



Office of  
Immigrant Affairs  
Nisha Agarwal  
Commissioner

November 28, 2017

**Testimony of Acting Commissioner Bitta Mostofi  
NYC Mayor's Office of Immigrant Affairs**

Before a hearing of the New York City Council Committees on Immigration and Health:

“Oversight – Immigrant Access to Healthcare”



Thank you to Chair Menchaca, Chair Johnson, and the members of the Committee on Immigration and the Committee on Health. My name is Bitta Mostofi and I am the Acting Commissioner of the Mayor's Office of Immigrant Affairs (MOIA).

In my testimony today on behalf of the Administration, I will describe the work the City has done to connect immigrants to the health care system. Health care is a right that should be available to all, regardless of their immigration status or ability to pay. New York City is a leader when it comes to access to health care for our residents, including immigrants. Our health care system, including NYC Health + Hospitals and services through the Department of Health and Mental Hygiene (DOHMH), is a remarkable resource—open to all, regardless of status or ability to pay, with strong language access and cultural competency efforts—and there are many insurance programs open to immigrants. In our health access work, we have learned that perhaps the biggest area of need is to provide information and connect uninsured immigrants who are unaware of their options or afraid to access this remarkable health care system.

In order to accomplish that, this Administration has launched innovative programs focused on connecting immigrants to the health care system, and our efforts have been successful. One example of this success is MOIA's recently launched expansion of the ActionNYC immigration legal services program into NYC Health + Hospitals facilities, where we have been able to provide long-term care patients and others with immigration relief so that they can qualify for public health insurance and be secure in their legal status. In addition to this groundbreaking City investment, I will describe the range of work taking place to improve immigrant health access across the Administration.

### **Background**

The City's public health care system is the largest municipal health care system in the country. NYC Health + Hospitals serves over 1 million New Yorkers every year in more than 70 locations across the city, and is by far the largest provider of care to the uninsured and underinsured in New York State. In fact, NYC Health + Hospitals serves a disproportionate share of the uninsured and underinsured population.

The patients at NYC Health + Hospitals reflect the incredible diversity of the City. More than four in ten patients were born outside of the United States, with the most common places of birth being the Dominican Republic, Mexico, and Jamaica. Nearly one in three patients is limited English proficient and requires language assistance services, with the most commonly requested languages being Spanish, Bengali, and Mandarin.

In addition to our care delivery system through NYC Health + Hospitals facilities and DOHMH health centers, New York City is able to help many immigrants get health insurance. Thanks to hard-won state laws and policies, Child Health Plus is available to all children under 19 years of age, regardless of immigration status, and many immigrants with a variety of permanent and temporary statuses are eligible for the Essential Plan, Medicaid, or assistance through the New York State of Health Marketplace.

About 350,000 noncitizens in NYC remain uninsured,<sup>1</sup> many in immigrant neighborhoods like Sunset Park, Corona, Jackson Heights, and parts of the Bronx. But the City has made significant progress. Because of increased access to health insurance through the Affordable Care Act, state laws on the issue, and increased efforts by the City to reach uninsured populations, there has been a drop in the percentage of uninsured noncitizens. In 2013, approximately 35% of noncitizens were uninsured,<sup>2</sup> but in 2016 that percentage dropped to about 25%.<sup>3</sup>

### **Connecting Immigrants to Health Care and Health Insurance**

Linking immigrants to the health care system requires coordination by many City agencies and community-based organizations. For example, in 2014 and 2015, over thirty City agencies, community-based organizations, health care providers, and advocacy organizations participated in the Mayor's Task Force on Immigrant Health Care Access to identify barriers to access and develop recommendations. This Administration has worked with our partners to implement the Task Force's recommendations, and has gone beyond those recommendations to help immigrants access health care. MOIA, the Public Engagement Unit (PEU), DOHMH, the Human Resources Administration (HRA), NYC Health + Hospitals, and others continue to work together to find new ways to provide health services and to create an integrated experience for immigrants accessing City services.

#### *ActionNYC in NYC Health + Hospitals*

MOIA recently partnered with the New York Legal Assistance Group (NYLAG) and NYC Health + Hospitals to launch our groundbreaking ActionNYC in NYC Health + Hospitals program. This program is the largest ever municipal investment in the country in an immigrant-focused medical-legal partnership: over \$1.5 million baselined for FY18. ActionNYC brings free and safe immigration services to patients and community members, which in turn can help these clients qualify for public health insurance.

Earlier this year, ActionNYC began serving patients and community members at NYC Health + Hospitals/Gouverneur, NYC Health + Hospitals/Elmhurst, and NYC Health + Hospitals/Lincoln. The expansion of services into hospitals has proved effective. Clients who receive legal status can then access insurance options not previously available to them. To date, we have screened 613 patients and community members.

In late 2016, ActionNYC's NYLAG mobile legal team began serving uninsured patients in NYC Health + Hospitals long-term care and post-acute care settings. This part of the program has been a great success, screening 165 patients across seven facilities. The power of this program cannot be overstated. This program has not only provided peace of mind to our clients, but also allows NYC Health + Hospitals to receive insurance payments for their treatment. The City has baselined about \$400,000 a year for this program. We estimate that the new insurance enrollments that we have already achieved or will soon achieve, will translate to approximately

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<sup>1</sup> U.S. Census Bureau, 2016 American Community Survey 1-year estimates.

<sup>2</sup> U.S. Census Bureau, 2013 American Community Survey 1-year estimates.

<sup>3</sup> U.S. Census Bureau, 2016 American Community Survey 1-year estimates.

\$2.1 million per year in newly generated Medicaid revenue for NYC Health + Hospitals.<sup>4</sup> We expect this number to rise as the number of health insurance enrollments increases.

ActionNYC in NYC Health + Hospitals has already had a tangible effect on our clients' lives. One client, Mr. S, recently arrived from Venezuela and was directed to the program by a stranger on the street who heard that immigration help was now available to the public at hospitals. Mr. S is a politically-active journalist who fled Venezuela after ongoing threats against him escalated. Homeless and in emotional and financial distress, Mr. S was able to secure a bed in a shelter after receiving assistance from the program, and NYLAG began an intake for a possible asylum claim. NYLAG connected him to a non-profit that assists persecuted journalists, and to financial resources that enabled him to find housing and leave the shelter. The NYLAG team helped Mr. S become a hospital patient, where he is receiving medical and psychiatric care as they prepare his asylum case. This is just one of the stories of the people who have been connected to health services as well as legal assistance through the ActionNYC in NYC Health + Hospitals program.

#### *IDNYC*

The Administration has worked to make it easier for IDNYC cardholders to access and interact with the health care system.

The City's official prescription drug discount plan, BigAppleRx, is integrated into the IDNYC card to provide prescription drug discounts at more than 2,000 pharmacies citywide. As of September 2017, IDNYC cardholders have used this benefit to save over \$618,000 on their prescriptions.

IDNYC has partnered with NYC Health + Hospitals to allow cardholders to link their IDNYC cards to their records at most NYC Health + Hospitals facilities, speeding up the registration process and appointment check-ins. As of September 2017, 4,392 cardholders have linked their IDNYC cards to their NYC Health + Hospitals accounts.

IDNYC cardholders can also use their IDNYC numbers online to access their own or their children's official immunization records from the Citywide Immunization Registry. Parents or guardians can see which vaccinations their child still needs, and can print out a vaccination history for child care, school registration, college admission, summer camp, and more. As of September 2017, 1,568 cardholders have accessed vaccine records using an IDNYC number.

IDNYC allows cardholders to choose to register as an organ donor. If the IDNYC cardholder consents, the City sends their name and identifying information to the New York State Department of Health. To date, over 160,000 cardholders have chosen to register to be an organ donor through IDNYC.

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<sup>4</sup> This estimate is based on average Medicaid rates per recent NYC Health + Hospitals data, but this figure may change based on actual Medicaid rates, discharge, and other factors.

### *Task Force Recommendations*

This Administration continues to work with its many partners, including its sister agencies and community-based organizations, to implement the Task Force's recommendations.

Immigrants in New York City have more health insurance options than immigrants in many other parts of the country due to inclusive state laws and policies. The Administration has invested in a year-round, multi-agency campaign, GetCoveredNYC, to connect immigrants and others to the health insurance options available to them. MOIA has trained the 40 GetCoveredNYC specialists at PEU, who are multilingual and experienced in outreach to the diverse uninsured populations across the five boroughs, on immigration status eligibility questions. This specialized immigrant-focused outreach was incorporated into the larger GetCoveredNYC campaign, which includes year-round multilingual ads and texting services, as well as on-the-ground outreach to communities across the City. MOIA also arranged in-depth trainings for City health insurance enrollers on immigrant eligibility rules.

MOIA and our sister agencies have also worked to provide information about these health insurance options through community outreach. MOIA has published and distributed a resource guide for immigrants that includes health care and insurance information in 11 languages. Through its Office of Citywide Health Insurance Access (OCHIA), HRA works to expand access to health insurance for all New Yorkers. HRA partners with public and private organizations to make health insurance outreach and enrollment assistance available on-site at City offices and community events. HRA/OCHIA has also created a Guide to Health Insurance and Health Care Services for Immigrants in New York City. The guide is available in 11 languages in print and online, and has been widely circulated across City agencies, local communities, faith-based organizations, as well as through targeted training sessions and workshops.

The Task Force called on the City to ensure the provision of culturally and linguistically competent health care, and we continue to work on this issue alongside our partners at NYC Health + Hospitals and beyond.

In response to the Task Force's call for a "direct access" program, the Administration launched a demonstration project in 2016 called ActionHealthNYC, which served low-income immigrants who were not eligible for health insurance through the New York State of Health Marketplace. ActionHealthNYC helped coordinate care for uninsured immigrants, including primary and specialty care. This program was a privately-funded partnership between MOIA, DOHMH, HRA, NYC Health + Hospitals, several Federally Qualified Health Centers, and community-based organizations. The program completed its one-year demonstration on June 30, 2017. The City will review the results of the program's evaluation, which is underway and will be completed soon, for findings related to improving access to care for uninsured immigrants.

