CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION

Jointly with

COMMITTEE ON HOSPITALS

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April 16, 2024 Start: 10:35 a.m. Recess: 5:06 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Alexa Avilés

Chairperson

Mercedes Narcisse

Chairperson

COUNCIL MEMBERS:

Erik D. Bottcher Gale A. Brewer

Carmen N. De La Rosa

Shahana K. Hanif Rita C. Joseph Shekar Krishnan

Selvena N. Brooks-Powers

Jennifer Gutiérrez Kristy Marmorato Francisco P. Moya Vickie Paladino Carlina Rivera

APPEARANCES (CONTINUED)

Adama Bah Afrikana

Patrice Lawrence
The UndocuBlack Network

Djibrill Dioui African Bureau for Immigration Social Affairs

Corine Ombongo-Golden Africa is Everywhere

Dr. Baldé Abdoulaye Futa Islamic Center

Manuel Castro
Commissioner at Mayor's Office of Immigrant
Affairs

Molly Schaeffer Director of Asylum Seeker Operations

Tom Tortorici Executive Director of Legal and Support Initiative at Mayor's Office of Immigrant Affairs

Aissata M.B. Camara
Deputy Commissioner for Policy and Strategic
Initiatives and Chief of Staff at Mayor's Office
for International Affairs

Senator Cordell Cleare

Amaha Kassa African Communities Together, ACT

Abdoul Gadiri
African Communities Together, ACT

A P P E A R A N C E S (CONTINUED)

Fatoumata Batouly Diallo African Communities Together, ACT

Maimouna Dieye African Communities Together, ACT

Nneka Okpara
Immigrant Advocates Response Collaborative

Dr. Seydi Sarr African Bureau for Immigration and Social Affairs

Fatimatou Balde
African Bureau for Immigration and Social Affairs

Diallo Fatimata
African Bureau for Immigration and Social Affairs

Mamadou Toupe
African Bureau for Immigration and Social Affairs

Aamdadou Diallo

Abdourahame Diallo

Julio Herrera The Black Institute

Mamadou Bello Bah

Mamadou Diallo

Melissa Johnson Black Alliance for Just Immigration, BAJI

Sandra Dieudonné Catholic Charities

Lauren Wyatt Catholic Charities

A P P E A R A N C E S (CONTINUED)

Sebastien Vante Safe Horizon

Jennifer Jarrell Covenant House

Souleiman Ba Covenant House

Jamie Powlovich Coalition for Homeless Youth

Henry Love Win Inc.

Rex Chen Legal Services NYC

Monica Tulchinsky NYLAG Legal Health Department

Ellinor Rutkey
The Door Legal Services Center

Abdulmajeed Ishag Legal Aid Society (accompanied by Deborah Lee)

Siedu Hamaidu La Colmena

Syed Ahmed (Mahdi) Halal food Standards Alliance of America

Sergio Uzurin NYC ICE Watch

Mariel Acosta Bushwick City Farm

Melissa Johnson on behalf of Moira Shoush BAJI

A P P E A R A N C E S (CONTINUED)

Thaerou Barry

Olivya Veazey

Mbacke Thiam

Center for Independence of the Disabled, NY

Tanesha Grant

Parents Supporting Parents New York

Taina B. Wagnac

New York Immigration Coalition

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welcome to today's New York City Council hearing for the Committees on Hospitals and Immigration. At this time, we ask that you silence all cell phones and electronic devices. Once again, please silence all cell phones and electronic devices. If you have testimony you wish to submit for the record, you may do so via email at testimony@council.nyc.gov. Once again, that is testimony@council.nyc.gov. If you require translation services, we have Arabic, Bambara, French, Fulani, Haitian-Creole, and Wolof that will be available in the rotunda. We thank you for your cooperation. Chairs, we are ready to begin.

