

Testimony by the New York Legal Assistance Group

before the NYC Council Committee on Immigration regarding:

**Introduction 0085-2024A, A health survey of newly arrived migrants and asylum seekers,
and to repeal such amendments upon the expiration thereof; The Experiences of Black
Migrants in New York City**

Chair Avilés, Council Members, and staff, good afternoon and thank you for the opportunity to speak to the Immigration Committee. My name is Monica Tulchinsky, and I am a Senior Staff Attorney in the LegalHealth division of the New York Legal Assistance Group (NYLAG). NYLAG uses the power of the law to help New Yorkers in need combat social, racial, and economic injustice. We address emerging and urgent legal needs with comprehensive, free civil legal services, impact litigation, policy advocacy, and community education. NYLAG serves immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence survivors, persons with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, veterans, as well as others in need of free legal services.

Health Survey of Newly Arrived Immigrants

LegalHealth, a division of NYLAG, is the largest medical-legal partnership in the United States. LegalHealth provides free legal assistance to New Yorkers who have serious or chronic health problems and face financial hardship. We bring together legal and medical professionals to improve the lives of patients and families when and where they need it most – in the healthcare

setting. LegalHealth serves 38 hospitals across New York City, including the entire Health + Hospitals public health system, and we handle over 10,000 legal matters each year.

NYLAG is proud to operate in a City that values its immigrant citizens and supports much-needed services to them through a variety of funding streams. Long-term, continued investment in legal services, and leveraging the deep expertise housed within organizations long engaged in this work, is crucial to meeting the current and future needs of immigrant families in New York. Our testimony today is focused on Introduction 0085-2024A proposing a health survey of newly arrived immigrants and asylum seekers.¹ Having operated our medical-legal partnership for over 20 years, we understand the nexus between health and legal issues, and its impact on the Social Determinants of Health. Social Determinants of Health are the non-medical circumstances that can directly affect one's health as well as limit access to quality healthcare. These include but are not limited to income,² racism, access to home care, secure quality housing, immigration status, and health insurance coverage. Racism as a SDOH affects Black people in the United States most significantly. Due to historical, structural, and medical racism, Black Americans suffer from significantly worse health outcomes and higher mortality rates.³ Black immigrants are particularly vulnerable due to the intersectional impact of racism and immigration status on health.⁴

NYLAG provides civil legal services to immigrant New Yorkers through a variety of our programming. We provide assistance with housing issues, public benefits access, immigration

¹ We are not testifying on bill T2024-0932, "Reports on the response to asylum seeker arrivals and requiring the use of budget codes for funding associated with the response to asylum seeker arrivals." However, we note that the collection of un-anonymized information about the status of submitted immigration applications would be deeply troubling.

² I would bring the Council's attention to an article in last week's New York Times entitled, "Many Patients Don't Survive End- Stage Poverty," speaking to the link between health outcomes and the Social Determinants of Health. See <https://www.nytimes.com/2024/04/11/opinion/doctor-safety-net-hospital.html>

³ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4181672/> ; <https://www.stkate.edu/academics/healthcare-degrees/racism-in-healthcare>

⁴ See <https://www.kff.org/racial-equity-and-health-policy/issue-brief/five-key-facts-about-black-immigrants-experiences-in-the-united-states/>

applications, health insurance coverage, and defending immigrants in immigration court, among others. Since Spring of 2022, in response to the large numbers of newly arrived immigrants, community-based organizations and legal service providers, NYLAG among them, came together to develop innovative programming to respond to both the emerging, as well as ongoing, need for services. In 2023, NYLAG served 27,118 immigrants. In the same year, LegalHealth alone served immigrants from 145 countries in a total of 5,600 legal matters including but not limited to immigration, housing, and public benefits. In 2023, LegalHealth provided legal services to 216 Venezuelans, 623 Ecuadorians, and 246 Colombians, countries from which a large portion of newly arrived New Yorkers fled.⁵ NYLAG harnesses the power of law to address patients' SDOH, promoting stability, security, and ultimately improving health outcomes.