### *Additional Outreach and Access to Health Care Services*

The Administration continues to improve access to health care services across the City. In 2015, NYC Health + Hospitals partnered with the NYC Economic Development Corporation on the Caring Neighborhoods initiative, to expand primary care to underserved populations, including immigrants. The Caring Neighborhoods project will include seven facilities. Sixteen



neighborhoods are now receiving expanded services at the five sites that are open. Patients at these sites are now able to access comprehensive primary care, as well as specialty care based on community needs, which includes behavioral health, cardiology, endocrinology, and after-hours urgent care.

We have recognized a need for additional mental health supports for immigrant New Yorkers. The Trump Administration's xenophobic and toxic rhetoric and policies have directly affected many immigrant New Yorkers. Calls for increased immigration enforcement, hateful speech, and instances of discrimination have created deep fear and anguish in our immigrant communities. In response, MOIA and its sister agencies are doing outreach to immigrant communities in order to connect immigrants in need to NYC Well, a cornerstone of the City's ThriveNYC plan. NYC Well provides a suite of mental health services, including crisis counseling, short-term counseling, follow-up services, and referrals, 24 hours a day, 7 days a week, and 365 days a year. Mental health professionals are available through NYC Well in more than 200 languages. All MOIA outreach staff have been trained on the mental health services available through ThriveNYC, and MOIA has cross-trained ThriveNYC staff and providers on outreach to immigrant communities. Also, MOIA recently worked with DOHMH to issue a letter to mental health providers citywide about challenges their DACA-recipient patients may experience as a result of the stress caused by the Trump Administration's decision to terminate DACA. The Administration has reached out to immigrant students and families: early this year the New York City Department of Education sent students home with information about NYC Well and available health care resources in an effort to reach immigrant families.

We have also undertaken special insurance outreach efforts for specific populations in need—in particular, children and young adults.

As part of the response to the surge in unaccompanied minors arrivals in 2014, DOHMH provided bilingual health insurance enrollment services at the federal immigration court to help inform and enroll unaccompanied minors and their families in public health insurance. From September 2014 through August 2017, DOHMH staff screened over 7,700 adults and children, nearly 35 percent of whom did not have insurance.

MOIA has worked to connect DACA recipients to public insurance. In 2016, MOIA launched a \$300,000 campaign to encourage those eligible to apply for Deferred Action for Childhood Arrivals (DACA), and to connect DACA recipients to Medicaid, funded by a grant from the New York State Health Foundation. As part of the campaign, around 30 navigators and attorneys and about 90 Certified Application Counselors and health advocates were trained on DACA applicants' and recipients' Medicaid eligibility. In the quarter before our campaign launched, only about 750 initial DACA applications were filed in New York State, and in the months directly following our campaign more than 3,400 immigrants filed initial applications for DACA—a 450% increase in applications statewide, the majority of which we believe were here in NYC and may have been sparked by our campaign. Our campaign helped immigrants access DACA, as well as health insurance.

### **Challenges in a New Federal Climate**

In response to reports of immigrant residents' fears about using public health care services lest they be targeted for immigration enforcement, the Administration took immediate steps to reassure immigrants that health care services were still available to them and safe to access. MOIA and NYC Health + Hospitals issued an open letter to immigrant New Yorkers in December 2016 in 14 languages, reiterating the right to get medical care in NYC regardless of immigration status or ability to pay. We worked with NYC Health + Hospitals to post signs in welcome areas to say "We care about your health – not your immigration status." This is a message that has resonated in the immigrant community and has helped alleviate fear. DOHMH has placed similar signs in their health centers. MOIA, NYC Health + Hospitals, the New York Immigration Coalition, and NYLAG also held a series of forums at NYC Health + Hospitals facilities to inform patients of their rights and to reiterate NYC Health + Hospitals' commitment to protecting patient privacy and not inquiring about immigration status. We believe that our message has been heard by the community. While we remain deeply concerned about the chilling effect of the federal government's cruel and xenophobic immigration policies, the data do not show a measurable overall chilling effect on uninsured patients' utilization of services at NYC Health + Hospitals facilities.

We've seen other changes as a result of shifts in federal policy. The immigration courts across the country have ended the special priority docket for unaccompanied minors. This has made it more difficult for providers to reach this population with services, including health insurance. But the Administration continues to do outreach at other locations. In 2016, ActionNYC began to offer immigration legal services in public schools, aimed at serving both students and families that need support.

The end of DACA and the upcoming expiration of Temporary Protected Status (TPS) for several countries threaten many immigrants with the loss of their state Medicaid coverage. The City is deeply concerned about the impact of ending policies that have helped so many New Yorkers, and continues to advocate for solutions to protect DACA and TPS recipients. In addition, we are aware that the State government is considering public insurance options for former DACA and TPS recipients, and we look forward to working with the State on this issue.

The Trump Administration and Republicans in Congress have continued to attack the Affordable Care Act, which provides health insurance to millions of Americans, including many immigrant New Yorkers. For example, cuts to federal funding for outreach for the Affordable Care Act pose a serious barrier to enrollment. The Mayor has been a vocal advocate for the Affordable Care Act, and we will continue to fight against efforts to repeal or undermine it. The City is continuing efforts to connect immigrants with health insurance coverage, including through GetCoveredNYC and HRA/OCHIA's tailored services for immigrant populations.

### **Conclusion**

We thank the Council for being a crucial partner in the work to increase immigrant access to health care. As you know, the Access Health NYC initiative and the Immigrant Health Initiative fund 33 community-based organizations. These initiatives, which are focused on immigrants and other underserved populations, are a powerful part of the City's work in this area.



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We have increased our outreach efforts, engaged in national advocacy, and worked with our partners to address barriers to immigrant access to health care. We are dedicated to continuing to connect immigrants to the health care they need, and we look forward to working with the Council further on these issues.

Thank you for allowing us to provide testimony on this important topic.



131 West 33<sup>rd</sup> Street  
Suite 610  
New York, NY 10001  
(212) 627-2227  
[www.nyic.org](http://www.nyic.org)

**Hearing on the Immigrant Health Access of the Health and Immigration Committees  
New York City Council**

**Testimony of the New York Immigration Coalition  
Presented by Claudia Calhoon, Director of Health Policy**

November 28, 2017

Good afternoon. My name is Claudia Calhoon, and I am the Health Policy Director at the New York Immigration Coalition. The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. The NYIC Health Policy program and Health Collaborative bring together immigrant-serving organizations and other stakeholders from the frontlines of the battle to improve health access.

We are grateful for the opportunity to discuss several important health access and coverage issues relevant to the Council. We present these concerns during a time of heightened and uncertainty for many immigrant New York residents. Since the presidential election, the federal administration has leveraged an existing false narrative about the dangers of immigration and prompted unprecedented levels of fear and anxiety in immigrant communities. Immigration policies have included threats and attempts to create a mass deportation force, wall off the United States' southern border, ban the entry of immigrants based on their religion, suspend the refugee resettlement program, and prevent immigrants from obtaining public benefits to which they are legally entitled. Most recently, many of immigrants' worst fears were realized with the September 2017 announcement of the end of the successful Deferred Action for Childhood Arrivals program, and recent announcements of the end Temporary Protected Status for people from Nicaragua and Haiti.

Much has been done in New York City to support immigrant communities during this time of rapid and alarming change. Many key programs and services support immigrant health throughout the city. But there are critical gaps requiring sustained action and leadership from the Council.

**Health care utilization**

Periodic reports of drastic drops in immigrant health care utilization from NYIC members

and partners, resistance to signing up for public benefits, and inappropriate scrutiny of patient background and status by frontline service providers raise questions about the long-term population health impacts of the current political environments. Several members and partners who provide pre-natal care services have noted that undocumented women who are pregnant, and thereby eligible for Medicaid, are hesitant to enroll in it, and may not be accessing pre-natal care services during their pregnancies. New York City Health + Hospitals (H+H)'s Open Letter to Immigrants<sup>1</sup> and a series of community forums to reassure patients about the safety and security of seeking health services were important first steps in counteracting misinformation and fears of patients. Importantly, no other hospital system has undertaken similar campaigns to educate their patients about the safety and security of using health services. Ongoing and sustained efforts from across the health system are necessary to make sure this information continues to reach patients.

### **New York City Health and Hospitals Restructuring**

Both insured and uninsured immigrants depend on New York City H+H for services. There has been extensive discussion across the city and in the media of the fiscal challenges faced by H+H. Despite the fact that it provides the bulk of services to the city's uninsured population, H+H faces reductions in federal funding from Affordable Care Act cuts to Disproportionate Hospital Share (DSH) funding. It is also hampered by a process for distributing New York State Indigent Care Pool funds that favors other health care providers before them. A recent report from the New York State Nurses Association highlights the fact that H+H's fiscal challenges are not related to inappropriate expenses or services, but to insufficient revenue that does not fully value its provision of level I trauma care, behavioral health services, and care to low-income and uninsured patients within the city's overall health care system.<sup>2</sup> H+H's assumption of those functions allows other hospital systems in New York City to operate profitably, while H+H is constrained by crippling budget deficits. We hope the city will incorporate this perspective into its planning to restructure H+H services. It would be devastating for immigrant communities if changes to H+H were only undertaken through sharp contractions of services and sites, without addressing the broader financing inequities that created the current situation. We also urge H+H and New York City to ensure that transformation efforts include a mechanism for community input on major decisions.

### **ActionHealth NYC**

As you know, the ActionHealth NYC pilot was the major initiative to emerge from the 2014-15 Mayor's Taskforce on Immigrant Health Access.<sup>3</sup> ActionHealth NYC tested important innovations in improving health access and continuity for immigrants excluded from federally funded insurance programs, including enrolling individuals in a branded program designed to link

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<sup>1</sup> [https://www.nychealthandhospitals.org/wp-content/uploads/2016/12/immigrantCampaign\\_LetterFlyer.pdf](https://www.nychealthandhospitals.org/wp-content/uploads/2016/12/immigrantCampaign_LetterFlyer.pdf)

<sup>2</sup> [https://www.nysna.org/sites/default/files/attach/419/2017/09/RestructuringH%2BH\\_Final.pdf](https://www.nysna.org/sites/default/files/attach/419/2017/09/RestructuringH%2BH_Final.pdf)

<sup>3</sup> <http://www1.nyc.gov/nyc-resources/task-force-on-immigrant-health.page>

patients to a primary care provider, linking services at H+H to federally-qualified health centers, and ensuring that care coordination prevents patients from dropping through the cracks. The NYC served on the Community Advisory Panel of the pilot, and several of our member organizations conducted community outreach to participants. We were heartened to see positive participant satisfaction data that the city shared with the Community Advisory Panel and are eager to learn more about other findings that emerge from the pilot. We are deeply disappointed that the ActionHealth NYC pilot was discontinued without a concrete plan to incorporate lessons learned and grow an uninsured care program that reaches a broader number of undocumented New Yorkers. We look forward to working with NYC agencies and with the Council to ensure that lessons of ActionHealth NYC can be incorporated into H+H's fee-scale Options program or to some other initiative that improves care coordination, linkages with other providers and primary care access for the uninsured.

