

*Submitted via [www.regulations.gov](http://www.regulations.gov)*

Samantha Deshommes, Chief  
Regulatory Coordination Division, Office of Policy and Strategy  
U.S. Citizenship and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

I am writing on behalf of Alliance for Justice in response to the Department of Homeland Security's (DHS, or the Department) Notice of Proposed Rulemaking (NPRM or proposed rule) to express our strong opposition to the changes regarding "public charge," published in the Federal Register on October 10, 2018. Please read the linked material cited in this letter and consider it an integral part of our comments.

This proposal, if adopted, will harm the health and well-being of immigrants, their families, and our country as a whole by deterring people from seeking access to core health care, nutrition, and housing programs. The proposed rule would disproportionately impact children and their families, people of color, women, seniors, immigrants with disabilities, LGBT communities, survivors of domestic violence and sexual assault, low wage workers, and the communities in which they live. We ask that the rule be withdrawn in its entirety, and that the longstanding principles clarified in the 1999 field guidance remain in effect.

Alliance for Justice is a national association of 130 organizations, representing a broad array of groups committed to progressive values and the creation of an equitable, just, and free society. Since 1979, AFJ has been the leader in advocacy for a federal judiciary that advances core constitutional values, preserves human rights and access to the courts, and adheres to the even-handed administration of justice for all Americans. Through its Bolder Advocacy program, AFJ provides thousands of nonprofits with the knowledge, tools, and technical support they need to advocate more effectively and amplify the impact of their work.

**We strongly oppose the proposed rule for the following reasons:**

**The proposal represents a drastic change in current immigration policy that harms the communities we seek to empower.** It would broadly expand the definition of public charge. Under current policy, a public charge is defined as an immigrant who is "likely to become primarily dependent on the government for subsistence," but the proposed rule radically expands this to include any immigrant who simply "receives one or more public benefits." This change would

dramatically increase the scope of who can be considered a public charge – and therefore denied permanent residence or an extension or renewal of a nonimmigrant visa – to include not just people who receive benefits as the main source of support, but also those who use safety net programs to supplement their earnings from low-wage work.

Under the 1999 guidance, only cash “welfare” assistance for income maintenance and government funded long-term institutional care can be taken into consideration in making a public charge determination, and only when it represents a person’s primary source of support. If the proposed rule is finalized, however, immigration officials could consider a much wider range of government programs, including most Medicaid programs, housing assistance such as Section 8 housing vouchers, Project-based Section 8, or Public Housing, SNAP (Supplemental Nutrition Assistance Program, formerly Food Stamps) and even assistance for seniors who have amassed the work history needed to qualify for Medicare and who need help paying for prescription drugs.

The rule also makes other detrimental changes, such as introducing an unprecedented and arbitrary income test, and weighing negatively many factors that have never been relevant. For example, the proposed rule details how being a child or a senior, having a large family, or having a treatable medical condition, or a negative credit score could be held against immigrants seeking permanent legal status. The rule also indicates a preference for immigrants who speak English, which would mark a fundamental change from our nation's historic traditions. Because this rule targets family-based immigration as well as low and moderate wage workers, it will also have a disproportionate impact on people of color. All of these changes amount to a sea change in American policy towards immigration, counting wealth and income as the most important indicators of a person’s future contribution.

**These massive changes are not only lacking in justification, but the NPRM itself acknowledges that the proposed rule would cause great harm to individuals, families, and communities. Yet it fails to adequately quantify these harms.** There is no problem with the existing guidance, and DHS has not shown any persuasive reason to expand the definition of “public charge.” Rather, this rule appears to be motivated by a desire to change America’s system of family-based immigration to instead give preference to the wealthy, in ways that the Administration has proposed through legislation and Congress has rejected.

## **1. Children and Families**

The proposed rule would be profoundly harmful to immigrants, their families, and the communities in which they live. It would cause —and has already caused — a chilling effect, as immigrant families are already afraid to seek programs that support their basic needs, even on a short-term basis. It could deter documented, working immigrants from using the programs their tax dollars help support, including health care, healthy, nutritious food, and secure housing. It would increase poverty and hunger, cause health needs to be neglected, and contribute to homelessness, preventing families from attaining economic security in the long run.

