



Trump Administration Immigration Policies Are Harming Children and Families in the Carolinas

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All children in the Carolinas—no matter their background or circumstances—deserve the opportunity to just be kids: To know the love of their families. To have a safe, stable place to live with plenty of healthy food to eat. To play with their friends. To go to school and learn without fear. To grow up to become thriving, productive adults.

As we document in this brief, in both North Carolina and South Carolina, immigrant families' daily lives are being upended by harsh immigration policies and pervasive fear. The Trump Administration has demonstrated time and again that it is indifferent to the harm its policy decisions inflict on children across the country, and in some cases is deliberately using harm to children as a political lever. In our interviews we heard stories of parents being detained in front of their children, kids who are afraid to go outside and play, and chronic stress that will have long-term consequences for many immigrant children. After risking everything to come to the United States, many families are terrified of the consequences of leaving their homes and seeking resources that can help their families thrive.

Building on research conducted in 2017,¹ the Center for Law and Social Policy (CLASP) conducted a series of site visits in 2019 and 2020 in North Carolina, South Carolina, and Massachusetts to deepen our understanding of how immigrant families are affected by immigration policy changes at state and federal levels. This brief draws on in-person and phone interviews with more than 20 individuals representing child care providers, nurse home visitors, health and mental health care providers, health insurance navigators, and legal service providers in the Charlotte, North Carolina and Columbia, South Carolina areas. We conducted all interviews for this brief between January and March of 2020.

Key findings include:

- Fears caused by immigration enforcement policies and anti-immigrant rhetoric are disrupting families' day-to-day lives
- Chronic stress is impacting the health and wellbeing of children of all ages
- Families are avoiding publicly funded health and nutrition services for which they are eligible



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Immigrant Families in Charlotte, NC and Columbia, SC

The immigrant populations in both Charlotte and Columbia are culturally, linguistically, and ethnically diverse. The foreign-born population in Charlotte is about 10 percent of the total population, and most individuals come from Latin America (50 percent) and Asia (31 percent).²

From 2012 to 2017, the immigrant population in Charlotte rapidly grew by approximately **22 percent**.³ In Columbia, the percentage of foreign-born individuals is smaller, representing an estimated **5 percent** of the population with most individuals also coming from Latin America (43 percent) and Asia (32 percent).⁴ A preschool director noted that **27 percent** of children in Charlotte schools are from immigrant families. This is consistent with national data showing that one in four children in the United States has at least one immigrant parent.⁵



	Charlotte	Columbia
Number of children living with at least one foreign-born parent⁶	123,000	18,000
	North Carolina	South Carolina
Number of children living with at least one unauthorized family member⁷	205,000	49,000

North and South Carolina Areas Visited

Most interviewees shared that a majority of their immigrant clients were from Mexico and Central or South America. Specific countries of origin included Guatemala, Honduras, El Salvador, Venezuela, Colombia, and Ecuador. Some interviewees pointed out that they also serve individuals from Asia and Africa—including India, Myanmar, and Ghana. Providers frequently shared that they worked with many mixed-status families—most frequently including families in which parents are undocumented and the children are U.S.-born citizens.

Immigrant Families – And Their Experiences in the Carolinas – Are Not Monolithic

While all interviewees worked with immigrant families having low incomes, we heard that the levels of education of immigrants vary. A preschool director told us that some parents may arrive with only a middle school education and others may have higher levels of education. For these families, she identified a relationship between the lack of support they receive in the United States and the poverty they experience. She said, “They were professionals [in their] home [countries], they have skills that they could be using here, but there’s not an easy path for them. So, this is contributing to their economic marginalization, and this could be an asset to our community [...]”

Aside from educational levels, the struggles immigrant families experience in the United States may also vary according to their native language and their country of origin. For example, one program coordinator discussed how immigrants from South America who speak indigenous languages struggle to find in-language resources and services, compared to their Spanish-speaking counterparts. Providers also noted that access to legal status and work authorization varies by country of origin and immigration pathway, adding to the complexity of our immigration system and resulting in vastly different experiences among immigrants.