### **Mental Health Concerns**

The mental health impact of perceived and real threats on immigrant communities has been immense. The health impacts of stress and trauma have been well-established, and we are concerned about the population health impact of pervasive fear during this chaotic time. Families live in fear of being separated, and the mixed status of many families has a pervasive and damaging effect on undocumented and U.S. citizen family members alike. Our member organizations have described moments in which the communities they serve are paralyzed by fear, hesitant to send their children to school or keep health care appointments. Members also describe a spike in requests for behavioral health support to help cope with increased stress and anxiety. This new environment compounds an existing reality for immigrants in need of behavioral health support, including mental health and substance use services. In the lead up to the September 5 announcement of the end of the DACA program, we were pleased to find that Thrive NYC and NYC Well were prepared to receive calls from young people affected by the news, but it is not clear how well that resource has been utilized by immigrants since then or more broadly as a resource for dealing with mental distress. Whether it is through Thrive NYC or other services, a concerted effort to link immigrants to mental health supports during this time is critical.

### **Access to Forensic Evaluations for Asylum Seekers**

Among the challenges for immigrants in navigating mental health services is the lack of support for forensic evaluations for asylum seekers who need documentation of trauma to advance their asylum claim. Under the Trump administration, there is a major concern that the need for forensic evaluations will increase as the government demands more evidence from asylum seekers and denies more cases, requiring attorneys to fight harder in response. The organizations that have provided these evaluations free of charge are not currently able to meet the demand for evaluations. Access to healing mental health and social services that address these issues strengthens the legal

cases of asylum seekers. At the same time, there is evidence that a grant of asylum or other legal status can improve mental health. We are working with a coalition of legal service providers that do forensic evaluations to increase resources for these services, and we hope that the Council will consider this request in its FY 2019 budget process.

### **Language Access**

In late 2016, H+H held a series of community forums to inform next steps in restructuring that it undertakes. The NYIC augmented this process by doing three smaller, more intimate listening sessions through our members with Spanish, French and Korean speakers. A consistent message emerging from all of these sessions was the need for better language access, especially in languages apart from Spanish. This critical need is also a finding from the report of the Mayor's Taskforce on Immigrant Health Access. We know from our members that language access improvements and enforcement are needed in all hospital systems, not just H+H. Patients need to know their rights in order to insist that the hospitals provide them required accommodations. Health care providers need support in order to do a good job at providing language access, and need to know that there are consequences for failing to do so. While many of the laws compelling hospitals to ensure language access are state and federal, the city has a role to play in creating a system to track language access violations in all New York City health care systems and by supporting public education efforts on language access laws.

### **Customer Service/Navigability**

When patients enter a healthcare setting, they need to feel confident that they will interact with frontline staff that treat them with respect, facilitate prompt service, and validate their concerns. We know from our listening sessions that these elements are frequently lacking across the healthcare system, as well as in city agencies. We have heard particularly difficult stories about the quality of customer service in HRA offices. This is a small part of a much larger challenge of providing welcoming, culturally competent services. , Providing good customer services is the low-hanging fruit in the larger work of ensuring an immigrant-friendly healthcare system. The Council can support this goal by supporting and monitoring efforts to improve the client and patient experience in city agencies and providers, and by ensuring the H+H has the resources to it needs to operate functionally.

### **Public Charge Concerns**

Although nothing has changed yet, I want to take this opportunity to highlight the threat of a draft executive order with the potential to reshape decades of United States Citizenship and Immigration Services (USCIS) policy on what would lead an immigration officer or designate someone as a public charge, or dependent on the state. Currently individuals whose status entitles

**November 28, 2017**

**Testimony of Health Justice Director Laura F. Redman**

**On Behalf of New York Lawyers for the Public Interest**

**Before the New York City Council's Committees on Immigration and Health**

Good afternoon, my name is Laura Redman and I am the Director of the Health Justice Program at the New York Lawyers for the Public Interest. Thank you to Chairpersons Menchaca and Johnson and the Committee members for having this oversight hearing and giving the opportunity to present testimony today.

**I. New York Lawyers for the Public Interest**

For the past 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to create equal access to health care, achieve equality of opportunity and self-determination for people with disabilities, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

Our staff of 35 includes lawyers, community organizers, social workers, legal advocates, development professionals, and administrators.

In the past five years alone, NYLPI advocates have represented thousands of individuals and won campaigns improving the lives of millions of New Yorkers. Our work with community partners has led to landmark victories including deinstitutionalization for people with mental illness; access to medical care and government services for those with limited English proficiency; increased physical

accessibility of New York City public hospitals for people with disabilities; cleanup of toxins in public schools; and equitable distribution of environmental burdens.

In addition, NYLPI's Pro Bono Clearinghouse provides critical services to strengthen non-profits throughout every community in New York City. Drawing on volunteer lawyers from New York's most prestigious law firms, we help nonprofits and community groups thrive by providing free legal services that help organizations overcome legal obstacles, build capacity, and develop more effective programs. Through educational workshops, trainings for nonprofit leaders, individual counseling and a series of publications, the Clearinghouse is at the forefront of helping nonprofits maximize their impact on communities in each of your Districts.

NYLPI's Health Justice Program brings a racial justice and immigrant rights focus to health care advocacy in New York City and State. As the Council considers the City's budget with regard to legal services and support for New York's communities, NYLPI hopes that the Council and Administration will prioritize immigrant communities and particularly immigrant health.

## II. NYLPI's Work as Part of the Immigrant Health Initiative, UndocuCare and Detention

NYLPI is honored to be part of the City Council's immigrant health initiative and we thank you for that support. Through this funding we have been able to train and give informative presentations on immigrant access to healthcare to hundreds and hundreds of community based organizations, health care providers, and legal services providers. We also continue to be able to provide comprehensive screenings, and representation to individuals, particularly those who are in health emergencies and have had the flexibility to adjust our program in these changing times. We have developed a network of medical professionals available to provide reviews and assistance to people in immigrant detention. In all, this support has helped us to get people released from detention, from hospitals, and save lives.

## III. Concerns We Have Seen in Access to Healthcare for New York's Immigrant Community

Through our outreach, individual representation, and systemic advocacy work, we have encountered specific barriers to healthcare for immigrant New Yorkers that we would like to draw your attention to today.

A. Staten Island hospitals take risky actions on behalf of patients who are undocumented.

In late 2016, our 23-year old undocumented client was hit by car and ended up in a coma in Richmond University Medical Center. Shortly thereafter, the hospital contacted his parents in Guatemala and sought permission to call ICE. The hospital claimed this would make our client eligible for Medicaid, and able to be released from the hospital. As you know, people are eligible for State-funded Medicaid when they are considered “Permanently Residing Under Color of Law” or PRUCOL, meaning they have made their presence known to the federal immigration authorities and the federal immigration authorities have acquiesced in their presence in the United States. PRUCOL is not an immigration status, but a benefits eligibility category, but nevertheless dovetails with immigration law.

However, the lawyers for the hospital are not immigration lawyers. Thus, the family reached out with concerns. We joined the case and after much effort, have been able to make him PRUCOL through less risky means, secured him Medicaid, found a volunteer temporary co-guardian, and in the end, he was released. The Surrogates’ Court Judge involved in the guardianship case told us in court that this was not an isolated situation and asked for our assistance in another case. In the week before Thanksgiving, our Staff Attorney trained several other Surrogates’ Courts Judges from around the city on PRUCOL and immigrant access to healthcare, and unsurprisingly, they noted this practice or threatened practice is occurring in other boroughs. In our current environment, contacting ICE, even on behalf of someone in a coma, is a very risky endeavor. Further, other avenues to an immigration benefit and/or PRUCOL eligibility may be available for people. Avenues that would be apparent to an immigration lawyer. Additionally, initially communication with local family, as well as care for the client, was only provided in English even though requests had been made for an interpreter. The client reacted quite differently to directions once they were given in Spanish and it greatly impacted his diagnosis.

We remain concerned and call on the City and the Council to address the issue through training and oversight of practices at local hospitals related to immigrant access to healthcare, including support for additional training for Surrogates’ Judges. We also request that the City enforce language access requirements placed on hospitals and medical providers, as well, as carry out a Know Your Rights campaign.

- B. Nursing Homes unwilling to accept people who receive Medicaid because they are PRUCOL.

Through our outreach and collaborative work with the Human Resources Administration, over the years we have learned that many Nursing Homes throughout the City refuse to take people who receive their Medicaid because they are PRUCOL. With HRA, we and colleagues helped draft an alert to Nursing Homes outlining the validity of Medicaid based on PRUCOL status. Sadly, we have recently heard from community members that this concern is real and live again. Nursing Homes throughout the city are refusing to take patients who legitimately receive Medicaid, even including one Nursing Home that claimed someone had to contact ICE before they would consider the patient for entry. Again, in our current environment particularly, this failure to, at best, understand and, at worst, follow the law concerning immigrant eligibility to healthcare is concerning. We call on the City and the Council to continue to educate and impress on facilities to provide care, and work with the State to make sure no individual with Medicaid is turned away.

- C. General concerns that result in lack of healthcare for immigrant New Yorkers.

These types of incidents and stories only reinforce the importance of the City's role in assuring that people can seek healthcare free of fear and intimidation. Hospitals are supposed to be considered "sensitive locations" and we must assure communities that that is in fact the case. Further, in these times of turmoil at the federal and state level concerning healthcare funding, we call on the City and Council to remain firm and develop plans to fill in any gaps that may result, particularly for our immigrant communities.

#### IV. Conclusion

I now defer to my colleague Marinda van Dalen, who will speak more specifically about NYLPI's work and testimony related to access to healthcare for New Yorkers in immigration detention facilities.

Thank you for your time and we look forward to continuing to work the Council to improve immigrant New Yorkers access to health care. Please contact Laura Redman at (212) 244-4664 or [lredman@nylpi.org](mailto:lredman@nylpi.org) for further information or discussion.

