including many Asian Americans, who enrolled in health care insurance under the visionary Affordable Care Act, are now threatened with losing everything because of the proposed changes in the Public Charge rule. Courageous, honest leaders are speaking out from every sector across America. A record-shattering 266,000 people from all 50 states, and such organizations as the American Academy of Pediatrics and the American Medical Association, are all saying that Public Charge is mean-spirited and will hurt children and families, public health, civil society, and the ideals for which America stands.

A colleague recently shared some private fears: What if standing up against Public Charge makes my nonprofit a target? Where am I to find the resources to wage this fight beyond what we devote to our regular programmatic needs?

While we profoundly relate to such expressions of fear and fatigue, we know that our power is in our organizing and activism. Our message to our patients, our clients, our fellow immigrants, our families, ancestors and descendants is this: Public Charge is un-American. We are stronger together and there are millions of us in the United States who know that immigrants are a benefit to the economy and society.

Movements not only stem the tide of race baiting and anti-immigrant sentiment. Movements can turn things around. Our next steps are clear: Focus the narrative on the truth that this country was built on the strength of immigrants. Keep organizing a broad base of supporters and activists for One Nation. Persevere for the long haul in the courts, in the halls of Congress, and in the public discourse. Build the case based on the facts that immigrants make significant contributions to local, state and federal revenues and have a positive impact on the economy. Engage immigrant communities to understand and assert their rights, register to vote, and show up at the polls.

This report is our manifesto, our stake in the ground with facts, data, and stories. Open to any page and you’ll land on optimism and hope. We have been here before and we will prevail again. We have faith in the American spirit.

SHERRY HIROTA MIKE HONDA
CO-CHAIRS, ONE NATION
October 2019
Sherry Hirota
Co-Chair, One Nation Commission and One Nation AAPI
CEO, Asian Health Services, Oakland, California

For more than 40 years, Sherry Hirota has championed underserved communities and has made an impact fighting for health care as a right, not a privilege. She is a leader of movements to lift the voices of Asian Americans and Pacific Islanders, expand health access, and educate and advocate for linguistic and cultural competency. Sherry pioneered the understanding of immigrants’ beneficial role in insurance pools and coverage, and advocated for the first-ever quality data collection and analysis within the community.

Sherry has created positive change locally, regionally, in California, and throughout the nation. She advises Congressional leaders on various health issues such as language access and cultural competence, and eligibility criteria for indigent care, population-based, medically underserved designations. Sherry intentionally forges coalitions and partnerships with multi-ethnic, multi-racial, disabled, and LGBTQ advocates to build unity around each other’s common agendas and strengthen impact for the greater good.

Sherry’s grandfather came from Japan when he was only 14 years old; he lived through the 1906 earthquake. Her mother was born in Stockton, California, to immigrant parents who were farmworkers. When Sherry’s mother’s family moved to Berkeley, California, her grandparents worked as a housekeeper and gardener, earning meager wages. Unable to support five children, they sent their three sons to Japan to be raised by relatives. One died on the ship to Japan.

“My mother was super smart and hardworking, a survivor and leader. She excelled in school but was held back by the notion that women did not need an education and by the racism that ripped Americans of Japanese descent from their homes and incarcerated them during World War II. My mother and her family were forced to live in horse stalls at the Tanforan Race Track and later at Topaz Concentration Camp in the Utah wilderness. She and other U.S. citizens were stripped of their rights without due process.

“In my mother, I witnessed firsthand the strength of character it takes to face adversity and make something better through hard work and sacrifice. She embodied “Gaman” – the Japanese concept of enduring the seemingly unbearable with patience and dignity. I strive to honor the Gaman spirit of today’s immigrants, whose hard work and contributions in the face of the current adversity makes life better for all Americans.”

Mike M. Honda
Co-Chair, Former Representative, United States Congress
San Jose, California

Mike Honda has been a leader in the charge for equality and inclusion. During his 16 years in Congress, he served on the powerful House Appropriations and House Budget Committees. Now a revered elder statesman, Congressman Honda helped professionalize the Congressional Asian Pacific American Caucus, championing its growth and influence, as he advocated on behalf of his national AAPI constituency, in addition to representing his 17th District in Silicon Valley. Honda fostered the Congressional Progressive Caucus and was an early supporter of the Congressional LGBT Equality and Anti-Bullying Caucuses.

Honda left San Jose State University to join the Peace Corps, serving in El Salvador. During his 30 year teaching career, in 1971 he was appointed to the San Jose Planning Commission, won a seat on the San Jose School Board in 1981, was elected to the Board of Supervisors in 1991, to the California State Assembly in 1996, and elected to Congress in 2000.

Honda, a sansei, worked with his parents sharecropping in South San Jose. He and his American-citizen parents were among 120,000 Japanese Americans imprisoned for the duration of World War II—even after his father joined the U.S. Military Intelligence Service (MIS) in 1943 to teach Japanese language to U.S. naval intelligence officers. In 2000, Honda’s father and the MIS received a Congressional Gold Medal for their service during the war.

“Because we looked like the enemy, President Roosevelt stripped us of our constitutional rights and incarcerated us in internment camps. It didn’t matter that we were U.S. citizens. No voice stood up for us. My sense of purpose was to be a voice to show that you can make a difference. With Public Charge and the constant attacks on immigrants, many have forgotten that this country was founded and built by immigrants. We must recognize the spirit of newcomers and we must not forget why our government went astray in February 1942—war hysteria, racial prejudice and failed political leadership. One Nation is about providing that leadership, fighting bigotry and embracing newcomers. We must take a stand for the human dignity and rights of people who have come here in search of freedom, just as my grandparents and so many of our forebears did.”
People Can Move Mountains

Fighting the un-American and cruel policy in the courts, in the halls of Congress, and in the streets

June 11, 2019

More than 100 One Nation partners convened for “One Nation Takes D.C.,” speaking out to the media, meeting with members of Congress, and educating policymakers about the danger and impact of Public Charge.

August 27, 2019

Less than two weeks after the final Public Charge rule was published, more than 700 community members, patients, providers, activists, faith leaders, and elected officials convened in Oakland Chinatown’s Madison Park in to condemn the policy.

Pictured above, Sherry Hirota addresses the crowd, inspiring the chant, “One nation built on the strength of immigrants.” Two youth leaders followed, leading everyone in the song, “Lean On Me.”

October 2, 2019

“Pack the Courthouse”—One Nation’s community action at Federal District Court in Oakland, CA.

Standing-room-only crowd gathers in support of the first lawsuits to block implementation of Public Charge.
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Executive Summary

1. Data from numerous studies and more than 260,000 comments and stories reported to the Federal Register provide the proof points and moral argument that our United States of America is one nation built on the strength of immigrants.

2. Immigrants make our workforce viable, enrich our economy, contribute taxes, create a thriving society, forge cultural richness, stimulate innovation and creativity, strengthen healthy family bonds and supports, and make America stronger.

3. Data and studies drawing on the voices and influence of Asian Americans and Pacific Islanders (AAPIs), offer particularly clear evidence of the un-American and cruel impact of the proposed Public Charge rule within the 2019 context of the startling barrage of anti-immigrant assaults.

4. Numerous facts and human stories dispel the mistruths and mischaracterizations that abound about AAPIs. Contrary to the commonly held view that immigrants are a threat to American workers, immigrant workers complement the American workforce, contributing greatly to the economy.

5. The AAPI communities contain proportionately more immigrants than any other racial or ethnic group and have demonstrated such a wave of concern that the One Nation Commission Report will be broadly disseminated, translated into nine Asian languages, and developed into a film.

6. Studies of voters show that immigrants such as AAPIs have the power to swing elections, and move public opinion, making the case to count on immigrants to influence decisions of consequence.

7. Studies on health care and benefits reveal the significant contribution that immigrants make to health coverage and insurance pools. Immigrants use fewer public benefits than U.S.-born residents, are essential to the tax system and other public infrastructures, and are critical to our nation’s public health, safety, and social well-being.

8. A movement is growing. From courageous elected officials and nonprofit executives, to brave philanthropic truth-tellers, many are joining the battle being fought in the courts, in the halls of Congress, and in the streets. They offer hope, inspiration, and facts that prove Immigrants Make America Stronger.

9. Through the eyes and expertise of the One Nation Commissioners, Advisors, and their constituencies, this report is a handbook to provide policy makers, journalists, candidates, and thought leaders with significant and up-to-date findings on the vital impact that millions of immigrants and their relatives have in strengthening American society.
Recommendations

Immediate

» Uphold the longstanding, 150-year-old standards, clarified in 1999, and codified by Congress, which rejected the inclusion in the Public Charge rule of Medicaid, food stamps, or housing supports. The One Nation Commission recommends that the Public Charge rule does not apply to public benefits except for cash welfare and long-term care.

Near Term

» Support lawsuits and injunctions in federal, state, and circuit courts, with intent to block Public Charge from implementation.

» Support Congressional and Senate legislation to prevent federal funding for implementation of Public Charge policies.

» Support state resolutions calling to block implementation of the newly expanded Public Charge rule.

» Support county and other local resolutions and language condemning newly expanded Public Charge rule.

Longer Term

» Promote the understanding of the facts, history and humanity of immigration in the United States, including the recognition that immigrants may come to these shores with few resources, but over time they contribute and benefit the country’s economy, well-being, and society as a whole. The One Nation Commission recommends that our national, state, and local policies and laws embrace, welcome, and protect immigrants.

» Encourage the successful transition into the U.S. for immigrants by supporting their primary languages while they master English, and assuring their religious and cultural rights.

» Support health care for all residents, given the facts and data that prove that the economy and society thrive when all members can participate in the safety net of fundamental services and opportunities.

» Provide food security and nutrition for families and children, given that communities thrive, learn, and succeed when there is adequate nutrition for brain development, academic achievement, and career success.

» Support the right to and assistance for shelter and housing, given that families and children who are housed safely and comfortably are better able to succeed.

» Establish sound immigration laws and policies that reflect the importance of immigrants, to meet the needs of America’s future workforce and to ensure the health of our nation.
Asian Americans and Pacific Islanders (AAPIs) are America’s fastest growing non-White demographic and are more likely to be first generation migrants than any other group. Yet misinformation, false assumptions, and simple ignorance can still distort the public’s view, and that of decision makers and thought leaders. Prevalent stereotypes erroneously label all Asian Americans as a “model minority,” or as suspicious invaders who, as immigrants, benefit only themselves when they come to this country.

To the contrary, early immigrants from Asia and the Pacific laid down the American transcontinental railroad and worked the vast plantations of Hawaii, as well as the burgeoning agribusiness farms and fish-canning industry of the U.S. West Coast. However, these early contributions have been historically ignored and officially rewarded only with exclusionary laws, remaining blurred in the nation’s collective memory. The contributions of AAPIs today are just as considerable.

These days, the view by some of America’s highest officials that immigrants, including AAPIs, are a freeloading drain on the nation’s resources is ascendant, amplifying the impression that immigrants—particularly, non-European immigrants—are likely to be a public charge. But reputable data on Asian Americans and Pacific Islanders shows the inaccuracy of such assumptions, proving instead that AAPIs significantly bolster the resources and well-being of this country.
Asian Americans and Pacific Islanders are a sizeable and fast-growing population in the U.S.