LegalHealth has seen firsthand the landscape of the social determinants of health, health challenges and related legal issues that immigrant New Yorkers face – and the need for funding for both health and legal services. Many immigrants who come to our hospital legal clinics need to stay in New York City's shelter system and request various types of related legal assistance. Most troublingly, currently most new-immigrant adults are only permitted to stay in shelter for 30 days, unless they can prove "extenuating circumstances," so far a loosely defined concept.⁶ If they are not able to prove extenuating circumstances, some will have no choice but to sleep on the street. And once sleeping outside, their health is likely to rapidly deteriorate.⁷

⁵ See <https://www.cityandstateny.com/policy/2023/08/venezuela-and-colombia-are-top-countries-origin-nyc-asylum-seekers/389888/#:~:text=As%20of%20July%2030%2C%20people,18%25%20and%2013%25%20respectively>

⁶ See https://iapps.courts.state.ny.us/nyscef/ViewDocument?docIndex=mMvITZFjq_PLUS_X/RU7jGZrf4Q==

⁷ See <https://nhhc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

For those lucky enough to obtain shelter placements, NYC shelters do not typically provide healthy food options⁸ and may be located in “food deserts.” Unfortunately, we must advise the vast majority of our new immigrant clients that they do not qualify for food stamps, which would allow them to access food outside the shelter. The lack of access to quality food exacerbates underlying medical issues, such as diabetes, hypertension, and kidney issues. Immigrants often also request assistance with shelter accommodations because they or their children have disabilities and/or suffer from allergies to rodents and/or cockroaches, which often infest shelter housing.⁹ For anyone, but especially for children, living in such conditions can severely impact the respiratory system and lead to multiple Emergency Room admissions.

One of the many services we provide in our hospital legal clinics is advice on whether patients qualify for public benefits. Many immigrants we meet in our legal clinics are in shelter precisely because they do not qualify for rental assistance, public housing, or any other housing benefits. With housing availability and affordability at an all-time low in NYC, immigrants face incredible barriers to housing, much less affordable housing. In light of the new limits on shelter stays,¹⁰ many immigrants have and will experience housing instability, living in overcrowded conditions or at worst become street homeless. This has already happened to so many of our clients, who after 30 days in shelter have had no choice but to sleep outside, on the subway or on the floor of religious establishments. Housing instability is a serious public health concern and

⁸ See <https://www.fox5ny.com/news/nyc-migrant-crisis-shelter-food-insecurity>

⁹ See https://www.nysenate.gov/sites/default/files/horrors_in_homeless_housing_-_full_report.pdf

¹⁰ See <https://www.nbcnewyork.com/investigations/migrant-crisis/nyc-right-to-shelter-rule-settled/5228845/>

causes a range of physical and mental health issues, including chronic disease and premature death.¹¹

In addition, many immigrants have serious and chronic illnesses for which legal interventions are needed. Many of the immigrants we serve, including recent arrivals, have suffered injuries or trauma because of their arduous journeys to get to the US. Some immigrants suffered such severe physical injury and trauma in their home countries that they undertook great personal risk to come here, and some become ill after arriving in this country. Legal interventions are needed in these cases to ensure access to health insurance and ultimately to care. These legal interventions are required because lack of current immigration status prevents access to many forms of health insurance and care, which ultimately detrimentally impacts health outcomes without intervention.¹²

We urge the Council to pass Introduction 0085-2024A. This bill would provide the needed information to understand the health needs of the immigrant communities in New York, and thereby adequately address their health concerns. In considering immigrants' long-term health needs, the Council should not forget the social needs, including legal services, that often impact health. We are at a very critical point in serving the immigrant population in New York City due to recent drastic cuts in funding for immigrant services,¹³ with more possibly on the horizon.

¹¹ "A study of newly homeless people in the New York City shelter system found that 6 percent had diabetes, 17 percent had hypertension, 17 percent had asthma, 35 percent had major depression, and 53 percent had a substance use disorder — indicating that chronic disease is more common among people who are newly homeless than among the general population.²⁵ People who are homeless also have an increased risk of premature death.... The health effects of homelessness can begin early in life, as pregnant women who are homeless are more likely to deliver preterm and low birthweight babies." <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability>

¹² <https://www.annualreviews.org/content/journals/10.1146/annurev-publhealth-032013-182419>
<https://genderpolicyreport.umn.edu/immigration-status-a-political-determinant-of-health/>

¹³ See <https://www.cbsnews.com/newyork/news/nyc-slashing-spending-on-asylum-seeker-services-by-another-10-mayor-adams-says/>

The Experience of Black Migrants in New York City

We want to uplift the testimony, statements, and insight of Black migrants regarding what their experiences and needs are, as well as our esteemed colleagues and partners at African Communities Together, Black Alliance for Immigrant Justice (BAJI) and Pan-African Community Development Association, and the panelists from Afrikana and Undocublack, among others.