November 28, 2017

**Testimony of Health Justice Senior Staff Attorney Marinda van Dalen**

**On Behalf of New York Lawyers for the Public Interest**

**Before the New York City Council's Committee on Immigration and Health**

Good day, my name is Marinda van Dalen and I am the Senior Health Justice Staff Attorney at the New York Lawyers for the Public Interest. Thank you to Chairperson Menchaca and the Committee members for providing the opportunity to present testimony today.

Healthcare for New Yorkers in Immigration Detention

NYLPI is deeply committed to improving the quality of healthcare received by New Yorkers in immigration detention. As you know, each year thousands of New York City residents are detained in U.S. Immigration and Customs Enforcement ("ICE") detention facilities. These facilities are housed within local jails in the New York metropolitan area. New Yorkers in immigration detention are not charged with criminal violations and are primarily held to ensure that they attend future administrative hearings concerning their right to remain in the United States.

Sadly, there are many New Yorkers with serious health conditions who spend long periods of time in immigration detention without receiving proper medical care. Our work has documented that ICE, and the facilities with which it contracts, routinely: deny vital medical treatment, such as dialysis and blood transfusions; subject sick people in need of surgery to unconscionable delays; ignore repeated complaints and

requests for care from people with serious symptoms; and refuse basic items such as glasses and dentures to people with medical conditions such as diabetes. People have needlessly ended up spending months in intensive care units due to delays in treatment. One of our client's medical complaints were ignored for months leading to a delayed cancer diagnosis. Another needed emergency gall bladder surgery upon release due to delays in treatment during his detention. These deficiencies are serious and often life-threatening. Their impact is worsened by the interruption in Medicaid coverage frequently triggered by lengthy detention.

For NYC residents held in detention, NYLPI provides individual and systemic advocacy to improve health care. For example, we provide support for City Council funded New York Immigrant Family Unity Project attorneys and have helped secure the release of New Yorkers from immigration detention partly based on the lack of adequate medical care. We coordinate a volunteer network of approximately fifty medical doctors who advocate with lawyers on behalf of immigrants in detention who have serious medical conditions.

NYLPI also litigates civil rights cases challenging the denial of appropriate medical care. We have taken on the practice of releasing immigrants with serious mental health problems without any interim medication or treatment plans. NYLPI is currently investigating the death of a person who died in an immigration facility across the river in Bergen County, New Jersey. During his detention, he had repeatedly begged for medical care that was denied without explanation. We have identified priorities for future advocacy, including ensuring immediate access to Medicaid for immigrants released from detention who require medical care.

This year we also released a report (which was sent to the full council) documenting the deficiencies in the medical care provided to people detained in New York City-area immigration detention facilities. We are using this report to shine a light on this population, a population of people we can only presume will continue to increase as ICE raids happen across the country and President Trump promises more deportations. We hope to inspire advocacy and commitment to immigrant legal services.

We encourage the City Council to hold hearings to gather information and increase public awareness of the inadequacy of the health care provided to New Yorkers in immigration detention facilities. Further, we request the City Council consider resolutions and other actions which may bring meaningful improvements to the quality of health care provided to New York City residents in immigration detention, and promote alternatives to detention for New Yorkers in immigration removal proceedings, particularly those with serious and/or chronic health conditions. Finally, we encourage the Council take steps to ensure that those released from immigration detention are seamlessly re-connected to or assisted in applying for Medicaid, perhaps through the funding of advocates or navigators at the Varick Street facility where people are released.

Thank you for your time and we look forward to continuing to work with the Council to improve immigrant New Yorkers' access to health care.

Please contact Marinda van Dalen at (212) 244-4664 or [mvandalen@nylpi.org](mailto:mvandalen@nylpi.org) for further information or discussion.

FOR THE RECORD

City Council Hearing

Immigrant Access To Health Care

Committee on Health & Committee on Immigration

*November 28, 2017*

**Testimony Prepared by:**

**Saddiq Abdul, Asma Abowath, Smerlene Mata,  
Janel Richardson-James & Hetheru Shango**



**Young Adult Members of the  
Mental Health Awareness Project of East New York (MHAP ENY)**

*A Project of*

**YOUTH  
ADVOCACY  
CORPS**

Good morning! We are the Mental Health Awareness Project of East New York (also known as MHAP ENY) which is a part of Youth Advocacy Corps, a nonprofit organization that works to empower youth to become social justice leaders in their own communities. MHAP is composed of a small group of high school and college-aged students with a passion for advocacy and making a difference in our communities. We aim to raise awareness about mental health and reduce mental health stigma by providing resources and educational workshops throughout Brooklyn. People need to understand what mental health is; by educating the public, they will be able to identify various warning signs before it is too late. Raising awareness can help save lives. Also, making sure people understand that there are resources and supports out there will ensure that they know they do not have to suffer alone.

We thank you for holding this hearing on the critical issue of health care access for immigrant communities, and we encourage you to consider more specifically the importance and relevance of mental health care when evaluating immigrant access to health care. New Yorkers, particularly those living in struggling communities, deal with a wide range of mental health issues including depression, anxiety, substance abuse and PTSD. NYC residents are suffering silently, and they have no one to talk to about it, and no other mechanisms to address their pain.

For racially and ethnically diverse communities, and especially for immigrant communities, the problem is even more severe. Mental health stigma, and language, ethnic and cultural barriers, present impediments to care, and finding culturally competent care is a major hurdle. Did you know that only 1 in 3 people of color who need mental health services receive it? Why you ask? Because we are not acknowledging that mental illness is something that is real and exists within our community. We want people to know that “it’s OK to not be OK” and that asking for help is a sign of strength, not a weakness.

MHAP recently finished conducting surveys and focus groups in the East New York immigrant community to better understand the views of immigrants about mental health and the services available to them. We’re now working with our project partner, Young Invincibles, to produce an official report, which will be released at the end of December, to share our findings and make suggestions for change in East New York, and throughout NYC. We hope you will consider our proposals for change when examining access to health care for immigrants in NYC.

### Mental Health Challenges in New York City

In our research, we discovered that that the main challenges facing immigrants in East New York, and likely other communities, stem from a lack of awareness about mental health care and illness, and the stigma that surrounds it. Immigrant mental health is largely ignored, and yet is so vital to the their stability and ability to transition smoothly to NYC. We found that many

immigrant residents of the community do not have a general understanding about what it means to access mental health care. To many, the idea of using mental health services or speaking about mental health is taboo.

We are thrilled that NYC is focusing attention and resources on mental health through the new Thrive NYC initiatives, and we greatly support the efforts the City is making to improve conditions for those who need mental health services. Through Thrive and other programs, we ask you to focus your efforts on immigrant communities to raise awareness about mental health and wellness resources and to ensure that culturally and linguistically competent care providers are available. We have found that a large percentage of immigrants are unaware of services that Thrive offers, like NYC Well. Also, there is also a lot of distrust between immigrant communities, the government and the health care system. This distrust occurs because the concept of addressing mental health issues is quite foreign to many NYC residents, and there are not enough culturally competent mental health professionals in the New York's health care system. The effect of this is that there are groups of people who are unwilling seek services, let alone acknowledge the need for mental health care, especially because they feel that there is no one who understands them or their culture.

Also, there is a great deal of stigma surrounding mental health. Many people who might see somebody screaming their lungs out in the streets would assume they are crazy and label them as such. But why is that? People don't understand enough about mental illness and instead they use negative labels. People see a mentally ill person and label them with rude names such as "insane", "whack" or "stupid". A mentally ill person is a person with a health condition that affects their mood, thinking or behavior. Someone struggling with mental illness should not be labeled, because they are all still human like everyone else, it is the disorder that is holding them back. We need to change the way people think and encourage them to open their minds to mental health wellness, and mental health treatment possibilities; judging people without knowing or understanding what is going on in their lives is not fair and makes problems worse. We need to ensure that New Yorkers view mental health care to be equally important as physical health care.

#### Proposals for Change

*We urge you to consider the following steps to ensure all NYC Immigrants receive education about and have access to vitally important mental health care services.*

- **Increase Level of Engagement by Thrive NYC in Immigrant Communities:** MHAP ENY supports the Thrive NYC initiative advanced by the Mayor and the First Lady; we are so excited that NYC is focusing on mental health. We appreciate the outreach campaigns of Thrive NYC, and the Mental Health First Aid offered to communities through religious

institutions, schools or other community organizations. We hope that Thrive will continue this outreach, and ensure that community engagement is not just a "one-time" interaction, and becomes routine. We believe that continued engagement with the community will allow people to open-up, become more comfortable and take advantage of resources offered. We cannot expect stigma to go away or break down with one interaction, but with consistent involvement we are more likely to see progressive changes in the communities. This can also happen by having advocates or representatives from the community be part of the ongoing engagement, which can also address issues of cultural barriers.

- **Raise awareness about the importance of mental health care and increase conversations happening throughout NYC:** There are many steps one can take to raise awareness about mental health and ensure the public is getting the help they need. We hope you will help us to improve outreach efforts in making sure messages are clear, in multiple languages and reaching immigrant communities in need. We think that creating more events and public gatherings promoting mental health awareness to normalize conversations about mental wellness will also help, and we encourage more outreach to youth, with accessible messaging platforms and more information about mental health and available help through NYC Well, Crisis Text Line, among others.
- **Increase Access to Care:** Many do not seek out mental health help because they fear they do not have the financial means and do not know where to get care. Making sure there is easy access to care and resources will encourage people to reach out instead of ignoring the problem. This can include: ensuring people know that they are entitled to mental health care through their insurance companies, being diligent to ensure that there are adequate numbers of professionals spread throughout *all* NYC neighborhoods, providing resources to communities and informing them of the various forms of available care, and providing general education about the value and importance of acknowledging problems and seeking help when needed.
- **Incorporate Mental Health into Health Curriculum in Schools:** It is great that many of our public schools have health classes, which include nutrition, sex-ed, and physical illness prevention. But these classes are only teaching our youth about physical health. Maintaining good mental health is just as important as maintaining proper physical health. Educating students through the school system about mental health and various ways to cope would be a great first step to promoting greater awareness.
- **Ensure An Adequate Number of Culturally Competent Mental Health Professionals:** There are many cultural barriers that prevent people from seeking care (such as stigma), but there is also a scarcity of mental health professionals who can provide cultural competent

care. Research has shown that while people are reluctant to seek mental health care, they are even less likely to seek care from someone who doesn't look or act like them and who doesn't understand them, their culture, religion or ethnicity. Having representatives who truly understand the cultural norms and values of a community can help or inspire people seek support without feeling ashamed or embarrassed.