The fear created by these rules would extend far beyond immigrants who would be subject to the rule, harming entire communities as well as the infrastructure that serves them, such as schools,

hospitals, and clinics. All of these consequences are identified in the proposed rule itself, under costs; a substantial body of evidence demonstrates that they are highly significant and damaging.

Although the proposed rule claims that the public charge determination is supposed to be prospective, its effect will ultimately be retrospective, even though the use of public benefits is not dispositive of whether a family will use public benefits in the future. There is extensive research showing that generations improve their economic contributions over time, yet discouraging families from seeking health, nutrition, housing, or educational supports for their children will only make it harder for them to achieve economic security and self-sufficiency in the future.

The rule would be particularly harmful to the children of immigrant parents, regardless of their immigration or citizenship status. This is even acknowledged in the cost-benefit analysis of the proposal. The well-being of children is inseparable from the well-being of their parents and families. Children succeed when they are cared for by parents who can access needed health or mental health care, when their families have enough to eat, and have safe and affordable housing. On the other hand, when parents face financial or health challenges, they are likely to take a toll on the children as well.

## **2. People of Color**

The proposed rule will have a disproportionate impact on people of color. While people of color account for approximately 36% of the total U.S. population, of the 25.9 million people who would be potentially deterred from using public assistance by the proposed rule, approximately 90% are people from communities of color (23.2 million). Among people of color potentially chilled by the rule, an estimated 70% are Latino (18.3 million), 12% are Asian American and Pacific Islander (3.2 million), and 7% are Black people (1.8 million). Among people of color, approximately 33% of Latinos, 17% of Asian American and Pacific Islander, and 4% of Black people would be potentially chilled potentially by the proposed rule.<sup>1</sup>

## **3. Women**

The proposed rule would be particularly harmful to women. It would force immigrant women into the untenable position of having to choose between caring for themselves and their families by seeking Medicaid, SNAP or other public benefits, or risking negatively impacting their immigration status. Moreover, it directly targets immigrant women's ability to make decisions about the structure of their families, particularly if or when to have children, by counting having a large family against them as part of the public charge determination.

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<sup>1</sup> 2012-2016 5-Year American Community Survey Public Use Microdata Sample (ACS/PUMS); 2012-2016 5-Year American Community Survey (ACS) estimates accessed via American FactFinder; Missouri Census Data Center (MCDC) MABLE PUMA-County Crosswalk. Custom Tabulation by Manatt health, 9/30/2018. Found online at <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

#### 4. Seniors

If this rule were implemented, many U.S. citizens may no longer be able to welcome their own parents into the country. This is because it will be nearly impossible for older adults to pass the “public charge” test under the new criteria. Instead of recognizing the value of intergenerational families that support each other, the proposed rule callously labels parents and grandparents as a burden because of their age and health needs and ignores the critical roles many grandparents play in caring for their grandchildren and other family members, often enabling others to work. Furthermore, this rule will impact seniors living in immigrant families in the U.S. who will be afraid to access services they need. Over 1.1 million noncitizens age 62 and older live in low-income households,<sup>2</sup> meaning they are likely to rely on public assistance programs to meet their basic needs.

The number of seniors in the United States who are immigrants is growing. Between 1990 and 2010, the number of immigrants age 65 and older grew from 2.7 million to nearly 5 million.<sup>3</sup> This is due to aging of the immigrant population who arrived during the 1980s and 90s as well as the rise in naturalized citizens who sponsor their parents to immigrate to the U.S. In fact, the number of parents of U.S. citizens who have been admitted as legal permanent residents nearly tripled between 1994 and 2017 and now account for almost 15% of all admissions and almost 30% of family-based admissions.<sup>4</sup>

Having health insurance is especially important for older adults. Medicare is a lifeline for most seniors, providing coverage for hospitals, doctors’ visits, and prescription drugs, but many immigrant seniors are not eligible for Medicare. Moreover, many Medicare beneficiaries rely on other programs to help them afford out-of-pocket costs. Almost 1 in 3 Medicare beneficiaries enrolled in Part D prescription drug coverage get “Extra Help” with their premiums and copays through the low-income subsidy.<sup>5</sup> Nearly 7 million seniors 65 and older are enrolled in both Medicare and Medicaid, and 1 in 5 Medicare beneficiaries relies on Medicaid to help them pay for Medicare premiums and

