



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Office of the President
Ted L. Anderson, MD, PhD, FACOG

July 9, 2019

Benjamin S. Carson, Sr., MD
Secretary,
U.S. Department of Housing and Urban Development
451 7th Street SW
Washington, DC 20410

Re: HUD Docket No. FR-6124-P-01, RIN 2501-AD89; Housing and Community Development Act of 1980: Verification of Eligible Status

Dear Secretary Carson:

The American College of Obstetricians and Gynecologists (ACOG) appreciates the opportunity to submit comments in response to the Proposed Rule, "Housing and Community Development Act of 1980: Verification of Eligibility" (Proposed Rule), published in the Federal Register on May 10, 2019 by the U.S. Department of Housing and Urban Development (HUD). ACOG, with a membership of more than 58,000, is the nation's leading organization of physicians who provide health services unique to women. ACOG advocates for policies that ensure access to health care for women throughout their lives, and believes that all women, regardless of immigration status, should receive quality health care. Moreover, we oppose efforts to erect medically unnecessary barriers to health care that jeopardize the wellbeing of the patients we serve.

ACOG recognizes the importance of adequate, stable, and affordable housing to the health of our patients. ACOG Committee Opinion No. 576, *Health Care for Homeless Women*, states, "it is essential to undertake efforts to prevent homelessness, to expand community-based services for the homeless, and to provide adequate health care for this underserved population."¹ Moreover, we know that lack of access to affordable housing and public housing programs like Section 8 can lead to a proliferation of homelessness among vulnerable populations.² Many ACOG members provide care to immigrant women. We believe a woman's immigration status should not dictate whether she can access health care or other related social supports, including housing.

Recent actions by the Trump Administration, including the Department of Homeland Security's proposed rule revising the definition of a "public charge" and issues regarding family separation, are placing great strain on immigrant women and their families. These efforts are pushing more and more immigrants into the shadows over fear of deportation. The Proposed Rule will only increase fear among immigrant communities and force families to make an impossible choice between accessing critical public benefits they need and protecting their own or a family members' immigration status. As physicians dedicated to providing quality care to women, regardless of income or immigration status, we are particularly concerned with the impacts of the Proposed Rule on women of reproductive age, survivors of gender-based and intimate

partner violence, and LGBTQ individuals. For these reasons, outlined in more detail below, we urge HUD to withdraw this rule in its entirety.

Impact on Reproductive Age Women and Pregnancy Outcomes

Homeless women lack access to preventive care and have higher rates of poor health outcomes, mental illness, substance use disorder, and mortality than their stably-housed peers.³ They also experience higher rates of unintended pregnancy.⁴ Homeless women also experience a higher number of adverse birth outcomes when compared with the general population. Homeless women are 2.9 times more likely to have a preterm delivery, 6.9 times more likely to give birth to an infant who weighed less than 2,000 grams, and 3.3 times more likely to have a small-for-gestational-age newborn, even after adjusting for other risk factors such as maternal age, number of previous pregnancies, and smoking.⁵ Moreover, rates of preterm birth and low birth weight in homeless women exceed national averages.⁶

ACOG is concerned that this Proposed Rule would jeopardize the health of immigrant women of reproductive age. The negative health impacts of unstable housing on pregnancy and birth outcomes are well-documented. Increasing housing stress among the immigrant population will have extremely adverse impacts on the patients we serve.

Impact on Survivors of Gender-Based and Intimate Partner Violence

Certain immigrant survivors of gender-based violence such as human trafficking, sexual assault, and domestic violence will be severely and disproportionately harmed by the Proposed Rule. Notably, one of the greatest needs identified by survivors of gender-based violence is affordable housing.⁷ The inability to secure housing puts these women at increased risk of homelessness. In fact, domestic and sexual violence is the leading cause of homelessness for women and families, with 20 to 50 percent of all homeless women and children becoming homeless as a direct result of fleeing domestic violence.^{8,9} Moreover, according to the Tahirih Justice Center, lack of safe, affordable housing often means that, for many immigrant women and their children, the only alternative to living on the street is to live with an abuser.¹⁰ This is particularly concerning for women of reproductive age, as homicide by an intimate partner remains a leading cause of preventable maternal mortality.^{11,12}

ACOG is concerned that this Proposed Rule may increase the number of immigrant women who remain with abusers to avoid subjecting themselves and their current or future children to arduous verification requirements that may or may not jeopardize their ability to access public housing. Many of these women may end up homeless, as the chilling effects of the rule take hold.