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Key findings

Fears Caused by Immigration Enforcement Policies and Anti-immigrant Rhetoric Are Disrupting Families' Day-to-Day Lives

The constant, looming fear of immigration enforcement is dramatically impacting the day-to-day lives of many immigrant parents and families in the Carolinas. Every group we met with emphasized how fear of deportation impacted decisions of the families they work with. One medical social worker put it simply, saying: "In general, they don't want to go out if they can help it."

A Terrifying, Relentless Drumbeat of Immigration Enforcement Activities

Many interviewees discussed the frequency of deportations occurring within their communities and described various networks in place to alert families of U.S. Immigration and Customs Enforcement (ICE) activity in the area. A clinical pediatric social worker told us that she receives reports of deportation almost once a day and noted the resulting trauma to children when a parent, most often a father, is taken away. Several people we spoke with shared stories of individuals being picked up by law enforcement (or ICE) outside of schools, hospitals, and at bus stops. It was also not rare for individuals to be arrested in front of family members. For example, a community health worker shared that a father was detained while dropping his kids off at school.⁸ Another example of the trauma came from an after-school program director who told us about a sibling of one of her students "who was taken from his car in front of his entire family." This same director described another recent incident where she received an emergency phone call from a mother who was terrified because ICE was at her front door. She was hiding in a closet with her baby while her other two children hid in the bathroom.

Immigration Enforcement is Affecting Where Families Live and Where Children Play

The impact of the trauma created by ICE enforcement activities can be extensive. Individuals live in constant fear of being caught, especially for those with deportation notices. A reproductive health outreach coordinator shared that because some counties in South Carolina "are more friendly than others" that people will "literally move" to avoid being found. Parents will even avoid putting the husband's name on a child's birth certificate if the husband has a deportation notice. The same reproductive health outreach coordinator said, "The babies are born without a dad because they don't want to give a name." The trauma only intensifies when the main breadwinner is taken away from families. The preschool director explained, "Your whole stability goes away. Not to mention fear of using services, the fear of just putting your name anywhere."

The director of a preschool that serves a high percentage of Latinx children shared that many families won't go to the park, and as a consequence she's seeing that the children aren't getting enough exercise at home. She shared that the school "had to get little bikes for [the] kids because they weren't getting enough big muscle movement because the family is afraid." An after-school program director echoed this concern, sharing that she has prioritized outdoor activity at the center to ensure that the children can still get fresh air and exercise when that option isn't available at home. She reflected that she "used to go to the neighborhoods on a Saturday and you would see kids playing everywhere and that doesn't happen anymore."



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Immigration Enforcement Is Affecting Access to Health Care

When reports of ICE enforcement circulate, patients and clients are afraid of coming to appointments and sometimes even afraid of going to work and to school. A health clinic outreach worker shared that “families just want to stay inside homes, and they avoid any kind of social activities and many times they stop working because of the fear that they felt to be caught [sic].” Failure to seek medical attention due to fear of immigration enforcement has consequences much larger than a missed checkup. A reproductive health outreach coordinator recalled a recent experience with a pregnant woman who was terrified to give birth in a hospital. She recounted: “I was helping her plan her life after having the baby and she told me she wasn’t going to give birth [at the hospital] because she was going to have the baby at home because they’ll kidnap the child, deport her, send her back and she would rather die than return.” The fear of immigration enforcement had also prevented her from seeking any prenatal care beyond the vitamins the outreach worker was providing.

“They don’t want to go places. They don’t even want to go to the supermarket because it is a reality that actually we have mothers and fathers deported.”