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<sup>2</sup> Manatt, Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard (Oct. 11, 2018), <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population#DataDashboard>

<sup>3</sup> Jeanne Batalova, Migration Policy Institute, Senior Immigrants in the United States (May 30, 2012), <https://www.migrationpolicy.org/article/senior-immigrants-united-states>

<sup>4</sup> *Comparing* Dept. of Homeland Security, Office of Immigration Statistics, *2017 Yearbook of Immigration Statistics*, Table 7, available at [www.dhs.gov/sites/default/files/publications/2016%20Yearbook%20of%20Immigration%20Statistics.pdf](http://www.dhs.gov/sites/default/files/publications/2016%20Yearbook%20of%20Immigration%20Statistics.pdf) with Immigration & Naturalization Service, Office of Policy & Planning, *Legal Immigration, Fiscal Year 1997*, Table 1, available at [www.dhs.gov/sites/default/files/publications/INS\\_AnnualReport\\_LegalImmigration\\_1997\\_1.pdf](http://www.dhs.gov/sites/default/files/publications/INS_AnnualReport_LegalImmigration_1997_1.pdf); see also Stacy Torres and Xuemei Cao, New York Times, “The Immigrant Grandparents America Needs,” (Aug. 20, 2018), available at [www.nytimes.com/2018/08/20/opinion/family-immigration-grandparents.html](http://www.nytimes.com/2018/08/20/opinion/family-immigration-grandparents.html).

<sup>5</sup> Kaiser Family Foundation, Medicare Part D in 2018: The Latest on Enrollment, Premiums, and Cost Sharing (May 17, 2018), available at [www.kff.org/medicare/issue-brief/medicare-part-d-in-2018-the-latest-on-enrollment-premiums-and-cost-sharing/](http://www.kff.org/medicare/issue-brief/medicare-part-d-in-2018-the-latest-on-enrollment-premiums-and-cost-sharing/).

cost-sharing.<sup>6</sup> Medicaid is also critical for long-term care, home and community-based services, dental, transportation, and other services Medicare does not cover and older adults could otherwise not afford.

## **5. People with Disabilities**

The proposed rule would create significant hardships for and discriminate against immigrants with disabilities. The proposal would deny them an opportunity to benefit from an adjustment in their immigration status equal to that available to immigrants without disabilities.<sup>7</sup> Under the proposal, the Department will consider a wide range of medical conditions, many of which constitute disabilities, as well as the existence of disability itself, in determining whether an immigrant is likely to become a public charge. Although DHS states that disability will not be the “sole factor,” in that determination, the Department fails to offer any accommodation for individuals with disabilities and instead echoes the types of bias and “archaic attitudes” about disabilities that the Rehabilitation Act was meant to overcome.<sup>8</sup>

The proposal would also discriminate against people with disabilities by defining an immigrant as a public charge for using (for the specified periods and amounts) non-cash benefits which individuals with disabilities rely on disproportionately, often due to their disability and the discrimination they experience because of it. For example, about one-third of adults under age 65 enrolled in Medicaid have a disability, compared with about 12% of adults in the general population. Many of these individuals are eligible for Medicaid precisely because of their disability. Likewise, more than one-quarter of people who use SNAP benefits for nutritional support are also disabled. Many of these individuals rely upon such benefits so that they can continue to work, stay healthy, and remain productive members of the community.

By deeming immigrants who use such programs as a public charge, the regulations will disparately harm individuals with disabilities and impede their ability to maintain the very self-sufficiency the Department purports to promote and which the Rehabilitation Act sought to ensure. Because many critical disability services are only available through Medicaid, the rule will prevent many people with disabilities from getting needed services that allow them to manage their medical conditions, participate in the workforce, and improve their situation over time.