- Diverse, non-White AAPIs now make up 7 percent of the U.S. population and is expected to triple in size by 2065, encompassing more than 24 million individuals from over two dozen countries, 50 ethnicities, 100+ languages and more than a dozen religions. More than half of the AAPI population today was born in another country¹, with immigrants from Asia accounting for a quarter of all immigrants that have arrived in the U.S. since 1965.²

New Immigrants Arriving Within the Last Five Years


Asian Americans and Pacific Islanders are an indispensable force in the U.S. economy and society as consumers, workers, business owners, intellectual assets, and participants in civic life.

- AAPIs are a powerhouse as consumers, wielding a combined $455.6 billion in purchasing power in 2015 although, like other demographic groups, they have a diversity of income levels, educational attainment, professions, and employment.³

- Their potent buying power rests on the high median income of immigrant households, where many family members often collectively pitch in: $75,000 in 2015, more than that of U.S. households in general ($55,300).⁴

- Moreover, the 555,262 businesses owned by AAPIs in 2016 generated revenues totaling $691 billion, higher than any other minority group, and employing more than 4.4 million U.S. workers, also more than other minority groups.⁵

- AAPI households are a significant source of public wealth, contributing $184 billion in taxes to government coffers in 2012 alone.⁶

Tung Nguyen, MD
Chair, AAPI Progressive Action

I came to America as a refugee in 1975 at the end of the Vietnam War. I was 11 and it was a very rough time for my family. We were separated when the country was collapsing and we had to flee. My father was in Saigon, while my mother, brother, and I were in a smaller town. Bridges were being blown up around us and we joined a large convoy of people headed to the coast. We found our father in Saigon, which was within days of falling. We tried but didn’t make it onto a helicopter at the U.S. Embassy. After camping out at the airport, we went to the harbor and jumped on a crowded barge to escape—but got separated again. A U.S. Navy ship picked us up and by some miracle, our father made it onto the same ship. We hadn’t eaten in days, but we found each other.

Our lives in America began in Pennsylvania. My parents were devout Catholics and the church found a family to sponsor us out of the refugee camp. Our family was separated again: my parents went to work at a nursing home laundry while my brother and I were sent to different families. After a couple years, my family reunited and we moved to San Jose, California. My mother worked in a friend’s store, my father got a job in a factory until my parents opened their own store. My family faced more challenges, including getting robbed at gunpoint, shot and wounded. At night I helped with the accounting— and processed the piles of food stamp vouchers that many customers, who were also Vietnamese refugees, needed to survive.

In college, I majored in philosophy, but as a refugee, I knew I had to have a backup plan. My mother had been ill a lot, and I went to her doctor visits to translate. I saw how refugees are treated in the health care system. I became a doctor myself and tried to find health data on Vietnamese Americans—but there was nothing. So I began to collect that data myself to identify the health needs of AAPI communities.

This Public Charge rule removes access to the little bit of food stamps or housing assistance that refugees and immigrants may need at first. I know from the data, from my medical practice, and from my personal experience that Public Charge will undermine public health. Instead, we need to fix the systems that keep refugees and others from getting proper health care. This way, we can turn health disparities into health interventions.
Today’s AAPIs have a relatively high level of education, enhancing their value as part of the American workforce.

» In 2015 alone, more than 60 percent of recently arrived AAPIs, age 25 and above, had at least a bachelor’s degree, twice as many as their overall U.S.-born counterparts.7 Of AAPIs of the same age range in 2017, 88 percent had at least a high school diploma or equivalency.3

» Working Asian women were more likely than other working women to be employed in management, professional, and related occupations: 50 percent of Asian women, compared with 45 percent of White women. Twenty percent of employed Asian men worked in professional and business services, higher than the shares of Whites (13 percent).9

AAPIs boost the nation’s scientific and technological competitive lead in the world economy.

» Asian Americans and Pacific Islander immigrants are more than twice as likely to be employed in the fields of science, technology, engineering, and mathematics than U.S. workers in general.

» Between 2003 and 2012 there were approximately 680,000 new Asian professionals in science, technology, engineering, mathematics, and related occupations. In 2011 alone, 62 percent (66,137) of initial H-1B visas went to tech workers from India and China.10

Due to the aging of the US population, health care by 2018 has overtaken manufacturing and retail to become the largest employment sector in the US. AAPIs play a huge role in health care delivery, which is chronically shorthanded.11

» AAPIs are more than twice as likely as other college-educated Americans to work as medical professionals.12

» U.S. census data on 164,000 health care professionals in 2016 found that, overall, almost 17 percent were foreign-born and that Asia sends the most health care professionals to the U.S., accounting for about 6 percent of the total workforce.13

» Until the mid-1980s, Filipino nurses represented 75 percent of all foreign nurses in the U.S. Nurse immigration from the Philippines is still leading the nursing influx from abroad.14

The care-giving industry is also growing exponentially due to the graying U.S. population, with AAPIs playing a significant role in this sector.

» AAPI personal care aides, home health aides, and nursing assistants who help older adults and people with disabilities in their homes accounted for 8 percent (160,000) of more than two million home care workers in 2016.15

Income inequality is rising more rapidly among Asian Americans than other racial or ethnic groups, reflecting wide disparities in income among Asian origin groups.

Source: https://www.pewresearch.org/fact-tank/2019/05/22/key-facts-about-asian-origin-groups-in-the-u-s/
In certain states, the Asian-American vote is enough to help make that margin of victory.”

Rep. Grace Meng, of New York, a DNC vice chair, told NBC News on March 26, 2019. She said further that she believes AAPIs in Wisconsin, Minnesota, Texas, California, and Nevada, could be a deciding factor in the 2020 presidential election.16

Karthick Ramakrishnan, PhD
Director, University of California Riverside School of Public Policy

My family was in Bangalore, India in 1985 when my father’s company wanted him to move to its headquarters in Massachusetts. The company applied for a special skilled worker visa for my father, an engineer, but the process was very slow. My family moved to Niagara Falls, Canada to establish residency and wait for approval our U.S. immigration papers. As a 10 year-old, I learned firsthand about the difficulties in trying to fit into a new culture and country. I already spoke English, but I was cursed at and beaten up in our blue-collar neighborhood. On the other hand, Canada was trying to foster a multicultural society and learning French in school was required because of Quebec.

After two years, our immigration visas into the U.S. were approved and we moved to Worcester, Mass. My parents encouraged us to speak Tamil at home, but like other teenagers, I wanted to be like everyone else. I thought that being American meant being white and blond. It wasn’t until I was in a college program examining racism, classism, misogyny, and homophobia that I began to realize that brown is beautiful. By the time I became a U.S. citizen in the mid-1990s, anti-immigrant political campaigns were rampant, such as Proposition 187 in California in 1994 and restrictive federal immigration “reform.” Democrats in Congress went along with these terrible measures because they thought they’d lose the presidency in 1996 otherwise. I was so angry when President Clinton signed the new law that I wrote a letter to the White House, saying that I was an immigrant—and a voter.

It took time to see myself as an Asian American rather than an immigrant. Studies show that it often takes about 10-20 years before immigrants feel comfortable and knowledgeable enough with their new country to be engaged. As a scholar with my own immigrant experience, my research tracks the data and media narratives about AAPIs in comparison to others to get an true picture. For example, media narratives assume that most Latinos are immigrants and that most immigrants are Latino, but both assumptions are false. For Indian Americans, the post-9-11 suspicion that we are all potential terrorists has made a huge difference in understanding that racism and xenophobia can lead to physical assault and death. With accurate research data and the real narratives from our AAPI communities, we can use our diversity to build on the strengths of each community to show how our immigrant experience makes a difference in society.
Kyu Rhee, MPP, MD
VP/Chief Health Officer, IBM

As a former primary care physician now involved with global public health, I am grateful to my parents, immigrants from Korea who brought me to the U.S. when I was one year old. My mother, a nurse who worked in the medical, surgical and maternity wards of a hospital, taught me how important it is to care for one person at a time and to serve everyone regardless of their ability to pay, their color or their ethnicity. She influenced my decision to become a health care professional. My father, an economist with the World Bank, traveled across the globe working with people in developing countries. He helped me understand the opportunities of supporting the health of a population from a broader perspective, and how systems work and sometimes don’t work.

I have benefited from both perspectives. My first job after medical school was in underserved communities in D.C. and Baltimore. I later worked at the National Institutes of Health on health disparities and promoting health equity, and was the chief medical officer at Health Resources and Services Administration during the development of the Affordable Care Act. Now I focus on global public health as the Chief Health Officer of IBM. We have an extraordinary opportunity to leverage data to improve health and health care: where people live, work, play and pray is as important—or perhaps more important—as their genetic code. In my career, I’ve gone from treating one patient at a time to now looking at the role of data, analytics and artificial intelligence to help people I will never meet and prevent things that should never happen.

I am a product of this extraordinary country, this country of immigrants. As an internist and pediatrician, I’ve treated many immigrants from Latin America, Southeast Asia, and Eastern Europe who came here for opportunity for their family. I was once new to this country, and I became able to help other migrants. They will become the engine of creativity for companies like mine. Diversity of the work force—in gender, races, ethnicity, immigration experience—is essential to a thriving society. Diversity breeds creativity. Different perspectives and experience are the lifeblood for companies and organizations to be able to deliver to the people they serve. Immigrants should have access to important resources—health care, education, employment training. These all play a very important role in helping assure that people can contribute to this country and provide opportunities for their children.

AAPIs are fast becoming a considerable factor in U.S. elections, with a high level of civic engagement.

» Among Asian immigrants, 58 percent have become U.S. citizens, although naturalization rates vary widely among ethnicities.17
» Between 2000 and 2008 the number of Asian American eligible voters rose by nearly 50 percent19 and projected to total an estimated 13.7 million by 2020.35
» The number of registered AAPI voters in 2016 rose from about 2.4 million in 2000 to 5.8 million. Of those, 38 percent did not identify with any party.20
» More AAPIs have been running for Congress: 8 in 2008; 10 in 2010; 30 in 2012; 39 in 2014; 40 in 2016; and more than 80 in 2018.21
» There are now more than 600 AAPI elected officials at various levels of government.22

AAPI voters are increasingly a deciding factor in many electoral districts, including in swing states.

» Approximately one in four Congressional Districts have more than 5 percent AAPI residents, and AAPIs exceed 5 percent of the population in nearly 600 cities and municipalities.23
» Eligible AAPI voters make up more than 5 percent of the electorate in 7 states: Hawaii, California, Nevada, Washington, New Jersey, New York, and Alaska.24 Nevada, Arizona, and North Carolina—the three states with the fastest-growing AAPI populations—are “swing states.”
» In the 2018 midterms, Asian Americans and Pacific Islanders had the potential to swing races in 27 congressional districts across 11 states.26

AAPI share of electorate in close midterm races
Includes races listed as “toss-up” by Cook Political Report as of 9/7/2018

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<tr>
<th>District</th>
<th>AAPI Share</th>
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<tbody>
<tr>
<td>CA-39</td>
<td>28.5%</td>
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<tr>
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<td>18.4%</td>
</tr>
<tr>
<td>CA-48</td>
<td>7.7%</td>
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Researched and written by Rene Ciria-Cruz, a columnist and the U.S. bureau chief of Inquirer.net.
In accordance with America’s fundamental values emblazoned on the Statue of Liberty, which has welcomed immigrants for more than a century, federal policies have historically given low-income, legal immigrants access to government-sponsored health care, food, and housing benefits.