Legal Service providers, NYLAG's Immigrant Protection Unit among them, have come together to develop innovative programming to maximize the limited legal resources and personnel and to ensure that linguistic and cultural needs are incorporated in service delivery. We have called this program the Pro Se Plus Project (PSPP) and have sought out and secured private funding to pilot this project. The PSPP is centering community-based organizations, such as African Communities Together, Venezuelan Immigrant Assistance (VIA), and MASA, to provide linguistically and culturally appropriate orientation, information, and guidance. While the PSPP collaborative does not track racial data, we have served Black migrants from all recently arrived immigrant communities, including Guinean, Senegalese, and Mauritanian immigrants from Africa, Afro-Latino immigrants from Venezuela, Colombia, Ecuador, and Honduras, and Afro-Caribbean immigrants from the Dominican Republic, Jamaica, Haiti, and Cuba. NYLAG has provided 180 consultations to immigrants from primarily-Black countries and 50 pro se application filings for recently arrived immigrants from primarily-Black countries.

Because race and ethnicity are bases for seeking asylum, NYLAG works closely with our community partners to engage our clients in discussions about racial persecution, discrimination, and structural injustices that will inform their applications for immigration relief. NYLAG collaborates with Black Alliance for Immigrant Justice (BAJI) and Pan-African Community Development Association to educate ourselves on the nuances of our clients' needs and the constellation of challenges Black immigrants face in their journey towards stability, integration, and immigration relief.

Finally, NYLAG recognizes that Black immigrants are more vulnerable to immigration enforcement and surveillance and more vulnerable to the criminal justice system due to over policing and racial profiling which create a negative spiral for Black immigrants' ability to achieve positive outcomes on their immigration case and protection from deportation. NYLAG work closely with the Office of Asylum Seeker Operations, the city and state NYIFUP providers, public defenders, and the Immigrant Defense Project (IDP) to receive referrals for immigrants who are detained or at imminent risk of detention through our Rapid Response Legal Collaborative (RRLC).

NYLAG met A.S. who is a young male asylum seeker from Guinea at a community site in the Bronx, NY for an in-person consultation. A.S. and his family were repeatedly targeted and persecuted by the Guinean military due to their political opinion and their ethnic group, Fulani. On one occasion, military officials broke into A.S.'s family home and attempted to rape his aunt. A.S. was stabbed multiple times in the face and abdomen by these officials when he intervened and protected his family and aunt. Consequentially, he has suffered chronic, long-term health issues in his abdomen and has been treated multiple times on an emergency basis at NYC hospitals. NYLAG filed a pro se asylum application on behalf of A.S., and then connected him with our PSPP partner organization, African Communities Together, to connect him with case management services in his preferred language and apply for health insurance so that he can seek non-emergency medical treatment for his condition.

A.B. is a Guinean asylum seeker who was targeted and harmed by the police due to her political opinion and ethnic group, Fulani, and who suffered female genital mutilation ("FGM"), forced marriage, and domestic violence in her home country. NYLAG provided A.B. an in-person consultation at a community partner site in the Bronx, NY and assisted her with a pro se asylum application at one of our PSPP clinics. At the clinic, A.B. confided that she continues to experience

chronic gynecological issues related to the FGM that she suffered. NYLAG referred her to PSPP partner organization, African Communities Together, for case management services in her preferred language and to connect her with culturally appropriate and sensitive medical care.

I want to once again take the opportunity to thank Chair Avilés and the members of the Committee for their exceptional leadership and commitment to overseeing issues related to immigrants in New York City. NYLAG would welcome the opportunity to discuss any of these matters with the Committee further.

Respectfully Submitted,

Monica Tulchinsky

New York Legal Assistance Group