— REPRODUCTIVE HEALTH OUTREACH COORDINATOR

In some cases, the fear is so acute that individuals attempt to completely cut off contact with the outside world. One nurse home visitor described visiting new mothers who are living at home in social isolation. She reflected that “it’s always been difficult to get resources for them but now it’s even more difficult because they don’t want to reach out to the community.” Another nurse home visitor shared the situation of one new mother who covered her windows with trash bags and bolted the back door closed. She stayed locked inside with her baby where it was so dark “you barely see in front of your face.”

Anti-Immigrant Rhetoric Is Causing Additional Trauma

Even for those who are not directly impacted by ICE enforcement activities, endless anti-immigrant rhetoric is also traumatizing immigrant families. During and following the 2016 election, anti-immigrant rhetoric intensified in communities—including in schools. An after-school program director told us about a group of Nepali children in the program who showed up in tears after “being told [by their classmates] that they were going to go back to Mexico.” One of the providers we spoke with was herself an immigrant from Costa Rica. She shared the experience of her middle school son who “was told to go back to Mexico by the kids” in his school and felt afraid when he saw a group of boys show up at a football game wearing “Make America Great Again” t-shirts. Many interviewees expressed that the media only intensifies the fear caused by anti-immigrant rhetoric.

Chronic Stress Is Affecting the Health and Wellbeing of Children of all Ages

Several interviewees described how children they work with are living in constant fear of their parents being detained and deported. As one health ministry coordinator shared, “they go to school and they might come home and find an empty home, their parents taken [...] A lot of children are dealing with that stress, that trauma, and we know the consequences of that persistent stress in the child.” We heard examples of the many ways chronic stress impacts a child’s behavior including fear of strangers and intense separation anxiety. A preschool director told us that teachers saw a noticeable spike in anxiety when raids were happening and that “children



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Pre-Arrival Trauma

More than 60 percent of immigrants in the United States today have lived here for at least 15 years, and the large majority of immigrants have lawful status.⁹ Due in part to the rapid growth of the immigrant community in the Carolinas, many of the people we spoke with shared stories about their work with families who had recently arrived in the this country.

We heard stories of individuals who experienced deep trauma coming to the United States, only to be re-traumatized by racist policies and anti-immigrant rhetoric in their new communities. Several interviewees shared heart-wrenching stories of the trauma that people experienced en route, including stories of rape and torture. A physician told us that for many of the patients she sees, she has to specifically ask about their process of getting here “because they’re not going to talk about the fact that they were in a cage for 48 hours.”

were more agitated and more afraid of strangers.” She also explained that fire drills, which used to be a routine part of classroom safety measures, had become frightening and traumatizing for children. She explained that “when the child experiences a tremendous loss, they’re not very flexible. Everything is frightening and a change in routine becomes a big deal.”

In our interviews we heard that children also experience and internalize the stress and anxiety that their parents and families are feeling. One physician told us that she had seen an increase in the number of patients reporting anxiety and depression, which also correlated to complaints of body aches and chronic headaches. Providers worry about the children they serve who are living at homes with chronic ongoing stress and what that means for their future. As a nurse practitioner explained, “the increase in cortisol and the inflammatory markers that go along with stress precipitates a lot of chronic disease.”

We also heard stories of how stress and fear manifest in different ways in children of different ages. A clinical pediatric social worker pointed out that “even infants sense something is different. They won’t stop crying, they will not eat, the little ones that’s how they’ll express themselves, the really tiny ones.” She added that “the preschoolers, and those that are more verbal will continuously ask for their parent, whoever is missing, they won’t sleep, they don’t want to separate from their mother.” A preschool director whose program predominately serves immigrant families told us that since the start of the Trump Administration, she noticed a significant decline in the number of children meeting or exceeding developmental expectations. She explained that five years ago (before Trump was elected), nearly 70 percent of children were meeting or exceeding expectations when they first came to the school. Over the past few years that percentage has steadily declined—and is now down to only 15 percent of children who are meeting or exceeding expectations when they arrive. She started looking at the overlay of families and available data and “noticed a correlation between our children’s readiness and their families’ access to additional supports, services like WIC [nutrition assistance for pregnant women and young children]” that many immigrants are fearful of seeking.