*Thank you for your time. We hope that you will consider mental health as a vitally important component of overall health and help to ensure all immigrants have adequate information and equal access to services that support mental health and wellness.*

*Please feel free to contact us for a copy of our Report or to learn more about our Project. We can be found at [www.advocacycorps.org](http://www.advocacycorps.org) or email us at [info@advocacycorps.org](mailto:info@advocacycorps.org).*

them to participate in Medicaid, Supplemental Nutrition Assistance Program (SNAP), housing benefits, and a host of other important programs can do so without jeopardizing their ability to adjust their status and obtain a green card.<sup>4</sup> *As of today, nothing has changed in this area.* We know however from a draft Executive Order that there is interest in the federal level in penalizing immigrants who use mean-tested benefits, even if their status renders them eligible. If this happens, the city will face a critical set of challenges, both in educating immigrant communities about the impact of any changes, as well as ensuring that food, heating, and housing security are not compromised.

### **Council Initiatives that Benefit Immigrants**

In closing, I want to draw attention to two valuable initiatives funded by the council that are critical to addressing these challenges. Organizations funded through these initiatives are on the front lines of efforts to mitigate the impact of federal changes on healthcare for immigrants.

#### *Access Health NYC*

We are grateful for the Council's support of the Access Health NYC initiative. Awardees have conducted community outreach and education in 17 council districts on health insurance, access, and rights. We are currently working with our partners to come up with precise outputs for the initiative, but based on reports from awardees last year, we estimate that with this year's work, the initiative has made contact with more than 12,000 individuals, supported more than 300 community events, and referred approximately 3,000 individuals to navigators, health care providers, and enrollment offices for food stamps and other social services. Our goal for FY 2019 is to expand the work of this highly successful initiative to new council districts that also need outreach and education that link people to health care and enrollment services.

#### *Immigrant Health Initiative*

We are also very grateful for the creation and funding of the Immigrant Health Initiative which funds legal and health service providers to improve immigrant health access and culturally competent care in a variety of ways. Many of our members and partners benefit from these resources, and we hope the Council will continue this initiative in FY19. We believe there is room for improvement by improving overall coordination of the organizations that receive funding. To our knowledge, there has not been a concerted effort to bring these awardees together to share approaches, strategies, or best practices.

Thank you for calling this hearing and for providing me the opportunity to share this testimony today.

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<sup>4</sup> <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>



Civil Practice Law Reform Unit  
199 Water Street  
New York, NY 10038  
T (212) 577-3300  
www.legal-aid.org  
Direct Fax:

Blaine (Fin) V. Fogg  
*President*

Seymour W. James, Jr.  
*Attorney-in-Chief*

Adriene L. Holder  
*Attorney-in-Charge*  
Civil Practice

Judith Goldiner  
*Attorney-in-Charge*  
Law Reform Unit

**Testimony of The Legal Aid Society  
Before the New York City Council Committees on Immigration and Health  
Hearing on Immigrant Access to Healthcare  
November 28, 2017**

**Presenter: Susan Welber, Staff Attorney  
Civil Practice Law Reform Unit**

Thank you for the opportunity to present this testimony. We want to thank Chairpersons Menchaca and Johnson for their leadership in working to preserve and enhance New York City's extraordinary reputation as a beacon to immigrants from across the globe and a place committed to access to excellent health care for all. We also want to thank the entire City Council for its commitment to meeting the needs of low-income, non-citizen New Yorkers generally, including their health needs.

**Background - The Legal Aid Society and Preserving and Expanding Immigrant Access to Health Care**

The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City — passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform. The Society's unique value is in its ability to go beyond any one case to create more equitable outcomes for individuals, and broader, more powerful systemic changes for society as a whole. Through a network of borough, neighborhood, and courthouse-based offices in 27 locations in New York City, more than 2,000 attorneys, paralegal case handlers, and support staff, along with volunteer help coordinated by the Society's *Pro Bono* program, we provide comprehensive legal services to fulfill our mission that no New Yorker should be denied access to justice because of poverty.

Through three major practice areas—Civil, Criminal, and Juvenile Rights—the Society handles approximately 300,000 cases a year in city, state, and federal courts.

Our commitment to serving immigrants began in 1876, when The Legal Aid Society was founded to defend the individual rights of German immigrants who could not afford to hire a lawyer. Though Legal Aid has broadened its practice, we have remained committed to our original mission: helping low-income immigrant communities.

In particular, Legal Aid has been at the vanguard of securing and expanding access to government benefits for non-citizen New Yorkers. Aside from the comprehensive immigration representation our Immigration Law Unit (ILU) does to provide access to justice to vulnerable populations, helping citizens by challenging removal proceedings and preventing the separation of immigrant families, the ILU works collaboratively with all of the Society's practice areas to serve our diverse immigrant clients through an integrated service model, providing clients with assistance with public benefits, health care, family law, employment and tax matters, and other issues faced by low-wage earners. In particular, Legal Aid's Health Law Unit and Civil Practice Law Reform Unit have extensive experience maintaining and expanding immigrant access to government benefits. Some of the highlights of our work in this area include:

- Using litigation to preserve access to Medicaid for non-citizens in the wake of welfare reform through the *Aliessa* class action;<sup>1</sup>
- Advising the State on the roll-out of the Affordable Care Act with particular attention to the impact on non-citizens;
- Monitoring the State and City's compliance with the landmark consent decree on immigrant access to benefits obtained in the *MKB v. Eggleston*<sup>2</sup> class action;
- Securing continued access to health care for pregnant women who are undocumented through the *Lewis* litigation and related advocacy.

Applying this expertise, we continue to play a leadership role in monitoring the impact of the Trump administration policies on immigrant access to a range of government benefits, including health benefits, and stand ready to respond to any sudden changes in the legal and regulatory landscape affecting our clients.

### **The Need to Preserve and Expand Non-Citizen Health Access**

As the Council is well aware, this is a particularly fraught time for non-citizen New Yorkers. Thousands of New Yorkers are primed to lose their immigration status because of changes to the Deferred Action for Childhood Arrivals (DACA) and Temporary Protected

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<sup>1</sup> See *Aliessa v. Novello*, 96 N.Y.2d 418 (2001) (expanding access to Medicaid for non-citizens considered PRUCOL who would otherwise have lost access to health care under welfare reform).

<sup>2</sup> See *M.K.B. v. Eggleston*, 05 Civ. 10446 (challenging the City and State's erroneous denial and discontinuance of Medicaid, Cash Assistance and SNAP to eligible immigrants).

Status (TPS),<sup>4</sup> which would likewise potentially deprive them of access to health services through Medicaid or the Essential Plan. Meanwhile, the change in removal enforcement priorities<sup>5</sup> has made many non-citizens, whether lawfully present or not, fearful of interacting with the government, including accessing government benefits such as health care. Finally, there is anticipation that the Trump administration is planning to expand who is at risk of being removed or denied adjustment on public charge grounds which likewise can have an impact on access to health care.<sup>6</sup> As the City engages in plans to restructure New York City's Health + Hospitals (H+H) Corporation, now is a good opportunity to prepare for these changes.

### **Recommendations For Preserving And Expanding Non-Citizen Access to Health Care**

We respectfully submit the following recommendations that would help the City secure access for health care for non-citizens whose needs are not currently being met or who may face lack of access in the future:

#### **(1) Oversee City's Work to Strengthen and Expand Provision of Health Care to Uninsured New Yorkers through the New York City Health + Hospitals Corporation**

H+H currently provides access to health care for all New Yorkers, regardless of income level and health insurance status, through the H+H Options program which charges consumers on a sliding scale based on income. As New York City formulates and implements plans to restructure H+H, it is critical that H+H Options, or a similar program, be not only preserved but strengthened, to ensure continued access to non-emergency health care for the uninsured, many of whom are non-citizens. The City Council can play a critical oversight role by ensuring the transparency of the City's plans to restructure H+H, including its plans for H+H Options or a similar program and by advocating that such program be adequately funded to maintain and expand primary care health service access

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<sup>4</sup> See, e.g., "Memorandum on Rescission Of Deferred Action For Childhood Arrivals (DACA)," Elaine C. Duke, Acting Secretary of the U.S. Department of Homeland Security, dated September 5, 2017; see also <https://www.dhs.gov/news/2017/11/20/acting-secretary-elaine-duke-announcement-temporary-protected-status-haiti> (announcing end of TPS status for Haiti effective July 22, 2019); <https://www.uscis.gov/humanitarian/temporary-protected-status/temporary-protected-status-designated-country-el-salvador> (ending TPS status for El Salvador effective March 9, 2018); <https://www.uscis.gov/humanitarian/temporary-protected-status/temporary-protected-status-designated-country-honduras> (ending TPS status for Honduras effective January 5, 2018).

<sup>5</sup> See "Enhancing Public Safety in the Interior of the United States" and "Border Security and Immigration Enforcement Improvements," Executive Orders signed by President Trump on January 25, 2017; "Enforcement of the Immigration Laws to Serve the National Interest" and "Implementing the President's Border Security and Immigration Enforcement Improvements Policies," Memoranda from U.S. Department of Homeland Security Secretary John Kelly, both dated February 20, 2017.

<sup>6</sup> See, e.g., Janet P. Calvo, Editorial, "Trump Order Mandating Deportation for Health Service Use: Not Legally Sufficient," 107 Am. J. Pub. Health 1240 (August 2017); see also "Protecting Taxpayer Resources by Ensuring our Immigration Laws Promote Accountability and Responsibility," draft Executive Order not yet signed.

for uninsured New Yorkers, including immigrants. A successful restructuring plan should also focus on ensuring that there are effective entry points to H+H Options benefits outside of the emergency rooms. Anecdotal evidence from our clients shows us that some consumers have robust access to preventive and primary care through H+H Options, and others have been unsuccessful in gaining access other than through the emergency room.