Past presidents embraced immigrants and valued their contributions: John F. Kennedy wrote of this nation descended from immigrants; Ronald Reagan said that America draws its strength from every country and every corner of the world; George H.W. Bush signed the Immigration Act of 1990 with its “family fairness” provision; George W. Bush and Barack Obama argued for a pathway to citizenship for undocumented immigrants.

Transitioning to a new country is difficult, and at times assistance may be needed for new arrivals to find their place in America. Immigrants often can only find work in temporary, low-income jobs with few or no employee benefits.

The proposed changes in federal rule will prevent migrants from entering the country if they are deemed likely, at some time in the future, to use any federal government benefits for health care, food, and housing. This means immigrants who have limited English proficiency, limited education, low income, or are young, old, or of child-bearing age will find it harder to obtain green cards or entry into the U.S. This is a reversal of what it means to be a “public charge,” and is in direct opposition to longstanding policies and principles of this nation.

The data of numerous studies prove that immigrants are a benefit to society and they make America stronger, despite misleading and false claims to the contrary.
America’s Health Depends on Immigrants

More than one in four doctors in the United States were born in another country, and a new study suggests many nurses, dentists, pharmacists, and home health aides are also immigrants.27

- About 29 percent of physicians were born in other countries, and almost seven percent were not U.S. citizens, the study found.
- Roughly 24 percent of dentists were immigrants to the U.S., and four percent were not citizens.
- Among pharmacists, 20 percent were born elsewhere and almost four percent were not citizens.

16 percent of registered nurses were immigrants; three percent were not citizens.

- Slightly more than 23 percent of home health, psychiatric and nursing aides were born outside the U.S., and almost nine percent were not citizens.

Immigrants Use Far Fewer Benefits Than U.S.-born

**Average per capita welfare cost by program and nativity**

<table>
<thead>
<tr>
<th>Welfare programs</th>
<th>Natives</th>
<th>Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash assistance</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SNAP</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SSI</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medicare</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Social Security</td>
<td>$3,000</td>
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</tbody>
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Source: Authors’ analysis of the 2017 Annual Social and Economic Supplement to the Current Population Survey and the 2015 Medical Expenditure Panel Survey data.

Immigrants do not come to the U.S. to receive welfare.

- Public benefits are not a pull factor for immigration because the U.S. explicitly bars undocumented immigrants from obtaining public benefits and legal immigrants cannot enroll in major federal benefit programs for five years, by existing federal law.

Immigrants in the U.S. are less likely to use public benefits than U.S.-born individuals

- In California, which has more expansive state access to benefits compared to the federal benefits, the California Health Interview Survey showed that the vast majority of enrollees for public programs are U.S.-born citizens: 70 percent of Medicaid, 72 percent of SNAP (food stamps), 76 percent of TANF (families with children), and 68 percent of SSI recipients are U.S.-born citizens.

Immigrants contribute significantly more financially than what they receive in health care.

- Federal policies that limit the number of immigrants to the U.S. may result in a declining number of “actuarially desirable” persons. Immigrants thus help the private insurance risk pool. This means that immigrants are the “healthy” risk compensating for the “bad” risk in insurance risk pools.

- Immigrants accounted for about 13 percent of premiums paid to private insurers, but accounted for only 9 percent of insurer expenditures. This means that on average immigrants paid more toward medical expenses than they withdrew.

- Annual premiums exceeded health care expenditures by $1,123 per enrollee for immigrants, which offsets the deficit of $163 encountered per U.S.-born enrollee.

Per capita expenditures from private and public insurance sources are lower for immigrants.

- Health care expenditures for immigrants are about one-half to two-thirds that of U.S.-born individuals.

- Immigrants account for about 12 percent of the total U.S. population but only 8.6 percent of total U.S. health care expenditures.

- Immigrants contribute more towards Medicare than they withdraw, and thus are net contributors to Medicare’s trust fund.

Immigrants contribute significantly to U.S. health care industry, which has been plagued by workforce shortages throughout the country.

- In 2017, immigrants accounted for 18 percent of health care workers overall and 23 percent of long-term care workers.

- Immigrants make up about 30 percent of nursing home, housekeeping, and maintenance workers.

Ninez Ponce, PhD

Professor and Director of the UCLA Fielding School of Public Health’s Center for Health Policy Research

I was six years old when my father left the Philippines for Vallejo, California, to join my uncle, a U.S. Navy veteran who sponsored my family’s immigration. The plan was for my dad to find a job, then my mother and I would follow. He was an accountant but could only find temporary and part-time clerical jobs. It took more than a year for him to send for us, and I remember being anxious and afraid because of the uncertainty of the long separation, worrying that we’d never see each other again.

When we finally reunited in San Francisco, we moved into a tiny apartment in a tough neighborhood. Though my mother was a teacher, she too relied on temporary clerical work. The next two years were very hard for our family, with an irregular income and our uncertain future in a new country. But other, more knowledgeable immigrants helped us through those times. When my parents’ circumstances improved, they created a social support organization to assist and help acclimate other immigrants, to offer a safety net in addition to the limited government assistance available.

My family home became a virtual center to welcome and assist many new immigrants. Some people needed more help—such as the time the neighbors called police because one of the newly-arrived staying with us had mental health issues and was behaving erratically. My parents got treatment for her, rather than having her taken to jail. Under the draconian new rules being imposed on legal immigrants, many people may avoid seeking the help they need and have a legal right to access—thereby potentially harming themselves and others.

Seeing my parents continually give back and help others, I can say that advocacy and public service have always been part of my life. I watched my mother work overtime to get her teaching credentials and then to become a bilingual education teacher. As a youngster, I accompanied her to teachers’ union meetings, and observed how she counseled youth to stay out of trouble.

When I was a student at UC Berkeley, I became a volunteer with the Berkeley Free Clinics and developed a program to bring hypertension screenings to people across the country. I’ve pursued a career aimed at improving the public well-being through health economics and policy. With data and evidence, studies show that protecting immigrants is in the interest of the broader American society and nation.
Marielena Hincapié, Esq.

Executive Director,
National Immigration Law Center

I think of my family as having benefited from the civil rights movement. It gave rise to the 1965 Immigration Act, eliminating racial and national origin quotas and opening the door to many more immigrants from Latin America, Asia, and Africa, giving us the diversity and beautiful richness that we have today.

At that same time, the U.S. textile industry was seeking workers for its mills. They went to my hometown of Medellin, Colombia to recruit guest workers. My father came on an employment visa contract. My mother was left behind with 10 children; I was the youngest. Because of civil war in Colombia caused tremendous poverty and social upheaval, my parents decided we should all join my father. Like so many other immigrants, they made great sacrifices, leaving family, language, and culture, to seek a better life for us. We all obtained green cards, and my life changed completely.

I grew up in Central Falls, Rhode Island, the smallest city in the smallest state, but with a rich immigrant history. Our neighbors were Syrians, Polish, Portuguese, French Canadians. Both my parents were factory workers, earning minimum wage. When they were laid off—at least once a year—we relied on food stamps, the summer lunch program, and health care from the community health center. Those programs allowed us to make ends meet. Though my parents lacked a formal education, they taught us to love learning and we became educators, clinic operators, business owners, tech workers, and scientists.

My first job was as a community organizer and an ESL teacher—and some professors encouraged me to study law. I went to Northeastern Law School and interned at the Employment Law Center in San Francisco. I stayed on and started their Immigrant Workers Rights Project working with farm workers in Marin and Sonoma Counties. Now I’m the executive director of the National Immigration Law Center. The Public Charge rule is our top priority because it will have a long-lasting impact. It is already causing great fear and people are foregoing essential nutrition, chemotherapy, and other vital health care.

We are at a fork in the road: the Trump administration has decided that if you’re not White and wealthy, you’re not worthy of being an American. We tell a different story, of building a country based on our history of immigrants contributing to our nation, a more inclusive and equitable society where we can all thrive.

About 30 percent of physicians in the U.S. are immigrants.33

» The U.S. has depended on immigrant physicians to fill in gaps in underserved areas since the 1970s.

» As the U.S. population ages and faces a shortage of health care workers, immigrants will continue to perform a key role in the workforce needed to care for the aging population.

Immigration increases total economic output of the country.34

» A 2013 estimate suggests the total annual contribution of foreign-born workers is roughly $2 trillion, approximately 10 percent of annual Gross Domestic Product (GDP).35

Economic stability, better access to education, and health care are all more readily available when pathways for legalization are unobstructed.36

» Legal status is a critical mechanism that allows immigrant parents to move up the economic ladder, which positively affects subsequent generations.

Legalization facilitates the opportunity for parents to move toward middle class and have the finances to invest in education.37

» Education is an important mechanism that leads to greater economic stability among the first generation; education helps accelerate the mobility of the second generation.

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29% OF PHYSICIANS IN THE U.S. ARE IMMIGRANTS37
Helen Zia
Author and Activist

I’m an ABC—American-born Chinese—the daughter of immigrants from China. My parents met in the U.S. after leaving China to escape war and revolution. My father arrived during World War II; he was a translator with the Chinese Embassy as an ally with the U.S. When that employment ended because of China’s civil war, he followed the path of other immigrants to work at odd jobs—selling Fuller brushes, driving a taxi, and selling ice cream from a Good Humor truck.

My mother had been an abandoned girl in China; she’d endured war and enemy occupation and was adopted by a family that took her with them on the proverbial “last boat” out of Shanghai, on the eve of the Communist revolution of 1949.

My parents were part of a cohort of Chinese to America who did not speak the same dialects of the earlier migrants from southern China who built the railroads, tilled fields and created Chinatowns, the only places where Chinese were permitted to live. My mom and dad met in New York City’s Chinatown but then joined the urban move to the suburbs, where Asian Americans seemed nonexistent.

I learned at a young age that people like my family were either invisible or lumped together as if we were all alike—the “alien other,” or even enemy invader, despite the vast diversity among Asian people. When we moved into our mass-produced, post-war WWII housing development, we were the first people of color in town and people threw eggs at our house. We were regularly told to “go back to where you came from.” And because my father wasn’t shy about voicing his opinions on U.S. policies toward China, the FBI investigated our family. But these moments were the exception, not the rule, as we became engaged members of our community.

Growing up during the social movements for Civil Rights, Women’s Liberation, and against the war in Southeast Asia, I learned how immigrant experiences are connected to the struggles for equality and justice, that an injustice to one is an injustice to all. That invisible communities like ours must speak up for themselves, because no one else will do it for us. I’ve been privileged to be an activist for and writer about social justice across many communities, including immigrants, Asian Americans, LGBTQ people, and women—to tell the stories of those who stand up for their right to be full and equal human beings dreaming of life, liberty, and the pursuit of happiness.