## **6. LGBT Individuals and Families**

The proposed public charge regulation would have significant harmful effects on lesbian, gay, bisexual, and transgender (LGBT) immigrants and their families. There are an estimated 904,000

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<sup>6</sup> Kaiser Family Foundation, Medicaid Enrollment by Age, [www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-age/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-age/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

<sup>7</sup> 6 CFR 15.30(b)(1)(ii), (iii), (iv)

<sup>8</sup> School Bd. of Nassau Cty. v. Arline, 480 U.S. 273, 279 (1987).

LGBT immigrants living throughout the U.S.<sup>9</sup> While there are no specific data collected or reported by the Departments of Homeland Security or State about LGBT immigrants, LGBT individuals always have, and will continue to use family-based, employment-based, and other available categories to apply for lawful permanent residence in the U.S. For example, LGBT immigrants in same-sex marriages are recognized as spouses under U.S. immigration law after the 2013 U.S. Supreme Court decision in *U.S. v. Windsor*. LGBT individuals with higher education and skills often are able to use employment-based visas to work in multi-national and domestic corporations that welcome and support diverse employees, including LGBT employees. Since the 1990's, LGBT refugees who are fleeing persecution based on their sexual orientation or gender identity have been able to find legal protection in the U.S., but often face many hurdles in proving their claims to persecution.

Similar to other immigrants, not all LGBT immigrants and their families have achieved economic success and financial security. Many LGBT immigrants and their families struggle economically and use some of the government programs that would make them ineligible for permanent residence under the proposed rule. As an intersectional subset of both the immigrant and LGBT populations, it is likely that tens of thousands of LGBT immigrants and their families, including those with U.S. citizen children, are using Medicaid, SNAP, and other government programs to assist themselves and their families with health insurance, nutrition, and other supports. For example, an estimated 11% of LGBT adults ages 18-64 use Medicaid as their health insurance program.<sup>10</sup> An estimated 27% of LGBT adults ages 18-44 use SNAP, with higher utilization rates among racial and ethnic minority LGBT adults and those with children.<sup>11</sup> Some subset of these LGBT adults are LGBT immigrants and their families, who will be impacted by the proposed public charge regulation.

Moreover, because of continuing discrimination based on their sexual orientation and gender identity, LGBT immigrants, similar to all LGBT individuals, face additional challenges in accessing and maintaining education, employment, housing, and health care, and may be more likely to need assistance with basic family supports such as health insurance and nutrition programs. The multiple and intersectional identities of LGBT immigrants means they are more likely to face discrimination that restricts educational, employment, and other opportunities. These cumulative and compounding experiences of discrimination make transgender immigrants particularly vulnerable.

## **7. Survivors of Domestic Violence and Sexual Assault**

The public charge rule will have a detrimental impact on survivors of domestic violence and sexual assault and their ability to obtain and maintain safety after suffering abuse. While survivors seeking immigration status are exempt from the application of the public charge ground of inadmissibility when adjusting through the VAWA or U pathways, *i.e.*, see INA 212(a)(4)(E), and

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<sup>9</sup> Gates GJ. LGBT Adult Immigrants in the United States, The Williams Institute, 2013, at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTImmigrants-Gates-Mar-2013.pdf>

<sup>10</sup> Conron KJ, Goldberg SK. LGBT Adults on Medicaid, The Williams Institute, 2018, at: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Medicaid.pdf>

<sup>11</sup> Brown TNT, Romero AP, Gates GJ. Food Insecurity and SNAP Participation in the LGBT Community, The Williams Institute, 2016, at: <https://williamsinstitute.law.ucla.edu/wpcontent/uploads/Food-Insecurity-and-SNAP-Participation-in-the-LGBT-Community.pdf>

proposed 8 CFR 212.25, many survivors of domestic violence and sexual assault and their family members do not seek immigration status in those categories. The proposed rule will harm not only individuals who are seeking immigration status or entry into the United States, but also U.S.- born survivors or those who already have lawful status in households where family members will be seeking entry or immigration status in the future.

Access to health care, housing, food assistance, and other safety net benefits play a pivotal role in helping survivors overcome domestic violence and sexual assault. Survivors should not be discouraged from seeking economic security programs to escape abuse or recover from the trauma they've experienced.