In addition, as the City implements restructuring plans, we urge the Council to endorse several of the key recommendations made by the New York State Nurses' Association<sup>7</sup> with respect to improving H+H, that would enhance access for uninsured non-citizens, specifically:

- *Revising current funding formulas to recognize H+H's significant contribution to caring for the uninsured* by (a) redesigning the distribution of the state-specific Indigent Care Pool and Medicaid and Medicare charity care add-ons; (b) requiring greater contributions to the trauma center funding pool from hospitals that do not operate Level 1 trauma centers and therefore depend on H+H hospitals to maintain costly trauma operations; and (c) advocating for changing the reimbursement weighting system that underpays the costs of treating psychiatric and substance abuse disorders.<sup>8</sup>
- *Ensuring maintenance of the highest standards for quality of care for all New Yorkers.*<sup>9</sup> Adequate funding is important, but it cannot be achieved at the expense of the quality of care.

## **(2) Obtain and Integrate Lessons Learned From ActionHealthNYC Pilot**

In 2016, the Mayor's Office of Immigrant Affairs and the Department of Health and Mental Hygiene, along with other city partners, launched a pilot initiative, ActionHealthNYC, to provide low cost primary and preventive care to immigrants ineligible for public health insurance. The program was intended to target high-risk individuals in need of coordinated care, and included a care coordination component. As far as we know, the findings based on the pilot have not yet been shared with the public. We urge the City Council to obtain as much statistical and qualitative data as possible about the pilot and to integrate the findings into recommendations regarding whether to expand the program in its current or a revised form and to inform the overall H+H restructuring plan, as appropriate. There are likely important lessons to be learned from the pilot, including but not limited to the success of outreach and enrollment processes and impact on access to primary care.

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<sup>7</sup> Barbara Caress & James Parrott, Report to New York State Nurses Association, "On Restructuring The NYC Health+Hospitals Corporation" (October 2017) ("NYSNA Report"), accessible at [https://www.nysna.org/sites/default/files/attach/419/2017/09/RestructuringH%2BH\\_Final.pdf](https://www.nysna.org/sites/default/files/attach/419/2017/09/RestructuringH%2BH_Final.pdf).

<sup>8</sup> NYSNA Report at 35.

<sup>9</sup> NYSNA Report at 36.

**(3) Introduce A Reporting Bill On Non-Citizen Access to Various Health Benefits**

As the City and its partners make critical decisions about how to restructure the delivery of public health services and distribute its fiscal and personnel resources, it is critical that decisions be made with an eye towards the key demographics of the population accessing various health benefits. This is crucial to finding and addressing gaps in service delivery as well as measuring success over time.

**(4) Call for a Mayoral Immigration Rapid Response Team to Respond to Sudden Immigration Law Changes Affecting Immigrant Access to Government Benefits, Including Health Care**

The City of New York has dedicated a great amount of energy and resources to ensuring that all the needs of immigrant New Yorkers are met. The outstanding work of MOIA reflects the City's commitment in this area. Given the rapid changes in the immigration law landscape we have seen over the past year, we think the City can do even more. We recommend that the City Council call for a Mayoral Immigration Rapid Response Task Force, to be led by MOIA, that would enable the City to quickly assemble commissioner-level staff from key City agencies and legal service providers to prepare for and respond to new crises and sudden shifts in the legal landscape. For instance, as advocates and the City prepare for a potential change in the law and policy relating to "public charge," the need for the ability to rapidly digest changes and formulate a response will cut across many areas of City government. Such a Task Force would only enhance the City's ability to respond swiftly to protect the interests of immigrant New Yorkers.

**Conclusion**

In conclusion, The Legal Aid Society commends the City Council's efforts to preserve and expand immigrant access to health care, and we thank you for the opportunity to testify today.

Respectfully Submitted:

Susan Welber  
Staff Attorney  
Civil Practice Law Reform Unit  
The Legal Aid Society  
199 Water Street  
New York, NY 10038  
(212) 577-3320  
sewelber@legal-aid.org

Testimony by LegalHealth of the New York Legal Assistance Group (NYLAG) on the  
Impact of New Immigration Enforcement Priorities on Access to Health and Legal Services

November 28, 2017

Thank you and good morning to Chairman Menchaca, Chairman Corey Johnson, Council Members, and staff for the opportunity to testify before you today on immigrant access to health care in this new immigration environment that is challenging us all. My name is Norma Tinubu, and I am the Senior Supervising Attorney at LegalHealth, a division of the New York Legal Assistance Group (NYLAG). NYLAG serves immigrants, seniors, veterans, 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 victims, people with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, as well as others in need of free legal services.

LegalHealth is the nation's largest medical-legal partnership, providing general legal assistance in the healthcare setting to patients of hospitals and community health centers. A large number of our clients are immigrants in need of medical treatment and care for severe and/or life-threatening illnesses. Last year alone, we represented 2,500 immigrants at our legal clinics situated in 29 hospitals throughout New York City, most of them public.

We are proud of our collaboration with New York City government partners to increase access to care for New York City's immigrant community through the Council's Immigrant Health

Initiative (IHI) and through ActionNYC, facilitated by the Mayor's Office of Immigrant Affairs. Through these partnerships, LegalHealth has increased targeted immigration legal services that lead to life saving care and treatment for immigrants and their families, including obtaining insurance to receive heart, liver, and kidney transplants. It is important to recognize the nexus between immigration and healthcare; assisting an immigrant in regularizing his or her immigration status often directly leads to that person having the ability to access health insurance and healthcare they would not have been able to receive while undocumented.

We are grateful that both the City Council and the Mayor's Office have embraced LegalHealth's medical-legal partnership model, a service delivery structure that has become increasingly critical to immigrants since the new federal Administration took office. Providing services to immigrants in places they know and trust, such as hospitals, is an important way to ensure that they can and will access these services. We have seen firsthand the chilling effect that recent Executive Orders on immigration, and the increased actual and expected immigration enforcement activities, are having on immigrants. More than ever before, New York City's undocumented immigrant residents are afraid to go about their daily lives, seek legal assistance, seek medical care, and access the various systems available to them for fear of deportation. Our hospital partners report that patients are afraid to attend medical appointments or follow through on legal services referrals. We have even seen heartbreaking examples of this, including a client with aggressive leukemia who is currently too fearful to submit her relative petition due to fear of immigration enforcement. Without the Medicaid she would receive by regularizing her immigration status, she will be unable to receive a life-saving stem cell transplant. Still, we

know that a person provided with a “warm” referral and assurance of safety is more likely to access services than someone who is simply given another phone number to call.

Because of LegalHealth’s unique model of on-site legal clinics in the hospital setting, we have direct access to patients through hospital staff referrals of patients for immigration and Medicaid assistance. The City Council’s funding of the IHI has allowed us to expand our reach to patients of H+H’s public hospital system, allowing us to take on more clients and open more clinics. A simple staff referral is all that is necessary to initiate services to a patient, some of which are at the bedside. Since 2016, Immigrant Health Initiative funding has allowed us to provide a range of immigration and Medicaid related services to nearly 350 immigrants in H+H facilities including family petitions, applications for adjustment of status, Special Immigrant Juvenile Status, U/T visas for crime victims, and immigration benefits for victims of domestic violence under the Violence Against Women Act. We have also provided trainings for H+H medical personnel and staff, ensuring that they understand when patients are in need of immigration legal services and know how to refer them to LegalHealth. We have also recently offered targeted trainings, forums/information sessions, and webinars for our hospital and community partners to help them navigate the new immigration environment and deal with the fear and reluctance of patients to keep necessary medical and legal appointments and seek other services in the City. This outreach conveyed the legal information necessary for making informed decisions for better responses to new and hostile immigration policies.

LegalHealth’s ActionNYC program is also modeled on legal services to patients in the health-care setting. Through six onsite legal clinics, patients of long-term acute-care facilities are given

access to attorneys who screen them for immigration benefits, which often lead to health insurance and immigration benefits. Since its inception, 168 patients have been screened from Coler, Carter, Kings County, Sea View, McKinney, and Coney Island facilities. We continue to work on the cases of 62 patients from these facilities. In addition, Action/NYC allowed us to house our legal services in the public hospitals to serve community members who are not patients of the hospital and call 311 when they want to schedule an appointment to speak to an immigration lawyer. This initiative allowed us to open additional clinic days to serve the broader community in a setting the immigrant community would feel comfortable going to.

Without continued funding of these important initiatives, many immigrants will go without the legal assistance needed for not only health care, but for long-term or permanent solutions to their immigration status. For example, NYLAG provided services under the Immigrant Health Initiative to a client who has been living in the U.S. for the past 25 years with a deportation order that made her vulnerable to deportation at any time. She was referred by her psychiatrist and therapist at Elmhurst Hospital for help with obtaining status and Medicaid for treatment of bipolar disorder. Without regular Medicaid she could not continue regular therapy and treatment for her condition. We represented her in reopening and terminating her deportation order and successfully handled her adjustment to lawful permanent residence. Once her deportation order was terminated, we assisted her in obtaining Medicaid for her mental health therapies. She is now a lawful immigrant and a working New York City taxpayer whose health and welfare changed for the better because of legal interventions funded by City Council dollars.

As legal services advocates, we need the continued commitment of the City Council and the Mayor's Office to provide funding to allow providers to continue providing robust and immediate responses in our current immigration climate. Continued funding allows advocates to provide critical legal services to immigrants for a healthier and safer New York City for all of us.

Thank you for your time this morning and I am happy to answer any questions you have.

Respectfully submitted,

New York Legal Assistance Group

*Identifying and Responding to the Unmet Needs of Asylum Seekers in New York City*

Thank you to Chairman Johnson and Chairman Menchaca. The Libertas Center, located at NYC Health + Hospitals/Elmhurst, helps address the multifaceted needs of primarily asylum seeking immigrants in Queens and throughout New York City who have survived torture and persecution in their home countries. We aid survivor's rehabilitation by providing a combination of medical, mental health, social and legal services to address clients' tightly interwoven needs. In the Libertas Center's experience, clients' medical and mental health, immigration and social status are closely intertwined, with improvements or setbacks in one area impacting the others. This is why our program and the over 30 colleague torture treatment centers nationally have designed a comprehensive service approach to holistically meet the needs of our clients.

Identifying the Need

New York City has invested admirably in legal resources for asylum seekers and others eligible for humanitarian protection, but the unique challenges of this population make additional interventions necessary, particularly in today's climate. In an interdisciplinary meeting of mental health service providers, immigration attorneys, forensic providers, and local advocates, it was stressed that in order for legal resources to be most effective, clients need access to additional, collateral support. Two critical gaps in service, and the most urgent, were identified as forensic evaluations and mental health/psycho-social support.