Immigration increases total economic output of the country and subsequent generations provide important fiscal contributions.38

✓ Immigration supplies workers, which increases the GDP or the total economic output of the country.

✓ The National Academies of Sciences 2017 report on economic consequences of immigration estimates that by the second and third generation, immigrants bring in more money to state and local budgets than they take. For the average second and third generation immigrant in the U.S., the net positive (i.e. surplus to the budget) is $1,700, and $1,300, respectively, to state and local budgets.

✓ In California, the net positive of immigration is $1,050 averaged over three generations.

Immigrants respond to critical worker shortages.

✓ Apart from filling in worker gaps in health care and agriculture, immigrants have also provided critical response to shortages in the education sector in the U.S.

✓ There are urgent teacher shortages, especially in the math and sciences, in a number of places around the U.S. from rural areas to large cities, such as Baltimore and Chicago. Many of these districts have filled the urgent need by hiring immigrant teachers, as there are not enough local teachers to fill the positions.39

Prepared by Ninez Ponce and Riti Shimkhada, UCLA Center for Health Policy Research at the UCLA Fielding School of Public Health

In 2015, Asian Americans and Pacific Islanders earned $639.5 billion

$52.0 billion went to state and local taxes...

$132.0 billion went to federal taxes...

Leaving them with $455.6 billion in spending power.

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Source:
My earliest childhood memory goes back to the mid-1950s, when I was nearly three years old. I was at Roosevelt Park, one of the largest Municipal parks in New Jersey. I'm dressed in a bouncy crinoline dress and I despised its stiff and scratchy feel. My older brother, almost five, had his good jacket over his cowboy shirt. Tagging along was our two-year-old brother.

We children were having a grand time in the park. My immigrant parents had left us briefly to go into the huge brick building on the hill. I rolled down the grassy knoll, laughing all the way. Then I'd run up the hill to do it again—with no one stopping me from getting grass stains on that wretched dress. Soon enough, my father came to take us into the cavernous building. The scent of rubbing alcohol, disinfectant and other strong odors permeated the cool dark corridors. My Mary Jane shoes clicked on the hard linoleum floors that were buffed to a high sheen. When we reached my mother, she was waiting for us after her medical exam. A large, stand-up x-ray machine hovered nearby.

Mom, too, had on her best clothes. So did my father. It was a special event to visit the doctor. My mother had been diagnosed with tuberculosis. After years of war-time hunger and deprivation in China, the stress of being a displaced person and undocumented refugee in America, as well as having birthed three children in less than three years, her weakened immune system was no match for TB's tubercle bacillus. Roosevelt Hospital, located in the park, was a major state-run TB sanatorium tasked with stopping the spread of the highly contagious disease.

Although TB was no longer a death sentence, my mother still had to be quarantined. The government picked up the tab because my parents had no medical insurance and no means to pay. From my vantage today, I consider us fortunate: even with my parents' tenuous immigration status and my mother's TB, my family had access to treatment for her serious illness. My parents didn't have to risk further endangering her health and that of everyone she encountered.

As for other medical care, Dad would growl at us kids to not get sick, because there was no money for doctor visits. With limited means to cover the bills, he often admonished, "If you kids get hit by a car, make sure it's a Cadillac and not a Volkswagen!" He figured the odds were better that the Cadillac owner could pay the hospital bill. I silently questioned his reasoning, knowing that the tank-like Cadillac would squash us flat. Happily, we never had to find out.

The Public Charge rule was on the books then. But even in that time of McCarthy's rabid inquisitions for "the enemy within," the rule didn't apply to immigrant families in need of basic health care, food or housing assistance. Now this White House is using Public Charge as a cudgel, forcing lawful immigrants to choose between protecting their families' health and safety with the basic benefits they are eligible to receive, or jeopardizing their immigration status.
Today, migrants who are here legally are afraid to obtain medical care for sick children and family members. They are not seeking food or housing assistance because they fear that this Public Charge rule will harm their or their families’ status as legal immigrants and keep them from becoming permanent residents or U.S. citizens or even cause deportation.

Indeed, they have good reason to be concerned, because the current administration has made its intent clear—to build physical and bureaucratic walls against migrants from “sh-t hole nations” of Africa, Asia and Latin America. Public Charge and other barriers are being devised, not only to block immigrants from entering the country if they are not White or wealthy, but also to justify separating families; incarcerating children as well as adults under conditions that defy basic human rights and have caused sickness and death; and deporting people without regard to their safe return, including children with terminal illness and adults who were adopted by Americans as babies from other countries. History will one day record these travesties as crimes against humanity.

In the 1950s, my parents’ visas expired because they couldn’t return to China after the Communist revolution. They were to be deported—but U.S. immigration officials ruled that it would be too extreme to separate parents from their American-born children—even in those harsh McCarthy years. In time, my parents became U.S. citizens, raising six American children: five have been public servants, bolstering America’s environment, commerce, banking, revenue, fair housing, veterans affairs, and more. Three served honorably in the U.S. Navy, Marines and Air Force. If my family had been torn apart by deportation or devastated by untreated illness, none of these contributions could have happened.

I learned about my parents’ near deportation when I was finishing my book Last Boat out of Shanghai—and I intended to include the story of their immigration hearings. But, as anti-immigrant attacks emanated from Washington, including Public Charge, some politicians even called for stripping citizenship from lawful immigrants who had used benefits. I began to worry that my book’s revelations could harm my 87-year old mother—and I considered deleting those passages. Sadly, my mother passed away before my book was completed. I didn’t remove her immigration stories. Though I sorely miss my mother, I’m glad she can’t see what is happening to migrants today. She would be horrified by the cruelty being inflicted on newer generations of migrants by her adopted country, under the guise of Public Charge.

All children should have a chance to create happy memories, not to be haunted by the lifelong trauma of separation, detention, and uncertainty solely because of their place of birth, the color of their skin, the religion they practice, the language they know best, their gender, age, income, education, disability and other attributes that make us human.

More than a third of all Americans are directly related to immigrants or are immigrants themselves. Each has tales of courage in setting forth on a course rife with danger; the steadfast will to survive the hardships of dislocation, often in unfriendly lands; the necessity of adapting to cultures quite unlike their own. They inspire with their resilience and teach that the human spirit is willing to risk all to find peace and shelter from harm, even if their sacrifices may not bear fruit until the next generations.

My parents’ stories enabled me to see today’s migration crises through the eyes of a child. It should not take more generations of migrants for others to grasp why people will risk all to seek safety for their families, facing tear gas at a border, braving rough seas in rubber rafts, fearing that the next boat, plane, train or bus may be the last one out.

Or for this nation to realize that immigrants and refugees make America stronger, giving so much more than they will ever take away.
Restrictions against Chinese and other AAPI immigrants based on their race, as well as immigrants characterized as poor, have been part of the history of U.S. immigration laws enacted by Congress and implemented by the executive branch.

In contemporary times, the 1964 Civil Rights Act was followed by the Immigration Act of 1965, which removed the national origin quota system that for years had heavily skewed immigration preferences to Northern European immigrants. For the first time, immigrants from Latin America, Asia, and Africa were given more equal treatment—and immigration from Asia and Mexico increased.

Ever since then, anti-immigrant rules and laws to restrict these newer immigrants have been launched, including the current changes to the Public Charge law. These have been met strong community resistance through administrative advocacy, bills in Congress, and legal challenges in the federal courts. The following are notable events.

**1970s & 1980s**

When federal legislation to limit family-based immigration by eliminating the visa category for siblings was proposed, Asian American advocates responded with a successful campaign to educate law makers and the public on the impacts of family separation and reunification in the largely immigrant and refugee AAPI communities.

**1994**

In California, voters approved Proposition 187, which prohibited undocumented immigrants from using non-emergency health care, public education, and other services in the state. The day after the measure passed, advocates filed lawsuits against the measure and a federal court declared it unconstitutional. Proposition 187 never went into effect.

**1996**

Riding the anti-immigrant tide of California’s Proposition 187, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (known as “welfare reform”) and Illegal Immigration Reform and Immigrant Responsibility Act (known as “immigration reform”) to restrict immigrant eligibility for public benefits, including disqualifying new lawful permanent residents from most federal public benefits for five years, and tightening enforcement against sponsors of new immigrants. To backfill the loss of federal benefits, immigrant advocates organized at the state level to bolster state-funded programs. In Sacramento, California, hundreds of immigrants visited their representatives to make their case, in the first Immigrant Day, now an annual event.

**1999**

To stop the chilling effect of the “immigration reform” law, immigrant rights organizations request clarification from Immigration and Naturalization Service on what benefits constitute Public Charge. INS issued written guidelines clearly stating that Public Charge has limited relevance, only in cases where an applicant for lawful permanent residence is primarily dependent on government cash assistance, such as Supplemental Security Income, General Assistance, or long-term care.
Are not White.

against AAPI, Latino, and other immigrants who lawful executive action and racially discriminatory expansion of the Public Charge regulation is an un-

community-based organizations, arguing that the brought by 20 states, local jurisdictions, and

ized, to be eff  ective October 15, 2019. Six lawsuits

The expanded Public Charge regulation is fi  nal-

care), SNAP (food stamps), or housing assistance.

lawful permanent residence based on their: age (too young or too old); educational level; English profi  -
categories to deny legal immigrants from obtaining lawful permanent residence based on their: age (too young or too old); educational level; English profi ciency; or if they have received Medicaid (medical care), SNAP (food stamps), or housing assistance. During the public comment period for this proposed Public Charge regulation change, education campaigns by immigrant advocates generated an unprecedented number of public comments: more than 266,000 comments, almost all against the proposed Public Charge, including 23,000 comments from Asian Americans and Pacific Islanders.

Representative Chu introduces H.R.3222, the No Funds for Public Charge Act, to prohibit federal expenditures to implement the expanded Public Charge regulation; as of September 6, 2019, the bill has 93 co-sponsors. As a further expansion of its attacks on immigrants, the Trump administration is preparing a proposal to deport legal immigrants who are lawful permanent residents based on the expanded Public Charge law.

The One Nation Commission formed to give voice to the concerns of the Asian American and Pacific Islander American communities, which have proportionately more immigrants than any other racial/ethnic groups in the U.S.

The expanded Public Charge regulation is fi nal-
ized, to be effective October 15, 2019. Six lawsuits are brought by 20 states, local jurisdictions, and community-based organizations, arguing that the expansion of the Public Charge regulation is an unlawful executive action and racially discriminatory against AAPI, Latino, and other immigrants who are not White.