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Families Are Avoiding Publicly Funded Health and Nutrition Services for Which They Are Eligible

In nearly every interview we conducted, we heard about families who had expressed concern about, disenrolled from, or otherwise avoided accessing public benefit programs like Medicaid and the Supplemental Nutrition Assistance Program (SNAP or food stamps). Through follow-up questions we learned that many factors prevent eligible individuals from enrolling in health and nutrition programs, including the state governments' failure to properly implement eligibility policy, federal policies like public charge¹⁰, and widespread misinformation and confusion.

Unmet Mental Health Needs

In addition to the relationship between stress and chronic physical diseases, several people mentioned the enormous toll that stress takes on mental health. They emphasized that resources currently available are insufficient to meet the needs of immigrant families, particularly when they face language barriers. A health ministry coordinator told us that unaddressed mental health needs are prevalent in the Latino congregations and community she serves. She explained that "we already have a challenge in mental health services as a community, as a country, as a nation" and that "those needs are even more acute for Latino and immigrant families who are already facing many challenges and barriers have trouble accessing mental health services." She told us that in her area, "we don't have bilingual mental health providers that they can access, we don't have that service available for our families, especially those without insurance."

Failure to Implement Federal Medicaid Policy

The 2009 Children's Health Insurance Program (CHIP) Reauthorization Act gave states the opportunity to expand Medicaid and CHIP coverage to children and pregnant women who are lawfully residing in the United States and would otherwise be ineligible due to their immigration status or the five-year waiting period. North Carolina and South Carolina have both opted into this provision, but the states have failed to adequately update their software, manuals, and training materials to ensure that all eligible immigrants can enroll in coverage. In both states, we spoke with advocates who told us that the Medicaid eligibility systems do not include the full lists of eligible immigration statuses. One immigration policy attorney told us that South Carolina "took the option to expand Medicaid and CHIP for all lawfully present women and children, [but] that is not reflected in the Medicaid manual anywhere." She shared an example of a refugee family that lost Medicaid coverage after obtaining green cards (lawful permanent resident status). She explained that "the manual does not correctly reflect that they are exempt from the five-year ban and even if the manual did state the rule correctly, [caseworkers] don't receive any training on this and who knows if they can get their computer system to override whatever issue is there."

"Separating families creates trauma and trauma creates mental illness"

— NURSE PRACTITIONER



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“They will always hear from a friend or a neighbor that ‘Oh, you cannot receive any benefits. If you receive benefits, then in the future it’s going to harm your status if you want to adjust your status or if you want to apply for citizenship.’”

— HEALTH INSURANCE NAVIGATOR

Public Charge Rule

The public charge regulations from the Department of Homeland Security and Department of State were implemented during the course of our interviews, on February 24, 2020. Several interviewees told us that the families they work with fear that accessing government assistance of any kind will hurt their chances of being able to stay in the United States, even though the rule only applies to some programs. A paralegal advocate told us that “when the [public charge] rule came out, [she] had a lot of clients calling, asking, “What is going to happen? Do I need to terminate my benefits?” Another health insurance navigator told us about a woman from Mexico who had been a U.S. citizen for 20 years. During their meeting to enroll in health insurance Marketplace coverage, the navigator told the woman that she was likely eligible for SNAP based on her income. However, “she was afraid of applying for food stamps because of the public charge, she thought it applied to her [...] and she was just really scared.” A health clinic outreach worker said several clients have told her “I don’t want to have Medicaid anymore because I’m afraid this can create problems in the future for my family or my kids.”