While domestic violence and sexual assault occur across the socio-economic spectrum, there are unique challenges and barriers at the intersection of gender-based violence and economic hardship. Abuse can cause poverty: survivors who might not have previously been considered low-income may experience financial hardship, because the consequences of abuse may undermine their ability to work or maintain their housing, health, or otherwise access financial security.<sup>12</sup> For example, many abusive partners, in order to exercise control over their partners and their children, will actively seek to prevent and sabotage their partner from attaining economic independence or stability by limiting their access to financial resources, interfering with employment, ruining credit, and more.<sup>13</sup> Sexual assault survivors may be forced to leave their housing and/or employment as a result of the violence, and become even more at risk for sexual violence as a result.<sup>14</sup> In these instances, the public charge rule's primary focus, for example, on the health, financial status, family size, and education, on the applicant for admission will unduly punish victims for the consequences of abuse they've faced. Not only does this undermine federal and state policies to support survivors, by discouraging them from accessing critical services, but it exacerbates the harmful impacts of the abuse and possibly keeps people trapped in abusive situations.

Nutrition, health care, and housing programs benefits are a necessity for survivors of domestic violence and sexual assault, allowing them to rebuild their lives after violence. In a 2017 survey of service providers working with victims of violence, over 88% of respondents said that SNAP is a very critical resource for a significant number of domestic violence and sexual assault victims. Specifically, nearly 80% of respondents reported that most domestic violence victims rely on SNAP to help address their basic needs and to establish safety and stability, and 55% of respondents said

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<sup>12</sup> See, e.g., Eleanor Lyon, *Welfare, Poverty and Abused Women: New Research and its Implications*, National Resource Center on Domestic Violence (Oct. 2000), available at <https://vawnet.org/material/welfare-poverty-and-abused-women-new-research-and-its-implications>;

<sup>13</sup> See, e.g., Postmus, J. L., Plummer, S. B., McMahon, S., Murshid, N. S., & and Mi Sung Kim, M. S. (2012). Understanding economic abuse in the lives of survivors. *Journal of Interpersonal Violence*, 27(3),411–430., Adams, A, Sullivan,C, Bybee, D, & Greeson, M. (2008), Development of the scale of economic abuse *Violence Against Women*, 13, 563-588.

<sup>14</sup> See, e.g., Loya, R. M. (2014) Rape as an economic crime: The impact of sexual violence on survivor's employment and economic well-being. *Journal of Interpersonal Violence*, 30 (16), 2793-2813.doi:10.1177/0886260514554291

the same is true of most sexual assault victims.<sup>15</sup> Access to assistance programs is an important factor in survivors' decision-making about whether and how they can afford to leave a dangerous situation, and in planning how to keep themselves and their children healthy, well, and housed.<sup>16</sup> As this data illustrates, publicly-funded resources are imperative for women's safety.<sup>17</sup> The Centers for Disease Control has concluded that improving financial security for individuals and families can help reduce and prevent intimate partner violence.<sup>18</sup> This rule will make it more likely that survivors are either compelled back into an abusive relationship, or face destitution and homelessness.

## 8. Low Wage Workers

The proposed rule would be profoundly harmful to low-wage workers. The proposed rule assumes that there are two categories of people, independent workers and dependent benefit recipients, that the two groups don't overlap, and that people don't move between the two. However, due to the nature of low-wage work, there is a lot of overlap between workers and people who receive benefits. Many employers don't pay workers enough, they provide few if any benefits, and they don't provide opportunities for advancement or career growth. This is particularly true for women and people of color. In 2016, approximately 24% of workers in the United States earned poverty-level wages.<sup>19</sup> The Federal Poverty Level in 2016 for a family of four was \$24,300<sup>20</sup> and in 2018 it is \$25,100.<sup>21</sup>

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<sup>15</sup> Goodman, S. *The Difference Between Surviving and Not Surviving: Public Benefits Programs and Domestic and Sexual Violence Victims' Economic Security* (Jan. 2018), available at <https://vawnet.org/material/difference-between-surviving-and-not-surviving-public-benefits-programs-and-domestic-and>