The Challenges

In New York City, individuals fleeing torture, persecution and other serious human rights violations in their home countries are overwhelmingly asylum seekers, although they may be eligible for other forms of humanitarian relief as well. Though the circumstances of their persecution are similar to that of refugees, asylum seekers are distinct in that they are not processed by the UN Refugee Agency (UNHCR) abroad and instead seek protection once within or at the border of the U.S.

Asylum seekers are not eligible for the same benefits and protections that refugees are afforded in the U.S., making them a particularly vulnerable population, without permanent legal status and often without family support. They arrive with few resources and all live with the ongoing effects of trauma but struggle to access services. Combined with the labyrinthine legal process and the evidentiary burden that asylum seekers face, winning their safety is an uphill battle. In the year 2015 (the last year for which statistics are available) the New York City Immigration Court received over 45,000 applications for asylum.

Under the current administration, we are concerned that the need for forensic evaluations will increase as the government demands more evidence from asylum seekers and denies more cases, requiring attorneys to fight harder in response. Lawyers are concerned that, without greater access to forensic evaluations, they will begin to lose more cases in the coming years, putting asylum seekers lives at risk.

### Forensic Medical and Mental Health Evaluations

Forensic evaluations are a crucial tool that supports a lawyer's ability to effectively represent and advocate for her clients. In a forensic evaluation, expert health professionals conduct a physical or psychological examination in order to provide written evidence assessing the consistency of that person's protection claim. These evaluations provide crucial evidence of torture and persecution and significantly increase clients' chances of winning asylum (~90% success rate<sup>1</sup> vs. 43% without<sup>2</sup>). Such evaluations have also been crucial in supporting immigrant survivors of human trafficking and domestic violence to access safety and security.

Furthermore, forensic evaluations also serve as an important point of entry for accessing needed follow-up medical, mental health and social services; trained evaluators are in a unique position to screen for additional needs and connect survivors with appropriate community-based services. Forensic evaluations in the New York City area are currently provided through torture treatment centers (Libertas Center for Human Rights and Bellevue/PSOT), volunteer networks (Physicians for Human Rights and HealthRight International's Human Rights Clinic), medical school-based programs (e.g., Icahn School of Medicine and Weill Cornell) and private practitioners, all of which have already experienced an increase in requests.<sup>3</sup> Demand for forensic evaluations has doubled in New York City over the past 2 years, and a more hostile administration promises to continue this trend. Yet resources for providing these services have remained flat.

### Psycho-Social Service Coordination and Forensic Services are Interconnected & Interdependent

After submitting their application, asylum seekers typically wait 9 months to receive work authorization. This means that clients struggle to obtain safe housing, healthy food, weather-appropriate clothing, and other basic needs. Even after receiving their work permits, many struggle to find work due to language barriers, undervalued work experience, and a lack of affordable childcare. These difficulties create incredible amounts of stress and frequently intensify medical and mental health symptoms. Mental health concerns can also serve as a barrier to effective utilization of legal services, making it challenging or impossible for asylum seekers to do the traumatizing work of recounting their torture or persecution stories during hearings. Access to mental health and forensic services that address these issues strengthens the immigration case. At the same time, there is evidence that a grant of asylum can improve mental health.<sup>4</sup>

Our experience suggests that helping build up client's social support systems and addressing time sensitive basic needs provides a foundation for building trust and growing therapeutic alliances, and increases the utilization and effectiveness of health, social and legal service interventions. Council attention in the FY 2019 budget to support the critical impact of forensic evaluations and complementary psycho-social services would strengthen New York City's demonstrated commitment to supporting immigrant legal services.

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<sup>1</sup> Nonprofit providers of forensic evaluations have found that approximately 90% of final reported outcomes are positive for asylum seekers who receive forensic evaluations.

<sup>2</sup> <https://www.lexisnexis.com/legalnewsroom/immigration/b/outsidenews/archive/2016/12/13/asylum-denial-rates-rise-to-57-percent-in-fy-2016-unrepresented-increase-trac.aspx?Redirected=true>

<sup>3</sup> Some of this increase can be attributed to the "rocket docket" established to fast track cases of recent child and family arrivals fleeing the Northern Triangle of Central America, which has led to greater legal representation for this population.

<sup>4</sup> Raghavan, S., Rasmussen, A., Rosenfeld, B., & Keller, A. S. (2012). Correlates of symptom reduction in treatment-seeking survivors of torture. *Psychological Trauma: Theory, Research, Practice and Policy*, 30, 1-7.

**Testimony of Planned Parenthood of New York City  
before  
The New York City Council  
Committee on Immigration and Committee on Health  
regarding  
Immigrant Access to Healthcare**

November 28, 2017

Good morning. I am Elizabeth Adams, Director of Government Relations at Planned Parenthood of New York City (PPNYC). I am pleased to submit testimony at today's hearing on immigrant access to health care. Thank you to Committee Chairs Council Member Carlos Menchaca and Council Member Corey Johnson for convening this hearing, as well as Speaker Melissa Mark-Viverito, and members of the committees for their dedication to protecting and expanding immigrant access to health care citywide.

For over 100 years, Planned Parenthood has been a leading provider of reproductive and sexual health services in New York City, reaching over 85,000 New Yorkers annually through our clinical and education programs. We are a trusted name in health care because of our commitment to comprehensive, inclusive, and confidential care. We adhere strictly to the National Standards for Culturally and Linguistically Appropriate Services in all of our clinical, education, and public affairs work, and have clinical staff available to provide on-site care in nine languages. Our doors are open to all New Yorkers regardless of income, gender, insurance, or immigration status and we believe that high quality health care is a human right every person deserves.

As a community health care provider, we see firsthand the challenges and barriers immigrant New Yorkers face in accessing care. In a city as diverse as ours, access to quality health care can vary greatly among neighborhoods and communities, and while New York has made significant gains in expanding programs, a continued lack of affordable care, cultural sensitivity of providers, and available and accessible interpretation and translation services for immigrant New Yorkers has created deep disparities in the provision of health care.

Foreign-born New Yorkers make up more than a third of the city's population (37%), yet are less likely to be insured and receive routine preventive care than other New Yorkers.<sup>1</sup> Due to gains made by the Affordable Care Act, the percentage of foreign-born adults without insurance in

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<sup>1</sup> The Newest New Yorkers - 2013 Edition." (2013). NYC Department of City Planning. Retrieved from <https://www1.nyc.gov/site/planning/data-maps/nyc-population/newest-new-yorkers-2013.page>

New York has markedly decreased,<sup>2</sup> however, nearly half a million uninsured unauthorized immigrants in the state continue to face severely limited coverage options. New York has shown its commitment to expanding coverage for undocumented New Yorkers through the Emergency Medicaid program, Child Health Plus for young people up to the age of 19, and Medicaid coverage for undocumented pregnant women,<sup>3</sup> however, this patchwork of coverage still leaves many New Yorkers without insurance and others understandably confused about eligibility. Concerns around safety, insurance eligibility, and family member statuses continue to prevent many eligible residents from enrolling in health insurance, and have been amplified by the 2016 election of Donald Trump. At PPNYC, we have seen an increase in patient apprehension around insurance enrollment and questions related to immigrant rights. More than ever, New York City needs to invest in greater community resources and affordable health care options for immigrant New Yorkers.

Federal attacks on immigrant communities have incited fear and directly impacted our patients' access to health care services. PPNYC has a robust financial counseling program that connects patients at all five health centers to coverage. Our staff are trained Certified Application Counselors and help thousands of patients each year apply for public or private insurance through the State Marketplace, meeting with patients if they are 1) uninsured, 2) don't know how they will pay for their visit, or 3) convey an overall financial or confidentiality need when they make their appointment. Earlier this year, financial counselors observed that primarily Spanish-speaking and African immigrant patients increasingly did not want to be screened for health insurance or sliding fee services. Staff do not record patients' citizenship details, however, may ask about a person's status during a confidential screening to determine insurance eligibility. When counselors inquired about patients' immigration status, patients increasingly refused to provide this information and no longer wanted to apply for insurance. Many patients would then also refuse to be screened for reduced fee services, available regardless of documentation status, ultimately opting to pay the full fee associated with their care, rather than provide information. Patients' resistance to enroll in eligible programs increased across the board at our health centers, but was most notable at our Bronx health center, where it occurred daily. We are glad to have seen these numbers stabilize in recent months, however, it is clear that the fear and uncertainty many of our patients experienced in the last year has prevented them from accessing the affordable health care coverage they deserve. And given the federal administration's focus on attacking immigrant communities, we anticipate this hesitancy may increase again in the future.

As the federal government attempts to further restrict immigrant access to health care, PPNYC urges New York City to build on its commitment to expanding affordable health care options for immigrants, including undocumented residents, and consider the ways it can help break down the economic barriers that prevent many New Yorkers from accessing health insurance. We applauded the city's creation of ActionHealth NYC, which was an innovative program designed to improve services and coordinated care for all New Yorkers, and encourage the city to continue

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<sup>2</sup> NYC DOHMH. "Immigrant Health—Insurance Status and Access to Preventive and Primary Care in New York City." (July 2016). NYC Vital Signs, Vol. 15, No. 3. Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2016-immigrant-health.pdf>.

<sup>3</sup> E. Benjamin, "How Can New York Provide Health Insurance Coverage to its Uninsured Immigrant Residents? An Analysis of Three Coverage Options." (2016). The Community Service Society of New York. Retrieved from <http://lghhttp.58547.nexcesscdn.net/803F44A/images/nycss/images/uploads/pubs/Immigrant%20Health%20Report%20Web%2002.pdf>.

its investment in expanding coverage and ease of linkage to care. We also look forward to the city sharing their findings from the ActionHealth NYC pilot program in order to identify best practices for the future. Individuals without insurance are more likely to delay preventive care and often avoid needed medical services due to fears about cost, resulting in higher out-of-pocket costs that could risk bankruptcy and an increased reliance on the uncompensated care system.<sup>4</sup> Over a third of Health and Hospitals' (H+H) 1.4 million patients are uninsured,<sup>5</sup> and as H+H faces significant financial shortfalls, the city should help connect more New Yorkers to affordable care options.