The fear of the public charge rule extends beyond the individuals who are impacted by the changes. Although benefits received by U.S.-born children are not counted against their parents and use of benefits is not considered when a green card holder applies to become a U.S. citizen, these nuances of the policy are not widely understood. One paralegal advocate told us that “it’s been surprising for [her] how people that are legal permanent residents are so scared because they don’t have the correct information and they are the ones who don’t need to worry about anything.” Similarly, a nurse home visitor shared a recent story of a new mom who has a pending asylum application. The mother was receiving SNAP and WIC for her child but, after hearing about the public charge rule in the news, asked: “Is this really going to impede people like me getting my documentation like my green card and everything?” Despite the nurse offering assurances that she could stay enrolled, the mom wanted to disenroll from both programs.

Misinformation and Confusion

The fear of accessing benefits is not always directly tied to the public charge rule, and interviewees explained that they heard concerns about immigration consequences from both documented and undocumented patients. As one after-school director shared, “parents aren’t fully aware about the deepness of federal policy. I think that what they ask for are the day-to-day things.” She told us about a child in her program who was sick, but his mother was afraid to take him to the doctor because she was in the process of applying for a green card. A nurse practitioner told us that she’s “had patients speak specifically to the rhetoric of the president and say I can’t do this because this is what he is saying.”

As a clinical pediatric social worker explained, in many cases, people rely on “comadres” in their community as a source of information. Comadres, she explained, can be “a really close friend that’s like family.” She shared a story of a mom who recently came in and wanted to self-pay for her children. She asked if the woman had



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tried to apply for Medicaid for her children “but she just had all these theories about what would happen if she applied for Medicaid” that she had heard about from other people in her neighborhood. A health ministry coordinator said that in her experience, many families “have a lot of doubts” and “do not want to apply for the benefits.” A health clinic outreach worker told us that “there is a lot of misinformation” on television and in the newspaper and parents “start to panic [about] how they will provide insurance to the kids.”

Another contributing factor is a lack of immigration attorneys to meet the need, along with misinformation among immigration attorneys themselves. As an immigration policy attorney told us: “we don’t have enough immigration attorneys in the state of South Carolina, and we have very few to almost no pro-bono, low-bono resources.” Several interviewees described situations where patients had been encouraged by an immigration attorney to disenroll from Medicaid or SNAP. For example, a health insurance navigator told us about a woman who had recently enrolled her two U.S. citizen children in Medicaid and SNAP. She told the navigator that “her lawyer told her she needed to cancel her programs because of the public charge.”

Children and Families in the Carolinas Deserve Better

Almost every interviewee emphasized the resilience seen in immigrant families despite the hardships they face. When reflecting on the courage of the immigrant families she works with, a clinical pediatric social worker said, “There’s hope. They’re very strong, very resilient. They just are.” Hope was a recurring theme raised by several of the interviewees as they discussed the determination of immigrant families. An after-school program director described the hope of immigrant families as she talked about how families keep working and doing whatever they can to be in this country.

For many interviewees, acknowledging the harsh realities facing immigrant families is crucial to being able to help families empower themselves. The preschool director simply put it, “People are not problems, people are people. They have challenging circumstances. When we don’t know somebody’s full story, then you can’t make decisions.” As she shared the story of an immigrant woman raising seven children, she noted the importance of uplifting resilience. She said, “It’s like you show up every day, that’s remarkable. That’s strength. That’s what I want to see. I want to see that from them. We are all way larger than our challenges. Put your focus elsewhere.” Providers shared many examples of how immigrant parents do everything in their power to provide better lives for their children, emphasizing how children are our nation’s future.

Immigrant families are doing their best to navigate and succeed despite the racist systems and policies that are willfully placing their children’s futures at risk. Conversations with immigrant-serving organizations in the Carolinas reveal that parents are altering their daily lives and avoiding public health and nutrition programs—including for their children who are U.S. citizens—in response to the administration’s relentless attacks. We also heard many examples of how chronic stress and fear of immigration enforcement is impacting the health and wellbeing of children of all ages. With one in four children having at least one immigrant parent, there is an urgent need to ensure that families can simply live their lives and get the resources they need to thrive.