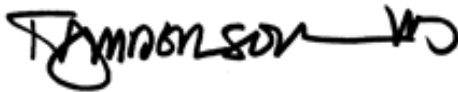
Impact on LGBTQ Individuals

This Proposed Rule is likely to have a profound impact on the LGBTQ community. Nearly one-third of LGBTQ immigrants are undocumented, indicating that a significant number of LGBTQ binational couples could be impacted by this new policy.¹³ As a result of systemic harassment, discrimination, social and economic marginalization, and rejection, LGBTQ people are 2.5 times more likely to receive public housing assistance than their non-LGBTQ peers.^{14,15} The need for these programs is especially acute for transgender people, LGBTQ people with disabilities, and LGBTQ people of color.¹⁶ It is also especially high for LGBTQ youth, who represent 20 percent of all homeless youth.¹⁷

ACOG is concerned that this Proposed Rule will force many LGBTQ immigrants into homelessness. These individuals are already plagued by harassment, discrimination, and rejection within our society. Taking away their access to a safe, affordable home could jeopardize their health and safety.

Thank you for the opportunity to submit comments on the Proposed Rule. As previously stated, ACOG urges HUD to immediately withdraw this proposal and dedicate its efforts to advancing policies that strengthen—rather than undermine—the ability of immigrants to support themselves and their families. If you have any questions, please contact Emily Eckert, Health Policy Analyst, at 202-863-2485 or eeckert@acog.org.

Sincerely,



Ted L. Anderson, MD, PhD, FACOG
President

¹ Health care for homeless women. Committee Opinion No. 576. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:936-940.

² Ibid.

³ Teruya C, Longshore D, Andersen RM, Arangua L, Nyamathi A, Leake B, et al. Health and health care disparities among homeless women. *Women Health* 2010;50:719-736.

⁴ Crawford DM, Trotter EC, Hartshorn KJ, Whitbeck LB. Pregnancy and mental health of young homeless women. *Am J Orthopsychiatry* 2011;81:173-183.

⁵ Little M, Shah R, Vermeulen MJ, Gorman A, Dzendoletas D, Ray JG. Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *CMAJ* 2005;173:615-618.

⁶ Stein JA, Lu MC, Gelberg L. Severity of homelessness and adverse birth outcomes. *Health Psychol* 2000;19:524-534.

⁷ National Network to End Domestic Violence. Domestic violence counts: 12th annual census report. 2018. Available at: <https://nnedv.org/content/domestic-violence-counts-12th-annual-census-report/>.

⁸ Jasinski JL, Wesely JK, Mustaine E, Wright JD. The experience of violence in the lives of homeless women: a research report. Orlando (FL): University of Central Florida; 2005.

⁹ Zorza J. Woman battering: a major cause of homelessness. *Clgh Rev* 1991;25:421-427.

¹⁰ Tahirih Justice Center. Nationwide survey: a window into the challenges immigrant women and girls face in the United States and the policy solutions to address them. January 31, 2018. Available at: <https://www.tahirih.org/wp-content/uploads/2018/01/Tahirih-Justice-Center-Survey-Report-1.31.18-1.pdf>.

¹¹ Brown HL. Trauma in pregnancy. *Obstet Gynecol* 2009;114:147-160.

¹² Cheng D, Horon IL. Intimate-partner homicide among pregnant and postpartum women. *Obstet Gynecol* 2010;115:1181-1186.

¹³ Gates GJ. LGBT adult immigrants in the United States. The Williams Institute. March 2013. Available at: <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/us-lgbt-immigrants-mar-2013/>

¹⁴ Health care for transgender individuals. Committee Opinion No. 512. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:1454-1458.

¹⁵ Rooney C, Whittington C, Durso LE. Protecting basic living standards for LGBTQ people. Center for American Progress. August 13, 2018. Available at: <https://www.americanprogress.org/issues/lgbt/reports/2018/08/13/454592/protecting-basic-living-standards-lgbtq-people/>.

¹⁶ Ibid.

¹⁷ National Alliance to End Homelessness. LGBTQ youth. January 2019. Available at: <http://www.endhomelessness.org/pages/lgbtq-youth>.