We also urge New York City to strengthen its commitment to sustaining safety net providers so that community providers can continue to offer affordable care to all New Yorkers. H+H and community health centers, including Planned Parenthood and federally qualified health centers (FQHCs), provide essential care for New Yorkers regardless of their income or immigration status. With the potential of increased funding cuts to publicly-funded programs such as Title X, and, New York City must ensure providers maintain funding levels to continue to be able to provide affordable family planning services to low-income and undocumented New Yorkers. Furthermore, as the federal government considers new restrictions to the Medicaid program and eligibility requirements, as well as the future of the Children's Health Insurance Program, more New Yorkers may lose coverage, increasing the need for safety net providers.

Just as important as providing increased access to health coverage and services is ensuring that New York City invests in the resources needed to connect communities to trusted and compassionate care. According a 2014 report of the Mayor's Task Force on Immigrant Health Care, immigrant New Yorkers are often unaware of their care and coverage options and routinely face a lack of cultural sensitivity and information provided in their own language when attempting to seek out care, compounding existing barriers they may have already faced.<sup>6</sup> PPNYC recognizes the importance of having trusted resources and providers a patient can identify with, and have expanded our Promotores de Salud program in New York City to help bridge the gap between immigrant communities and the health care system. The Promotores de Salud are well-trained peer advocates and educators who aim to increase access to sexual and reproductive health services for Spanish-dominant Latinxs in New York City, integrating information about health topics and the health care system into their community's culture, language, and value system. Promotores are trusted leaders in their communities and provide culturally relevant outreach and education workshops on breast health, contraception, and wellness, appointment assistance at PPNYC, and patient guidance in PPNYC's health centers to help navigate their visits. As immigrant access to healthcare is increasingly threatened, and many New Yorkers face security concerns, it is critical that the City invest in language-accessible, community outreach programs, like the Promotores de Salud, that help to ease anxieties and reduce barriers immigrant communities face in obtaining health services.

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<sup>4</sup> J. Hadley, "Sicker and Poorer—The Consequences of Being Uninsured: A Review of the Research on the Relationship between Health Insurance, Medical Care Use, Health, Work, and Income," *Med. Care Res. and Rev.*, 60: 35-75S (June 2003); D. Baker et al., "Lack of Health Insurance and Decline in Overall Health in Late Middle Age," *New Eng. J. of Med.*, 345:1106-112 (Oct. 2001).

<sup>5</sup> L. Barrios-Paoli, "Improving Immigrant Access to Health Care in New York City: A Report from the Mayor's Task Force on Immigrant Health Care Access." New York City Office of the Mayor (2014). Retrieved from <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf>.

<sup>6</sup> *Ibid.*

Lastly, PPNYC recommends that the City dedicate increased funding to translation services and materials citywide, in response to many city agencies and public offices having limited language offerings. Particularly in this moment, it is crucial that all New Yorkers are aware of and have access to the benefits and services they deserve, and can communicate their needs and questions to social service agencies and health care providers in their preferred language.

We applaud New York City's commitment to protect and expand immigrant access to health care in the face of increased surveillance and violence directed at immigrant communities, and we look forward to continuing to work with the Council and the administration in shared efforts to break down the barriers immigrant New Yorkers face in achieving safe and healthy lives.  
Thank you.



## **Asian American Federation**

**Testimony Submitted to the New York City Council  
Committee on Health and Committee on Immigration  
Joint Hearing: Oversight – Immigrant Access to Healthcare  
November 28, 2017**

Thank you, Council Member Corey Johnson and Council Member Carlos Menchaca, for having this joint hearing today.

The Asian American Federation’s mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. Established in 1989, the Asian American Federation (AAF) is a pan-Asian nonprofit leadership organization that strengthens the capacity of community-based social services by supporting and representing 65 Asian-serving member agencies in the fields of health and human services, education, economic development, civic participation, and social justice.

Asians are the fastest-growing racial/ethnic group in New York City, having increased by 50 percent from 2000 to 2015, and now comprise 15 percent, or 1.3 million, of the City’s overall population. Asians are also the only racial group for which suicide was consistently one of the top 10 leading causes of death in New York City from 1997 to 2015 (Office of Vital Statistics and Epidemiology, 1997-2015). In New York State, suicide is the second leading cause of death for Asian Americans ages 15-24 and the third leading cause for those ages 10-14 and 25-34.

In October of this year, AAF released a report on [\*Overcoming Challenges to Mental Health Services for Asian New Yorkers\*](#) based on a year-long study of the mental health issues and service capacity challenges that 22 Asian-led and Asian-serving community-based organizations had observed among the pan-Asian communities in New York City. In the report, we highlighted the increasing visibility of mental health needs among Asian New Yorkers and provided recommendations to address the major challenges impacting the Asian community, which includes increasing access to linguistically and culturally competent mental health services.

For instance, even though a higher percentage of Asian American high school and college students report experiencing depressive symptoms compared to their White counterparts, Asian Americans are the least likely of racial groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007).

Specifically, only two percent of Asians will mention symptoms of depression to their doctor, compared to the national average of 13 percent (Office of the Surgeon General, 2001). Another study found that most young Asian Americans tend to seek out support from personal networks such as close friends, family members, and religious community members rather than seek professional help for their mental health concerns (Spencer et al, 2010). Participants in that study stated that the biggest deterrent in seeking professional help was the deep stigma surrounding

mental health issues, as well as a general lack of awareness about resources and services available to them. That study also found that most Asians had difficulty accessing mental health services because of language barriers. These results suggest a need for more linguistically and culturally specific services and greater collaboration between formal service systems and community resources.

The lack of access to in-language, culturally competent mental health services is a significant challenge for Asians. Even if we were to increase awareness about mental health and build service capacity to address those needs, there are no clear service entry points for Asian New Yorkers to access care. Investments must be made to create multiple entry points for accessing mental health services and to make services more affordable in general.

Beyond individualized therapy, there are no clear entry points to accessing preventive mental health services. Current funding priorities emphasize building access to those individualized services, which is of little help to Asian communities that rarely utilize one-on-one therapy sessions or other individualized services. According to our report, the Asian community needs preventive programs that use a programmatic model to help people develop coping skills and peer support networks. Additionally, more educational groups or class formats would be less intimidating or offer a more appealing introduction to mental health services compared to individualized therapy sessions. Having these programs integrated into existing services that Asians utilize are the most effective way to reach populations that continue to have reservations toward mainstream mental health care models.

Additionally, connecting Asians to mental health services requires building a network of connections to mental health services. The lack of awareness about mental health challenges and resources for Asian Americans often extends to service providers in Asian communities. The capacity and connections built through developing awareness and acceptance of mental health as a health concern will help to increase connections between mental health services and the initial touch points, such as primary care physicians, home attendants, staff from community-based organizations, immigration lawyers, and religious leaders.

Even after connecting with mental health services, many Asian patients have challenges in continuing treatment. One concern is being able to pay for services. Asians who do not have insurance coverage or are undocumented must pay out of pocket. About 14 percent of Asians in New York City do not have health insurance coverage. Another challenge to accessing health insurance for mental health exists for Asian youth, who may not want parents to know they are seeking treatment but need their permission to access services since their parents are the primary insured.

Even if payment is not an issue, many Asian clients may not continue treatment. Suspicion of medication leads many to stop medication once symptoms subside. Some parents will only send children to mandated sessions and stop once they satisfy authorities' requirements. Overcoming the cultural stigma of mental illness will ultimately require the patient and their families to buy into the treatment rather than comply out of compulsion.

In order to increase access to mental health services, we must: 1) fund Asian organizations' efforts to engage community members at the places where they seek help; 2) support programming that integrates mental health services through other social services; and 3) invest in support groups run by Asian organizations for clients who are receiving treatment and/or are on medication.

To avert what is quickly becoming a public health concern in the pan-Asian community, we must work to build the capacity for linguistically and culturally competent mental health services using evidence-based methods for Asian communities. With increased access to appropriate mental health services, Asians can receive proper treatment for mental health conditions that encumber them from achieving socioeconomic stability. Concurrently, we must work to raise awareness of the growing mental health problems among this population. The yawning gap between the Asian community's high depression rates and low service utilization rates is significant. Depression is the single most robust risk factor for suicide, yet there is no citywide linguistically and culturally competent community education program on how to identify and treat depression in the Asian community.

We would like to continue this discussion and work with the City on how to address the mental health service needs of Asian New Yorkers, especially those who are immigrants and are especially challenged in accessing adequate health care.

## References

Asian American Federation (2017). *Overcoming Challenges to Mental Health Services for Asian New Yorkers*. New York, NY.

Asian American Federation (2017). Internal analysis of 2011-2015 American Community Survey Public Use Microdata Sample.

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., Alegría, M. (2007). Use of Mental Health–Related Services among Immigrant and US-Born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health*, 97(1), 91–98. <http://doi.org/10.2105/AJPH.2006.098541>.

Office of Vital Statistics and Epidemiology, New York City Department of Health (1996-2015). *Summary of Vital Statistics 1996-2015*, <https://www1.nyc.gov/site/doh/data/vital-statistics/vital-statistics-summary.page>.

Spencer, M. S., Chen, J., Gee, G. C., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and Mental Health–Related Service Use in a National Study of Asian Americans. *American Journal of Public Health*, 100(12), 2410–2417. <http://doi.org/10.2105/AJPH.2009.176321>.

U.S. Census Bureau (2017a), 2016 American Community Survey, Public Use Microdata Sample Code Lists, [https://www2.census.gov/programs-surveys/acs/tech\\_docs/pums/code\\_lists/ACSPUMS2016CodeLists.xls](https://www2.census.gov/programs-surveys/acs/tech_docs/pums/code_lists/ACSPUMS2016CodeLists.xls).

U.S. Census Bureau (2017b), 2016 American Community Survey, Selected Population Profile in the United States, Table S0201, New York City, Asian Alone or in Combination.

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Name: Susan Welser

Address: \_\_\_\_\_

I represent: The Legal Aid Society

Address: 149 Water Street NY NY

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Name: Claudia Colton

Address: ~~131 West 33rd St 61~~ 249 Jean Parkway

I represent: New York Immigration Coalition 11210

Address: 131 West 33rd St. 61

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Address: Director of Policy & Immigrant

I represent: DOHMH Initiatives

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I represent: NYC Mayor's Office of Immigrant Affairs

Address: \_\_\_\_\_

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