“They want to belong, and I feel like they have the potential to do amazing work here if they’re given the opportunity.”

– AFTER-SCHOOL PROGRAM DIRECTOR



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We must advocate for policies that truly support economic security and a stronger future for North Carolina, South Carolina, and the rest of the United States—rather than undermining our collective wellbeing and long-term success. After all, every child deserves the chance to just be a kid. As one immigration policy attorney expressed, “I don’t understand why we wouldn’t do everything possible to give immigrants equal access to health care, to economic opportunities, to education. We do better when everybody in our community feels safe and can actively participate in civic life and economic life.”

Summary of our methods

Between January and March 2020, CLASP conducted interviews with organizations in the Columbia, SC and Charlotte, NC metropolitan areas either in person or by phone. Participants included more than 20 staff across 9 organizations that provide the following services:

- Primary health care
- Mental and behavioral health care
- Health insurance navigation and care coordination
- Immigration advocacy and legal services
- Community organizing
- Center-based child care and early education
- Home visiting and early intervention

We are withholding specific information about participants and their organizations to protect their privacy.



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¹ Wendy Cervantes, Rebecca Ullrich, Hannah Matthews "Our Children's Fear: Immigration Policy's Effects on Young Children" (Washington, DC: CLASP, 2018) <https://www.clasp.org/publications/report/brief/our-childrens-fear-immigration-policys-effects-young-children>.

² U.S. Census Bureau (2018). American Community Survey 1-year estimates. Retrieved from Census Reporter Profile page for Charlotte-Concord-Gastonia, NC-SC Metro Area <http://censusreporter.org/profiles/31000US16740-charlotte-concord-gastonia-nc-sc-metro-area/>.

³ New American Economy (2019). New Americans in Charlotte <https://research.newamericaneconomy.org/report/new-americans-in-charlotte/>.

⁴ U.S. Census Bureau (2018). American Community Survey 5-year estimates. Retrieved from Census Reporter Profile page for Columbia, SC Metro Area <http://censusreporter.org/profiles/31000US17900-columbia-sc-metro-area/>.

⁵ State Immigration Data Profiles, "United States - Demographics & Social," Migration Policy institute, n.d., <https://www.migrationpolicy.org/data/state-profiles/state/demographics/US>.

⁶ The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2017 and 2018 American Community Survey.

⁷ Center for American Progress (2017). State-by-State Estimates of the Family Members of Unauthorized Immigrants <https://www.americanprogress.org/issues/immigration/news/2017/03/16/427868/state-state-estimates-family-members-unauthorized-immigrants/>.

⁸ The U.S. Department of Homeland Security (DHS) has long-standing policies that restrict immigration enforcement actions in certain "sensitive locations," including places of worship, schools, and health care facilities. These policies are not written into law but are based on agency guidance. The lack of clarity in the policy memos and supplemental guidance gives agents considerable discretion and makes it difficult for advocates and community members to challenge agents' actions. More information on sensitive location policies and actions that can be taken to strengthen protections is available in this resource from CLASP: https://www.clasp.org/sites/default/files/publications/2018/06/2018_sensitivelocationsdetailed.pdf

⁹ Jynnah Radford and Luis Noe-Bustamante, Statistical portrait of the foreign-born population in the United States, Pew Research Center, 2017, <https://www.pewresearch.org/hispanic/2019/06/03/facts-on-u-s-immigrants/>

¹⁰ Some people who apply for a green card or a visa to enter the United States must pass a public charge test, which looks at whether the person is likely to use certain government services in the future. In making this determination, immigration officials review all of a person's circumstances, including their age, income, health, education, and skills, along with their sponsor's affidavit of support. Immigration officials can also consider whether a person has used the following public programs: SNAP, federal public housing and Section 8 assistance, Medicaid (except for emergency services, children under 21 years, and pregnant women, and new mothers), and cash assistance programs. For more information about public charge, please visit <https://protectingimmigrantfamilies.org/>.