[gavel]

CHAIRPERSON AVILÉS: This hearing is being called to order. Good morning everyone. I am Council Member Alexa Avilés, Chair of the Committee on Immigration. Thank you for attending today's joint hearing of the Committees on Immigration and Hospitals. I'd like to begin by thanking my cochair, Council Member Mercedes Narcisse, Chair of the Committee on Hospitals for co-chairing this very important hearing. I would also like to thank everyone joining us today and those who are attending

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS remotely, including our Council colleagues, impacted people, representatives from the Administration, the public, service providers, stakeholders, advocates, so many. We've been joined today by Council colleagues, Council Member Stevens, Council Member Moya on Zoom, Council Member Hudson, Council Member Marmorato, and Public Advocate Jumaane Williams. Today, the Committee will be conducting an oversight regarding the experiences of Black immigrant newcomers in New York City. This topic is of the utmost importance to me and to the Committee on Immigration. Black immigrants have long contributed to New York City's storied cultural history and economy. Throughout the United States the arrival of new immigrants from Africa, the Caribbean and elsewhere has bolstered the Black population's growth. 764,000 Black immigrants live in New York State, comprising nearly four percent of the state's population. It is incumbent on New York City to acclimate its newest immigrant residents to their new role, facilitate pathways to work authorization, and connect immigrants with culturally appropriate resources so they can ultimately thrive in their neighborhoods as fully-integrated community members.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS Over the past two years, Black immigrant newcomers have faced especially stark barriers in accessing city services. Those needing information translated and interpreted in language predominantly spoken in West African countries, including Wolof, Arabic, Bambara, Fulani, and French among others have reported difficulty communicating with migrant shelter staff and obtaining information from City agencies. Public reporting has demonstrated that the 30-, 60-day rules disproportionately evicted African immigrants with newcomers from Mauritania and Senegal being the most likely to receive eviction notices. Black immigrants are disproportionately subject to immigration detention near the US/Mexico before traveling to New York City, and many hail from countries that lack temporary protected status designations, and as a result, they require intensive immigration legal services involving full legal representation. Many Muslim newcomers have raised concerns about cultural competency in the migrant shelter system from the demand for Halal food to the incompatibility of congregate settings with their faith practice. I would like to extend a special welcome and express my deepest gratitude to the panel

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 10 of advocates and people who will open today's These individuals have welcomed Black hearing. immigrant newcomers in neighborhoods across New York City and we look forward to hearing about their dogged efforts in their communities as well as their perspectives on ways the City can do so much better in embracing Black immigrant newcomers as the new New Yorkers they are. Mutual aid groups and mosques have been unsung heroes during this time, providing dignity through culturally appropriate meals, safe places to sleep, free ESL classes, among so many other needs. These entities are providing these supports largely unfunded by the government with support coming from the surrounding community of New Yorkers, many who are struggling themselves. to express my deepest gratitude to all of you who have gone above and beyond and who have exemplified what a welcoming New York City looks like, what dignity looks like. While we recognize the sacrifice of the work you have done, you should not be singularly bearing the burden of our city government. We must be creative in funding a service delivery that follows people and their needs. After today, the government cannot claim it did not know of the

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 11 gaps and their profound impacts on people. attest we have known and asked why hasn't getting stuff done, and a city of yes fully reached newlyarrived Black people. We see the same patterns of disinvestment, anti-Black media narratives, and disproportionate negative impacts in US-born Black communities as we do with Black new arrivals. and must make different choices. At the heart of this hearing is a need for data on the needs of immigrant New Yorkers residing in our city. We all know that it is impossible to make policy and conduct oversight without the appropriate data, and knowing the needs of New York City residents helps policy makers and elected officials tailor the City's programming and service delivery. That is why the Committee on Immigration will be hearing Introduction 84 and Introduction 85, both sponsored by Council Member Carlina Rivera which would respectively require the Administration to develop and implement workforce and health surveys of newly-arrived migrants and asylum-seekers. These bills would also require the Administration to recommend policies and investments to support the wellbeing and success of immigrant newcomers. The Committee will also be

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 12 hearing Introduction 739 sponsored by Deputy Speaker Ayala in relation to the reports on the response of asylum-seeker arrivals and requiring the use of budget codes for funding associated with the response to asylum-seeker arrivals. We look forward to hearing the Administration's positions on these bills and working with the Administration on a long-term forward-thinking approach to welcoming immigrant New Yorkers to our neighborhoods and communities. Finally, the Committee on Immigration will also be hearing Resolution 340, sponsored by Council Member Carlina Rivera, calling on the U.S. Citizen and Immigration Services to eliminate filing fees for humanitarian benefit applications and subsequent employment authorization applications, and calling on Congress and the President to move significant funding from USCIS to cover the funding loss by eliminating filing fees. Even as the Committee on Immigration seeks ways for the City to do better in welcoming immigrant New Yorkers, the Council has been clear that the Federal Government must play a leading role in making it possible for immigrants to build full lives in our cities and provide for their families. Rather than requiring immigrant New Yorkers