My family came to the U.S. in 1963. At three years old, I was the youngest. I was born in Hong Kong, where we lived after escaping from the Communist revolution in China. My mother was active in the Catholic church and fi ed because many of her friends had been persecuted. As a place of refuge, Hong Kong wasn’t easy because more than a million mi-

But immigration to the U.S. was even more diffi   cult, when each year only 105 people of ethnic Chinese origin could enter as immigrants. My family was fi nally accepted through a special “parole” program admitting 15,000 Chinese refugees from Hong Kong, but that status was only temporary and uncertain. Fortunately, the Immigration Act of 1965 was enacted, allowing my family to adjust our status to lawful permanent residents and eventually become U.S. citizens.

By then I was five years old—at last my family could look to the future. We still had to pass the Public Charge test as part of that process, to prove that my parents could support our family. While both my parents had stable jobs, the process was stressful and uncertain. This was yet another challenge to overcome in my mother’s and family’s life-long journey to fi nd safety from persecution, and to build a better life for us children. Ultimately, my mother became a civil rights pioneer herself, becoming one of the fi rst bi-

lingual Chinese teachers in the San Francisco public schools after the U.S. Supreme Court upheld the right to bilingual education for Chinese-speaking students in 1974.

When I was in law school, I resisted learning about immigration law because I thought that it was just about processing bureaucratic applications. But it was the early 1980s when the sanctuary movement for Central American refugees emerged, and I began to connect the stories that Central American and other refugees were sharing with me to the experience of my mother and family.

In 1989, I drafted the San Francisco law refusing to use city and county resources for immigration enforcement—the fi rst in the nation. Later, I drafted the 1999 Presidential Executive Order for the formation of the White House Initiative on AAPIs. Over the years, I’ve been privileged to represent immigrants and refugees from all over the world in court; to help draft local, state, and federal laws that protect their rights; and to partner with community leaders to educate and mobilize our communities.
Public Charge is an Assault on Public Health

In the late 1800s, European immigrants to Massachusetts and New York were the targets of the Public Charge rule; lawmakers sought to keep them out of the U.S. on the grounds that they might use public benefits. This anti-immigrant effort in the East Coast was aimed at Irish and Italians in the same period when mobs of white workers on the West Coast—led by Irish immigrants—were rioting against and lynching Chinese immigrants, calling for an ethnic cleansing that resulted in the 1882 Chinese Exclusion Act and eventually targeted all Asian immigrants. The Irish, Italian, and Chinese migrants who did manage to enter the U.S. back then were subjected to miserable living conditions that became disease-prone dangers to public health.

Today, the proposal to radically expand the largely dormant Public Charge rule is in complete disregard of the limits that Congress codified in 1999. By denying legal immigrants the possibility of lawful permanent residence if they obtain benefits that they are eligible to receive, such as Medicaid (medical care), SNAP (food stamps), or housing assistance, this latest anti-immigrant change will set in motion large-scale suffering and costlier care without access to timely, appropriate, and preventive treatment.

Many health care organizations from many dimensions of the health care system, such as the American Medical Association and American Academy of Pediatrics, have spoken out against the proposed rule. Here, three members of the One Nation Commission who are physicians offer their insights on these health challenges.

**PERCENTAGE OF HEALTH PROFESSIONALS BORN OUTSIDE THE UNITED STATES**

- Physicians: 29%
- Dentists: 24%
- Pharmacists: 20%
- Registered Nurses: 16%
- Home Health, Psychiatric and Nursing Aides: 23%
As a doctor, I know that health is not the Number One concern of patients. Their first priorities are getting a roof overhead and food for their families. Spending limited money on health care is secondary, especially when there is food and housing insecurity. When people can’t get nutritious food, they’ll neglect health care. Immigrants have additional stress, besides worrying about where to live and what to eat, they have the uncertainty of whether they’ll be deported, particularly with seemingly constant attacks on immigrants and proposed changes in immigration policy.

With increased stress, the body has a chemical response that will make people sicker and the general state of health will deteriorate further. More people will show up in emergency rooms or become homeless, with a greater cost to all.

In the field of research, having as much diversity as possible is key to solving problems, because you don’t know what you don’t know. You need many other viewpoints to help cover the gaps that you might otherwise miss. When you can put together a diverse enough team, you get better results.

This is also true for a democracy—when you have the full participation of people, there are many more ideas to help solve problems. But with Public Charge, when the government excludes entire groups of people, we could be losing ones with brilliant solutions to the problems of the future.”

“Approximately 29 million Americans are uninsured, with many from communities of color and/or undocumented immigrants. Tens of thousands of people die each year because they lack coverage. Hundreds of thousands of people go bankrupt annually due to medical illness. More than 30 million insured Americans have such high out-of-pocket costs and deductibles relative to their income that they are considered underinsured.

Forty-four percent of people with insurance will delay seeking care because they cannot afford their co-pays or deductibles while 1 out of 10 Americans will skip filling a prescription because they cannot afford the cost; and untold millions continue to struggle to pay their monthly premiums. The harsh reality is that we have a broken and immoral health care system that doesn’t work.

With the proposed Public Charge regulation, the situation for people’s health will only get worse. A high proportion of immigrants are uninsured and underinsured, including in the AAPI community. Of all Asian American Pacific Islander groups in the U.S., Korean Americans remain the most uninsured, yet, ironically, Korea has a single payer health care system that is considered one of the most advanced in the world.

As an oncologist, I treat patients who are on Medicaid—many are immigrants who are here legally. With Public Charge, lawful immigrants who fear that they can no longer get a Green Card if they access the medical system are even less likely to take their children to the doctor when they are sick, or to get a wellness check to prevent illness. An immigrant woman will ignore a lump in her breast, when early treatment can make the difference between life and death.

I’m already seeing the impact from fear of this potential change—we’re seeing people coming in later in the disease process, with bigger tumors and metastases. These are people who are in our communities—our neighbors, people harvesting food, cleaning homes, caring for children or seniors. Their health is a reflection of our society’s health.”
Paul Song, MD

COO/CMO, NKMax America, Inc.

I am the eldest son of Korean immigrants who cared deeply about social justice. My parents met in New York City, where I was born. My father was a doctoral student in chemistry, while my mom had come to the U.S. as a refugee during the Korean War. She earned a master’s degree in early childhood education, then worked for Shirley Chisholm, the visionary leader who directed several preschools in NYC before becoming the first African American woman elected to Congress and the first woman to run for president. Ms. Chisholm helped my mother apply for her Green Card. My mom went on to lead the Head Start program in Newark, New Jersey. During school breaks, she often took my sister and me to volunteer and meet her students, who were mostly from disadvantaged communities of color. She taught us that we were no better or worse than Head Start kids, just more fortunate.

My maternal grandfather was a man of great faith and integrity. He was the first popularly elected mayor of Seoul, South Korea, but after a military coup he was imprisoned, then exiled. In America, he continued to fight for democracy and believed that a society is defined by how we care for the least among us, as with Matthew 25:35-36, “For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.”

Now, as a radiation oncologist, I see issues of health care justice every day. Many patients go bankrupt because they have cancer—even when they’ve worked all their lives and have insurance if their treatments exceed the caps on their coverage, they can lose everything. Public Charge and other restrictions on immigrants will have a huge impact as people wait longer before seeking treatment. Too many patients present with advanced stage cancer solely because they could not get proper screening. Immigrants who are here legally and eligible for Medicaid are afraid to get medical care, or take their children for wellness checks or when they have a fever, because they wrongly think it will hurt their chances of becoming a citizen or get a Green Card if they access health care. Ultimately, Public Charge is killing people. Access to good health care should be a right, just like the right to bear arms, so that we can have a healthier society.

In my career as a primary care physician, I’ve treated many immigrants who came from parts of Latin America, Southeast Asia, and Eastern Europe who have come here for opportunities for family members, who will become contributing members of society. The value that these immigrants bring to America is obvious proof of what it means to be a country of immigrants, especially when immigrants bring their innovation and diversity.

I’ve seen health disparities across the country, in rural and urban health centers, where immigrant health providers serve all those diverse populations regardless of ability to pay. Those immigrant health providers contribute to the family members and communities of their patients, from children through adults. They help drive the engine of American society.

This is a country largely of immigrants. They should have access to important resources, such as health care, education, and employment, to assure that people can contribute to this country and provide opportunities for their family members and communities.”

*Organizations listed for affiliation only
Since before the founding of the United States, when Benjamin Franklin blamed German arrivals for the ills in the Pennsylvania colony, opponents of immigration have routinely blamed immigrants for domestic problems. Migrants from countries home to the “darker races” such as Africa, Asia, and Latin America, in particular, have been deemed undesirable, accused of causing economic downturns and taking jobs from American workers. This claim has been repeated to justify the anti-immigrant restrictions of recent years, including family separations; detention of children and others under inhumane conditions, leading to several deaths; deportations; turning away people seeking asylum from human rights violations; denying a path to citizenship for Dreamers brought to the U.S. as children; and the Public Charge rule.

But numerous studies, such as from the Economic Policy Institute, dispel simplistic claims and point to the fundamental problem:

“To be clear, the challenge posed to U.S. workers is not the simple presence of migrant workers in the labor market; rather our current immigration system isn’t working for workers. Instead, it benefits low-road employers who exploit the immigration status of unauthorized immigrants and authorized guestworkers through a legal framework that puts downward pressure on wages and leaves migrant workers powerless to enforce their labor rights and hold employers accountable. This hurts both migrants and the U.S. workers—citizens and lawful permanent residents—who work alongside them.

“Policies and laws can reform the U.S. immigration system by granting lawful permanent resident status to the current unauthorized immigrant population; revising temporary work visa program rules; enacting new protections from retaliation for migrant workers; appropriating more funding for labor standards enforcement; and permanently banning employers from hiring through temporary work visa programs if they have violated immigration or labor laws.”
Factual information about immigrant workers further shows the benefits that immigrants bring to society. They are a benefit to all, including American workers:

» The overall economy and all U.S. workers are hurt by the current immigration system and legal framework which depresses wages and benefits employers who exploit the immigration status of unauthorized and authorized immigrants and guest workers.42

» Immigrants are an essential part of our U.S. labor infrastructure, often working jobs that Americans tend not to take, such as service occupations (which is 32.5 percent foreign-born vs. 15.9 percent native-born), including healthcare support, protective services, food preparation and serving, building and grounds cleaning, and personal care. Top occupations of foreign-born workers include janitor, cook, driver, registered nurse, cashier, and agricultural worker.43

» Immigrants are educated—83 percent of newly arrived and working age have graduated from high school. This is up from 53 percent in 1990, and now similar to the educational attainment of U.S.-born residents at 79 percent.45

» The children of immigrants—the second generation—are among the strongest economic and fiscal contributors in the population. Estimates of the long-run fiscal impact of immigrants and their descendants would likely be more positive if their role in sustaining labor force growth and contributing to innovation and entrepreneurial activity were taken into account.46

Immigrants Are More Likely to Work Unusual Hours, Complementing U.S.-born Workers

<table>
<thead>
<tr>
<th>High-Skilled Occupations</th>
<th>How Much More Likely Immigrants Are to Work than U.S.-born</th>
<th>Low-Skilled Occupations</th>
<th>How Much More Likely Immigrants Are to Work than U.S.-born</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Practitioners &amp; Technical Occupations</td>
<td>— Physicians, registered nurses, dentists, physical therapists</td>
<td>20.6%</td>
<td>Healthcare Support</td>
</tr>
<tr>
<td>Business Operations Specialists</td>
<td>— Accountants, human resource specialists, insurance underwriters</td>
<td>9.0%</td>
<td>Farming, Fisheries, &amp; Forestry</td>
</tr>
<tr>
<td>Life, Physical, &amp; Social Science</td>
<td>— Psychologists, microbiologists, chemical technicians</td>
<td>15.2%</td>
<td></td>
</tr>
<tr>
<td>Education, Training, &amp; Library</td>
<td>— College professors, librarians, special education teachers</td>
<td>23.4%</td>
<td></td>
</tr>
<tr>
<td>Community &amp; Social Services</td>
<td>— Social workers, rehabilitation counselors, clergy</td>
<td>18.6%</td>
<td></td>
</tr>
</tbody>
</table>

* Self-employed workers and those working less than 20 hours are excluded. Individuals born in U.S. territories are dropped from the sample. Unusual hours defined as 8:00 p.m. to 6:00 a.m., weekdays only. The data is weighted by population weights. Low-skilled occupations defined as those requiring less than a Bachelor’s Degree. For a full list of controls, see the Methodology Appendix.