<sup>16</sup> Lyon, E., Lane, S., & Menard, A. (2008). *Meeting Survivors' needs: A multi-state study of domestic violence shelter experiences*. Washington, DC: National Institute of Justice. At: [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/MeetingSurvivorsNeeds-FullReport.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/MeetingSurvivorsNeeds-FullReport.pdf);

Lyon, E., Bradshaw, J., & Menard, A. (2011). *Meeting Survivors' Needs through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study*. Harrisburg, PA: National Resource Center on Domestic Violence. At: [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/DVServicesStudy-FINALReport2011.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/DVServicesStudy-FINALReport2011.pdf);

Kimerling, R., Alvarez, J., Pavao, J., Mack, K. P., Smith, M. W., & Baumrind, N. (2009). *Unemployment Among Women: Examining the Relationship of Physical and Psychological Intimate Partner Violence and Posttraumatic Stress Disorder*. *Journal of Interpersonal Violence*, Vol. 24, No. 3, at 450-463.

<sup>17</sup> Eleanor Lyon, *supra*, Note 1 ("Several studies in the past ten to fifteen years have documented the importance of economic resources for battered women's decision-making").

<sup>18</sup> Centers for Disease Control (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Available at <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

<sup>19</sup> Economic Policy Institute, *State of Working America Data Library*, "Poverty Level Wages," Updated February 13, 2017. <https://www.epi.org/data/#?subject=povwage>; [CPS ORG](https://www.census.gov/povdata/data-tables.html) | Census Bureau (poverty threshold).

<sup>20</sup> <https://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references>

<sup>21</sup> <https://aspe.hhs.gov/poverty-guidelines>



Low-wage jobs occupy a growing share of the labor market with nearly one in three workers earning under \$12 an hour.<sup>22</sup> Six of the 20 largest occupations in the country – retail salespersons, cashiers, food preparation and serving workers, waiters and waitresses, stock clerks, and personal care aides – have median wages close to or below the poverty threshold for a family of three (\$20,420).<sup>23</sup> We all get sick, and we all face adversity at times – in fact, two-thirds of Americans between the ages of 20 and 65 will reside in a household that uses a social welfare program such as SNAP or Medicaid at some point in their life.<sup>24</sup> For low-wage workers and their families, health, food, and other programs can supplement earnings and enable them to thrive. Contrary to the assumptions underlying the proposed rule, benefits like health and nutrition programs encourage and enable people to work and be a source of support for themselves and their families, not public charges.

**For these reasons, the Department should immediately withdraw its current proposal, and dedicate its efforts to advancing policies that strengthen, rather than undermine, the ability of immigrants to support themselves and their families in the future.** If we want our communities and our country to thrive, everyone must be able to get the care, services and support they need to remain healthy and productive. To deny the basic human needs of food, shelter, and health care to residents of our communities is simply not in line with our American values, and it diminishes us all.

Thank you for the opportunity to submit comments on the proposed rulemaking. Please do not hesitate to contact Nona Randois at (213) 346-3288 if you have any questions.

Sincerely,

Nona Randois  
California Director  
Alliance for Justice

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<sup>22</sup> Economic Policy Institute and Oxfam America, “Few Rewards: An Agenda to Give America’s Working Poor a Raise,” 2016, [https://www.oxfamamerica.org/static/media/files/Few\\_Rewards\\_Report\\_2016\\_web.pdf](https://www.oxfamamerica.org/static/media/files/Few_Rewards_Report_2016_web.pdf).

<sup>23</sup> Brynne Keith-Jennings and Vincent Palacios, “SNAP Helps Millions of Low-Wage Workers,” Center on Budget and Policy Priorities, May 2017, <http://www.cbpp.org/research/food-assistance/snap-helps-millions-of-low-wage-workers>.

<sup>24</sup> Mark R. Rank and Thomas A. Hirschl, “Welfare Use as a Life Course Event: Toward a New Understanding of the U.S. Safety Net,” *Social Work*, Volume 47, Issue 3, 1 July 2002, Pages 237–248, <https://doi.org/10.1093/sw/47.3.237>.