Source: Author’s analysis of American Community Survey, 2015.

Source:
Without Immigrants, America’s Workforce Will Shrink

Immigrants and their U.S.-born children expected to drive growth in U.S. working-age population

Working-age population (25-64), in millions

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.-born with immigrant parents</th>
<th>Immigrants</th>
<th>U.S.-born with U.S.-born parents</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>50</td>
<td>150</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>1975</td>
<td>100</td>
<td>200</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>1985</td>
<td>150</td>
<td>250</td>
<td>200</td>
<td>400</td>
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<tr>
<td>1995</td>
<td>200</td>
<td>300</td>
<td>250</td>
<td>500</td>
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<tr>
<td>2005</td>
<td>250</td>
<td>350</td>
<td>300</td>
<td>600</td>
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<tr>
<td>2015</td>
<td>300</td>
<td>400</td>
<td>350</td>
<td>700</td>
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<tr>
<td>2025</td>
<td>350</td>
<td>450</td>
<td>400</td>
<td>800</td>
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<tr>
<td>2035</td>
<td>400</td>
<td>500</td>
<td>450</td>
<td>900</td>
</tr>
</tbody>
</table>

Net change in working-age population (25-64) by decade, in millions

In these volatile times, fear-mongering against vulnerable populations is being used to distort an obscure rule such as Public Charge and to make policy changes that target immigrants for political gain. As radical changes propose to strip such essential resources as food, shelter, health care, and other programs from immigrant families and children, they are inflicting immediate and long-term damage to more than 20 million immigrants. With such massive threats to basic life necessities, philanthropic funders have a special challenge to address these looming needs.

The expected impact on AAPI communities will be especially severe: AAPIs have the highest proportion of immigrants compared to any other racial/ethnic group in the U.S., yet historically AAPI communities have been overlooked. The One Nation Commission has organized convenings, public rallies, and other forms of civic engagement to bring together the many and diverse voices of AAPIs. As they stand up for immigrants and other affected communities, their movement has drawn the attention of funders who recognize the necessity of supporting community empowerment in the face of continuing government infringements. These far-sighted leaders in philanthropy offer inspiring views on how funders can flex in these critical times.

Donors and foundations have the opportunity to recognize the thought leadership and partnership within the AAPI community—to engage, empower, and raise the voice and impact of AAPIs within the immigrant rights movement. The fight back is weakened if our community does not see ourselves as impacted and we are not engaged. One Nation was born of this critical need and niche. AAPIs are in the crosshairs, but we are neither victims nor about to have anyone else carry our water. It’s our fight (too) and it is philanthropy’s moment to join us.

Peggy Saika
Philanthropic Leader

One Nation Commissioners Bonta, Nguyen, and Ponce, Asian Pacific Fund API Summit
I’m a daughter, a mom, and an immigrant. When I was 11, our family moved from the Philippines to the U.S. It’s never easy to leave one’s country—we left behind people and places we loved. Saying goodbye to my beloved grandparents tore me apart. But my mother was a nurse who got a Green Card and petitioned for us. She moved from Chicago, Illinois to Oxnard, California, then the Bay Area where she joined the San Francisco General Hospital. My father had a difficult time leaving a good job in the Philippines. In the U.S. he was hired as a sales rep, but he felt that his accent and immigrant status made it more difficult for him to compete.

The biggest reason we moved here was not economic. My mom and I had asthma and, in the Philippines, breathing was becoming harder for me as I grew older. When my mother and I moved here, the frequency of our asthma attacks reduced substantially. We were able to breathe easier in the U.S. Still, moving to a new country and school at my age was rough. I went directly from an all-girl, strict Catholic school to a public school in the Bayview neighborhood of San Francisco. It was a culture shock seeing kids making out in the hallway and being disrespectful to their teachers. Looking back, however, I see how lucky we were. My parents eventually managed to buy a house. There were other Filipino Americans in the Bay Area who had built an infrastructure for civic engagement. We were able to feel like we belonged.

But how many people coming here today can feel safe as they flee terrible violence, leaving behind so much that they love? Recent policies from the current administration foster animosity, selfishness, and hatred toward immigrants. The Public Charge rule, which seeks to punish immigrants for using safety net services and health care, is the latest policy to deny immigrants dignity and opportunity. For a country so rich—rich because of the presence and contributions of immigrants—to close its door on today’s immigrants infuriates me. It is unacceptable.

Funders should be more intentional in helping advance organizations that serve immigrants, support policy issues that lift them up and make them more secure, such as supporting efforts to create pathways to citizenship. It’s important to support community-led solutions that include immigrant voices. It is only by aligning with diverse ethnic groups and racial justice movements that we will create a United States where all of us can breathe easier.
When the Department of Homeland Security proposed radical changes to the Public Charge rule in October 2018, immigrant advocates mounted public education campaigns about its severe impact on lawful immigrants and their chances of becoming legal permanent residents and citizens. The families and friends of immigrants submitted an unprecedented 266,000 public comments to Washington against the proposed Public Charge.

Dozens of national and regional Asian American and Pacific Islander organizations came together in a broad coalition to mobilize and outreach to the diverse communities that comprise the AAPI designation. Concerned people from the AAPI communities submitted more than 23,000 comments—officially documented posts written by individuals—and a movement was born. Now there are more than 100 groups and numerous individuals who have joined The One Nation Commission’s efforts.

A sampling of stories from the heroes who submitted their personal statements to the federal government have been selected for this report. These stories are culled from the Federal Register’s public comments on Public Charge and some authors chose to keep their names private.
Many Heroes

I came to the U.S. as a refugee of the war in Vietnam, Laos, and Cambodia. When my family arrived, I was 12 and my brother was 10. My mom and dad worked three jobs each. My mom worked in a nail salon (and still does), taught Vietnamese, and tutored. My dad delivered newspapers at 4 a.m., worked on an assembly line, and at a dry cleaner. They worked extremely hard, and we had food stamps and lived in public housing. My dad stood in line at the food bank in the winter in Seattle. We received health care at a community health center. We survived and are now actively contributing to the economy. Take the nail industry alone, where my mom works. Fifty percent of workers in nail salons in the U.S. are Vietnamese immigrants. The nail industry contributed $5 billion to the U.S. economy in 2016.”

Nikki Chau
Seattle, Washington

I’m grateful to America’s assistance in health care and food stamps—such basic needs were critical for us to survive the first few months in this country. Thanks to them, my siblings and I were able to focus and complete vocational programs. We were able to get full time jobs after this program, to be self-sustaining, and even to save for our higher education in engineering and nursing with the help of scholarships and loans. I co-founded and owned a company, employing eight engineers including U.S.-born citizens. My sister has been a director of nursing for a hospital in Pasadena, California. I raised four children in America—now a PhD at Cornell Medical School, an antitrust lawyer, an architect, a second-year law student. There was no possible way my sister and I could have been able to survive, and my four American-born children, to make such contributions to this country without America’s initial “life support.”

Comment submitted from Pasadena, California

Dan Chao, MA, MALD, PhD
Business leader, Former President and CEO, Bechtel China

My parents are both immigrants from the Beijing area of China. My father served in the U.S. Army during World War II, teaching Chinese to American troops who were being sent to fight Japan. He came to the U.S. in 1944 and my mother was allowed to join him in 1948. My father studied under the GI Bill, earning a PhD and becoming very accomplished in the geology of the moon. Working with NASA, he taught the Apollo 11 astronauts what to pick up on the moon. My father led some of the first scientific exchanges to China following the opening of U.S.-China relations after Nixon’s visit. My mother became a medical technician.

In college I majored in history and pursued a PhD at Tufts University’s Fletcher School, with an emphasis in international business, Asian diplomatic history, and energy. I worked at several major U.S. banks and corporations, including 20 years at Bechtel, where I became the president of Bechtel China and a partner and senior vice president of the Bechtel Group, living and working in China for several years.

I first learned about the Public Charge regulation from Asian Health Services, where I serve on the board. I decided to join the One Nation Commission because I believe in its primary mission: that Public Charge goes against all of the values and beliefs of this country—life, liberty, and pursuit of happiness and equality for all. The Trump administration is attempting to circumvent current laws on immigration and make it tougher for people to get a Green Card or a visa.

The Commission brings together so many accomplished people from different fields. Because my background is in the finance and corporate sector, I believe I bring a different perspective to the table. I know from my own family background that immigrants add more economically to the country than they use in resources, and I understand that the collaboration between the corporate and nonprofit sectors is very valuable in advancing change.

My father, an immigrant who benefited from the GI Bill for his education, was renowned in his field and contributed so much to his country, the United States of America. He gave back a lot more than he got. Though he has passed away, I know that he would be very opposed to this Public Charge measure and very supportive of our One Nation Commission.

I co-founded and owned a company, employing eight engineers including U.S.-born citizens. My sister has been a director of nursing for a hospital in Pasadena, California. I raised four children in America—now a PhD at Cornell Medical School, an antitrust lawyer, an architect, a second-year law student. There was no possible way my sister and I could have been able to survive, and my four American-born children, to make such contributions to this country without America’s initial “life support.”

Comment submitted from Pasadena, California
I am the daughter of refugees from Vietnam. As the daughter of immigrants and a welfare baby, I cannot stay silent about the proposed changes to the Public Charge rule. In 1981 when I was born, my parents had been in the United States for two years. My father earned $3.35/hr at a mental hospital and studied on a cardboard box at night. It took him 2.5 years to graduate from college.

During that time, he needed basic food assistance to support me. He was not punished when he needed help to feed his family. After he earned his degree, he became completely self-sufficient. He worked two jobs his entire life, including at the Veteran’s Affairs hospital in his town. He put five daughters through college and graduate school. His five daughters are productive, contributing members of society. Without the support he received during his first years here, he may not have had the opportunity to build his American Dream.”

Bee Nguyen, First elected Vietnamese American to Georgia State Assembly, Atlanta, Georgia

As the daughter of immigrants, I saw how tirelessly my parents worked to build a better life for their children. My parents, like other immigrants, came to America with a dream. Whether someone has used public assistance before does not determine their success. From early mornings to late nights, or even weekends, my parents did everything they could to provide for our family. Today, they are proud American citizens and small business owners who not only contribute to society, but also help provide jobs to the local economy in their small town in Southeast Texas.”

Comment submitted from Texas

My name is Elaine Kim. I am 76 and a child of immigrants who arrived in this country in 1903 and 1926 respectively. My parents were not allowed by law to become naturalized citizens and faced serious racial discrimination in their lifetimes, but they both worked hard all their lives. They contributed significantly to the U.S. and never ever caused any legal, social, or economic problems to anyone in this country.

I consider myself a model U.S. citizen. Putting myself through school at a time when most women, and certainly most women of color, faced many obstacles, I finished a PhD degree. When I was an impoverished single mother, I received help from both the Maternity Infant Care Project and unemployment insurance. I served the public for 44 years until my retirement, working hard and raising a family of hard-working, well-educated children.”

Elaine H. Kim, writer and professor of Asian American Studies at the University of California, Berkeley

Reverend Norman Fong

Executive Director, Chinatown Community Development Center

My father came to the U.S. in 1919 at a time when there was a lot of discrimination—he was imprisoned in Angel Island because of the Chinese Exclusion Act. My mother was born in San Francisco in 1919; she lived and worked in Chinatown all her life. Growing up in a segregated Chinatown in the 1950s, I felt safe but I had my first encounter with racism when going to middle school in North Beach. On my first day, I was attacked by White kids who belonged to a group called “BACs”—Damn All Chins.

On that day I understood that there are two Americas: America the Beautiful, which was welcoming, and the ugly America that persecuted people of color.

In 1977, I left Chinatown to live in Hong Kong for 15 months as a human rights mission intern for the Methodist church. I fell in love there and got married. But my wife was denied a visa to come to America. Because I was just earning $300 a month then, the U.S. Consulate in Hong Kong said it wasn’t enough income, and my wife would be a public charge. As a U.S. citizen, that shocked me. It took letters from legislators and my home church to sponsor my wife so she could join me.

“Public charge” is a very mean term that actually says you cannot come to the U.S. unless you are rich. The ugly side of America is coming back now as the term is being invoked again. Immigration is being used and abused by the Trump administration, and people don’t seem to see the relationship between racism and immigration. This administration’s White supremacist attitude is trying to turn back the clock.

I work with Chinese immigrants in Chinatown on affordable housing. Right now I’m very worried because all the rhetoric is scaring people away from public services. With housing in San Francisco being sky high, many are forced to live in SROs—single-room occupancy rentals—where they have to share common bathrooms and kitchens. The government is threatening legal immigrants, even seniors and children with serious health issues, from using basic services that they are legally permitted to access. Immigrant communities need to fight back, but we cannot do it alone. I’m happy that the AAPI communities are establishing solidarity with the Black and Latino communities. One Nation should be a wake-up call for everyone in the U.S.
The broad diversity and geographical range of the organizational partners who make up the One Nation AAPI movement is evident in the brief listing of community partners shown below. Check the back cover for the current list of over 100 One Nation AAPI organizations.

Asian Health Services
asianhealthservices.org
Oakland, California

AHS provides comprehensive health services to nearly 30,000 patients in over 14 different Asian languages, while advocating with the diverse AAPI communities to assert their right to health care and well-being. AHS has long recognized that Public Charge is an unjust and discriminatory policy targeting vulnerable immigrants with legal status. As such, AHS co-founded and anchors the One Nation Commission movement to mobilize the AAPI voice to condemn this damaging rule.

Asian Counseling & Referral Service
acrsc.org
Seattle, Washington

A social service organization, ACRS promotes social justice and the well-being and empowerment of Asian Americans and Pacific Islanders and other underserved communities by developing, providing, and advocating for innovative, effective and efficient community-based multilingual and multicultural services in 40 languages and dialects. ACRS joined the One Nation movement during the public comment period, mobilizing the diverse local communities it serves.

Filipino Advocates for Justice
filipinos4justice.org
San Francisco Bay Area, California

For more than 40 years, FAJ has advocated for immigrant, worker, and civil rights, helping the vulnerable navigate the challenges of life in the U.S., particularly at-risk middle and high school-age youth, low-wage workers vulnerable to exploitation, newly arrived immigrants, and the undocumented. FAJ has been involved with the One Nation efforts since the beginning, participating in the public comments campaign, media communications, and community-based organizing.

East Bay Asian Local Development Corporation
ebaldc.org
Oakland, California

EBALDC works with and for all the diverse populations of the East Bay to build healthy, vibrant and safe neighborhoods through housing and community development. EBALDC joined the One Nation movement to oppose the damaging effects of the rule, which includes penalizing immigrants if they need housing assistance.

Kahili-Palama Health Center
kphc.org
Honolulu, Hawaii

Kahili-Palama provides health and social services to more than 20,000 patients who typically face significant barriers when accessing health care. Seeing early declines of significant utilization, Kahili-Palama has been mobilizing with other health centers across the nation to oppose the Public Charge rule.

Filipino Advocates for Justice
filipinos4justice.org
San Francisco Bay Area, California

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Asian Community Development Council
acdcnv.org
Las Vegas, Nevada

ACDC works to improve the general well-being and education of AAPIs and other ethnic communities in Nevada. ACDC has been engaging with One Nation in educating Congress about the potential impact of the rule, especially on the growing immigrant population in Nevada.

Orange County Asian and Pacific Islander Community Alliance
ocapica.org
Orange County, California

Since 1997, OCAPICA has provided social services, education, advocacy, organizing, and research to the community. With the proposed Public Charge rule causing irreparable distress to its clients and communities, OCAPICA took action to gather public comments, walked the halls of Congress and is mobilizing the vote to stop the implementation of the rule.

National Tongan American Society
ntasutah.org
Salt Lake City, Utah

NTAS is one of the oldest nonprofits to advocate for and empower all Tongan Americans and other Pacific Islanders. NTAS became involved in One Nation as an act of solidarity because the Public Charge rule could be used to deny entry and ability to live in the U.S. as provided by the Compact of Free Association, which already creates an ongoing limbo status for many Pacific Islanders.

HOPE Clinic
hopechc.org
Houston, Texas

Located in the city’s most racially diverse neighborhood, HOPE gained recognition after Hurricane Katrina in 2005, when it provided services to 3,000 of the 15,000 Vietnamese evacuees from Louisiana. Today HOPE Clinic has grown into a full time Federally Qualified Health Center (FQHC) providing culturally and linguistically competent care to more than 13,000 patient visits a year. HOPE has been fighting against Public Charge and providing accurate information to its patients since the changes were proposed in 2018.
Southeast Asian Mutual Assistance Associations Coalition
seamaac.org
Philadelphia, Pennsylvania

One of the oldest and largest refugee-founded agencies in the region, SEAMAAC provides direct services and builds community leadership through education, organizing, and advocacy. SEAMAAC has mobilized its communities to make public comments and to provide culturally competent accurate information to diverse refugee and immigrant communities.

AAPI Progressive Action
aapiprogressiveaction.com

AAPI Progressive Action is a 501(c)(4) non-profit established in 2019 to promote awareness and action for progressive AAPI causes, including the protection of civil and immigrant rights, access to quality education and health care, opportunities for economic growth that are mutually beneficial for business and labor, and protecting the environment. During the public comment period, AAPI Progressive Action developed and maintained the platform for many One Nation partners to submit public comments against the rule.

Japanese American Citizens League (JACL)
jacl.org

Founded in 1929, JACL is oldest and largest Asian American civil rights organization in the United States, making its prominent mark in the movement for redress for the unjust incarceration of 120,000 Americans of Japanese descent during WWII. Committed to the civil rights of Japanese Americans and all others who are victimized by injustice and bigotry, JACL, consisting of 100-plus chapters mostly located in major cities and metropolitan areas across the country, joined the One Nation movement to fight the Public Charge policy, which signals a return to the discriminatory policies that targeted Asian immigration.

OCA - Asian Pacific Americans Advocates
ocanational.org

Founded in 1973, OCA - APA Advocates is dedicated to advancing the social, political, and economic well-being of AAPIs, with a focus on immigration, education, fair treatment, and broadband access. OCA helped to mobilize public comments to oppose the Public Charge rule.

Asian Pacific American Labor Alliance
apalanet.org

A part of the AFL-CIO, APALA is the first and only national organization of AAPI workers, addressing workplace issues of the 660,000 AAPI union members and serving as the bridge between the broader labor movement and the AAPI community. APALA has been involved with the One Nation movement since its inception, recognizing that many of its members will be greatly impacted.
The Power of Celebrity

The Importance of “I See You”

Celebrities, using their artists’ platforms as megaphones, role modeling courage and evoking the power of celebrity, show the movement and people behind it the truth that immigrants make America stronger. AAPI influencers, wildly popular bloggers with millions of followers, filmmakers, producers, actors, and artists, are joining forces and speaking out as #OneNation and against Public Charge.
Kathreen Khavari, MSc

Actress, Writer, and Activist

One month before I was born, my parents immigrated to the United States from Iran. Both of my parents worked really, really hard, but at that time, they needed public assistance, including food stamps. My mom, a former librarian in Iran, did not know English very well, so she went to adult school and took English as a Second Language classes. She got a job as an instructional assistant in the public schools in Oakland, California, and went to school at night to get her teaching credential, then became a teacher. My dad had difficulty finding work and holding onto it. Eventually he became a certified court interpreter in Farsi and Dari.

No one wants to come here and be on public assistance, but it is essential for newly arriving families to get a little bit of help if they need it so they can stand on their own two feet. It’s not easy to settle in a new country and culture and the idea that everyone has to sink or swim is a very cruel expectation.

I went through Oakland public schools and my mom is still teaching there. I think she’s taught at every child development center in the district. That’s why at the premier of the HBO series Big Little Lies, I wore a dress with the words, “My Iranian Immigrant Mother Teaches Your Kids How to Read.” I wanted to lend my voice to reversing the damage being done by the current administration in Washington, D.C. When I first started out as an actress, there was no shame in Hollywood as to how Muslims were portrayed. My complaints fell on deaf ears. Now people are more open to listening. I have seen people change their minds.

My character Ms. Marvel, or Kamala Khan, is the first Muslim superhero to headline a Marvel show. Cartoons and comic books have enormous potential to shape young minds. I've had great feedback, mostly from girls and women of Middle Eastern, North African, and South Asian descent who are really excited about Kamala Khan because they’ve never seen that kind of representation before. I’m also working on a TV dramedy pilot about my life in Oakland, being born to immigrant parents who can’t survive in the country on their own because it’s so difficult. Art is a great way of reaching people. I hope that my work will help to generate empathy—to stop people from looking at others as “less than.” It’s on all of us to repair the damage that’s being done.
Championed by courageous national, state, and local public servants, these policy initiatives put a stake in the ground on behalf of their constituents and the millions of Americans who support immigrants and oppose Public Charge.

» Bill H.R. 3222- No Federal Funds for Public Charge Act of 2019, sponsored by Chair to the Congressional Asian Pacific American Caucus (CAPAC) Congresswoman Judy Chu (CA-27), with 105 co-sponsors, banning federal funding for public charge.

» Senate Bill 2482- Protect American Values Act sponsored by Senator Mazie Hirono (D-HI) and 27 co-sponsors, to prohibit federal funding for public charge.

» Letter from Committee on Homeland Security Chairman Bennie Thompson (MS-2) to Acting Secretary of Homeland Security Kevin K. McAleenan, condemning the new Public Charge proposal.

» Letter condemning Public Charge from Quad Caucus (Congressional Black Caucus, Congressional Latino Caucus, Congressional Progressive Caucus, and the Congressional Asian and Pacific Islander Caucus).

» California State Resolution ACR 1, introduced by Assistant Majority Leader Assemblymember Rob Bonta (D-Oakland) and co-authored/ co-sponsored by Chair to the California API Legislative Caucus, Assemblymember David Chiu (D-San Francisco) condemning Public Charge.

» Alameda County Statement introduced by Alameda County Supervisor Wilma Chan of District 3, condemning Public Charge.

I am the proud daughter of Chinese immigrants who came from China and Hong Kong in the 1940s on student visas. But for changes in the federal quota laws that unfairly favored European immigrants over those from Asia, my parents could not have become naturalized citizens. In fact, I would probably not be here today. My dad served as a translator for the U.S. Army during World War II and later became the first Chinese bank loan officer in Boston. My Mom volunteered as a Chinese translator for families brought to immigration court. The current environment returns to a policy of blatant discrimination against immigrants from certain backgrounds and countries. These racist policies must be fought against at every level of government. We must treasure the cultures and contributions of our diverse communities. By raising our voices together, we will protect our immigrant communities and push for fair, comprehensive immigration reform.

Wilma Chan
Alameda County Supervisor, District 3, California
“42,525 more immigrant visa applications were refused in FY 2018 compared to FY 2017 and that refusals on public charge grounds...increased by more than four times following FAM revisions...”

U.S. Rep. Zoe Lofgren (D-CA)

“The Administration specifically finds the rule could lead to worse health outcomes, increased use of emergency rooms as primary healthcare, increased prevalence of communicable diseases, increased uncompensated care, increased rate of poverty and housing instability, and reduced productivity and educational attainment. Proposing these changes with full knowledge of these harsh costs not only displays a willingness to hurt people and families, but a readiness to reduce the productivity of our nation.”

U.S. Rep. Bennie G. Thompson (D-MS)
Rob Bonta, Esq.
Assistant Majority Leader, California State Assembly, 18th District

I was born and raised in a family of activists. My father marched in the South during the Civil Rights movement and my Filipino mother, who migrated across the Pacific to attend graduate school, has been a lifelong social justice warrior for immigrants and the vulnerable. I was born in the Philippines exactly a year before the government declared martial law. Our family had to leave the Philippines because my mother was an outspoken dissident against the Marcos government. I came to the U.S. when I was two months old. In California, we lived in a trailer near Cesar Chavez’s home where my parents worked as labor organizers for Filipino and Mexican farm workers. My parents’ friends were all involved in the labor movement. The values of inclusion, economic and social justice, equity and opportunity, and making the American dream available to all were infused in me at an early age.

When I started school, we moved to Sacramento. In a largely White neighborhood, I stood out – I was brown and Asian, I was the “other.” I grew up being excluded and bullied, and called insulting names. In high school, my two siblings and I were among only six Filipinos in our school. Fortunately, our mother brought us up to be proud of our heritage. In our home, Filipino culture was on full display – from the food we ate, what our mother packed for lunch, to how our house was decorated. I was very confident of my identity and proud of my parents’ activism. I felt motivated to earn a good education in order to carry on those values and advocacies.

I joined the One Nation Commission because we need an organization that will fight back against the current wave of hate, xenophobia, bigotry, and discrimination. The Muslim ban, the wall, the anti-immigrant rhetoric, the Public Charge issue – these are clear attacks on our American values. We have to protect and defend immigrant communities and people of color.

As a California State Assemblymember, I work to ensure the safety of our immigrant communities with legislative actions to end for-profit prisons and detention centers, like the ones used to separate families. I plan to revive a stalled bill that will prevent California from doing business with organizations that help detain and deport immigrants. I am also committed to ensuring every immigrant’s right to counsel in immigration proceedings, something not available now. We must stand together to defend all people and promote our shared values.

Quad Caucus:
Congressional Asian Pacific American Caucus (CAPAC),
Congressional Black Caucus (CBC),
Congressional Hispanic Caucus (CHC)
Congressional Progressive Caucus (CPC)

INVITE: Support the fight against Public Charge! Join Quad Caucus for a Special Order on June 11th & Press Conference on June 12th

Sending Office: Honorable Barbara Lee
Sent By: Vicente Yang

June 4, 2019

Dear Colleague,

We write to invite you to join us to oppose the Department of Homeland Security’s proposed public charge rule, which would make it difficult for many immigrants to come to the U.S. or receive green cards if they are considered likely to use basic benefits like Medicaid and nutrition assistance. Last year, the Trump administration published a proposed rule that would administratively alter the definition of the term “public charge” in violation of congressional intent. We ask that you join us for a Special Order on June 11, 2019 and press conference on June 12, 2019, to shift the narrative surrounding public charge and reaffirm our shared values as a nation.

The Department of Homeland Security’s proposed public charge rule would impact 26 million Americans and threatens to tear apart families, damage the economy, endanger public health, and punish legal immigrants who pay taxes and contribute to our society. We cannot let our country’s immigration system be fundamentally reshaped by those determined on dividing us, evoking fear and supporting immigrants.

This country was built and continues to stand on the strength of immigrants. We know that a little help up for our hardworking immigrant families reaps exponential returns to our economy and society. Immigrants use benefits like health services at a much lower rate than the general population—and contribute to the economy at exponentially higher rates in second and third generations.”

U.S. Rep. Barbara Lee (D-CA)
“This measure would condemn regulations recently adopted by the Department of Homeland Security to prescribe how a determination of inadmissibility for a person who is not a citizen or national is made based on the likelihood that the person will become a public charge. This measure would also urge the federal government to repeal the new regulations.”
Trump’s Next Target: Legal Immigrants

Immigrants who play by the rules and contribute to their communities could soon be at risk of deportation. Americans must insist that Congress block this proposal.

By Tung Nguyen and Sherry Hirota  |  September 25, 2018

When Kam Tam came to the United States at age 16 from China 50 years ago, he spoke little English, had a mouthful of rotten teeth and active tuberculosis, and weighed just 96 pounds. Through perseverance and a little help, he got his health back in order. The providers at his publicly funded community health center in San Francisco pulled four molars and cured his tuberculosis.

It was the character instilled by his parents that got him through college and pharmacy school, Dr. Tam said. Today, he is a successful businessman and pharmacist who has repaid society for the support he and his family received. He continues to generously give back by donating his professional services and financial resources to vulnerable families in Oakland.

Yet under a rule proposed last week by the Department of Homeland Security, legal immigrants could lose their chance to become a success story like Dr. Tam because they used government benefits they were entitled to. The Trump administration wants lawful permanent residence, also known as green-card status, to be denied to greater numbers of legal immigrants for having received public assistance.

A more narrow version of this rule has been in place for years. Currently, immigrants can be refused green cards if they are deemed to rely on government cash assistance for more than half their income. But the Trump administration has proposed expanding the scope of the rule to potentially deny green cards to immigrants who have used any of a much wider range of non-cash public benefits.

The new rule would potentially withhold permanent residency from someone who has used social services like Medicaid; Medicare Part D, which helps the elderly afford prescription medicines; food stamps; and Section 8 housing vouchers.

Even immigrants who received relatively small amounts of assistance for short periods might now be deemed “public charges” and be ineligible for green cards. In the worst case, legal immigrants who have built lives in this country could be denied permanent legal status and be separated from their families. The proposal could become final after a 60-day public review period.

Treating immigrants as public charges is based on the unfair principle that income and wealth determine one’s value to society. Immigrants who play by the rules, pay taxes and contribute to their communities could now risk deportation if they did not have enough savings to survive unanticipated emergencies. They could be forced to choose between health care and food for their children and a chance to stay in this country.

A huge number of immigrant families could be affected by this change. An estimated 3.8 million Asian-Americans and Pacific Islanders and 10.3 million Hispanics live in families in which at least one member has used one of these services. And there are 10.5 million children in the United States in families receiving public benefits who have at least one noncitizen parent,
According to the Migration Policy Institute. Nine out of 10 of these children are natural-born citizens, and their families could be torn apart if a parent is considered a public charge and no longer able to stay in the country.

Fear of the proposed regulation, which had been rumored for months, may have already dampened the demand for services. Community urgent-care clinics have had patients asking to have their records removed, and some immigrants have refused to sign up for food assistance programs, citing worries about deportation and family separation. Without screenings and access to treatments, they will be vulnerable to asthma, vision problems, high blood pressure, cancer and mental health disorders.

A robust body of research shows that legal immigrants strengthen our society. Immigrants have a higher rate of labor force participation than native-born Americans. Noncitizens use welfare programs at much lower levels than the native-born. Immigrant families tend to use less health services than nonimmigrants, studies show, thus helping keep down health care costs for the wider population.

Despite this evidence, the Trump administration is beholden to an anti-immigrant ideology. This proposed rule is the rankest form of scapegoating, linked to Attorney General Jeff Sessions and his 2015 white paper erroneously blaming legal immigrants for job losses among citizens.

Health care providers and immigrant activists are building coalitions to voice their opposition. But Americans must insist that Congress intervene to block this proposal.

We must defend our identity as one nation that shares a common vision and values, that was built on hard work, strong families, respect and kindness. These values dictate that we care for one another, that we know that we are only as strong as the most vulnerable among us.

Dr. Nguyen is a professor of medicine at the University of California, San Francisco.

Ms. Hirota is chief executive of Asian Health Services in Oakland, Calif.
End Notes

The AAPI Difference, pp. 9-12
5. New American Economy, Ibid.
7. New American Economy, Ibid.

Immigrants Make America Stronger, pp. 15-17


34. Borjas 2013; Congressional Budget Office [CBO] 2013.


42. Costa, Ibid.


48. Philanthropy’s Challenge, p. 29

ONE NATION FILM

COMING SOON

IF YOU LIKE THE REPORT YOU’LL LOVE THE FILM
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One Nation AAPI
CEO, Asian Health Services

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Salon Collaborative
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Center for Empowering Refugees
& Immigrants (CERI)
Center for Pan Asian Community
Services (CPACS)
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Health Center
Chinese American Community
Development Center (California)
Chinese for Affirmative Action
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Hmong American Partnership
Hmong National Development
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IDIC: Filipino Senior & Family Services
Interfaith Movement for Human Integrity
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One Nation Built on the Strength of Immigrants

One Nation Commission Report
October 2019