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 13 to pay exorbitant application fees when many of them are already struggling to make ends meet, the Federal Government should meaningfully resource USCIS and reassert its commitment to humanitarian forms of immigration relief and protection. I would like to thank all the committee staff for their work on this hearing, including Nicole Cata [sp?], Rebecca Barilla [sp?], Nia Hyatt [sp?], Florentine Cabor [sp?]. I would also like to thank my staff, Chief of Staff Edward Cerna [sp?], Christina Botego [sp?], Amaraci Angadi [sp?], and Emma Terran [sp?], and everyone working in the background to make this hearing run smoothly. Lastly, I would like to thank the representatives from the Mayor's Office in Immigrant Affairs, and the Office of Asylum-seeker Operations who are present today to testify before the Council. Okay, we'd like to recognize the Office of International Affairs, and unfortunately, I am extremely disappointed to know that representatives from New York Health + Hospitals and New York City Emergency Management are not here. I understand that Dr. Long is the only person authorized from H+H to testify before this body, and tomorrow he will be attending another very important hearing. Given this

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constraint, I would like H+H to seriously consider how it can meaningfully staff these hearings, especially since it continues to take on larger and larger pieces of New York City's work. They should be present. And now, I will turn it over to my cochair, Council Member Mercedes Narcisse.

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CHAIRPERSON NARCISSE: Good morning. I am Council Member Mercedes Narcisse, Chair of Hospitals Committee. Thank you to Chair Avilés and the Immigration Committee staff for holding this incredible important hearing. I'm grateful for this opportunity to learn more about the experiences of Black immigrants in our city and to determine new pathways to ensure that new arrivals are receiving the support that they so richly deserve. As of last December, New York City was delivering care to 68,000 new arrivals, with the number of newcomers continuing to rise steadily. We-- our recent data shows that we are welcoming an accelerating number of people from Senegal, Mauritania, Guinea, and Haiti, and many other folks of the beautifully diverse African and Caribbean diasporas. I cannot emphasize enough that when we say Black immigrants, we do not refer to a monolith with a singular shared experience. These

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 15 new arrivals represent a diverse array of religions, languages, foods, traditions, and customs. It seems obvious that we must therefore tailor our response to each individual's unique needs, whether it be language access, healthcare, dietary restrictions, religious observance, or any other support they may require. Furthermore, we must create spaces which allow our newcomers to thrive by offering opportunities that will tap into the unique skillsets to contribute to our city. We heard it outside. They're not looking for a handout. They're looking for opportunity. Every day, we usher in doctors, construction workers, engineers, nurses, and teachers and so on. Every person who is arriving has something valuable to contribute, and it is severe detriment to our city to allow the skillset to be under-utilized. People need to work. As we have observed the recent political unrest unfold in Haiti with heavy hearts--I am from Haiti-- it becomes apparent that we must discuss our City's response to accommodating black immigrants. It is crucial that we understand the shortcomings of our current procedures to generate new ideas and foster new community connections to improve our process of providing aid and shelter to

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 16 those fleeing violence and persecution. This is We are committed to ensuring that personal to me. Black immigrants are uplifted, respected, and supported as a city that has a long and vita history of welcoming in newcomers and helping them create new roots in this country. We are determined to provide each and every person a safe and dignified avenue towards starting the next chapter of their lives here. Before I conclude, I want to thank all the Committee staff, advocates, community members who have contributed so much of their hard work and dedication to this issue, especially to those in the community whose work uplifts the voices of those who are being ignored and left behind by our current system. All welcome. That's what we usually say. extend my thanks to all of you for joining us today to take your time. Usually when we make the call, Today, as a Black person, I'm very it's a few. impressed that you know today it was a call to action and you show up. Don't stop showing up. You have to show up. You cannot be invisible. You are visible. You mean something for not only the City of New York. You mean something. You mean a lot to the US and the world in general, and you know it my brothers and

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sisters, my [inaudible] continent [inaudible]. You mean a lot. So I want to thank you to my Chief of Staff, to my Deputy Chief of Staff, to my scheduler, to my Deputy Director of Constituent Services, to all my community engagement— we've been trying our very best, but I know my colleagues, and I'm so proud to sit here with Avilés that understand the City of New York immigration need to be addressed for all of us.

Now, I would like to recognize my colleague De La Rosa, Gutiérrez, Joseph, and Paladino. Now, I will turn it back to Chair Avilés. Thank you.

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CHAIRPERSON AVILÉS: Thank you so much,
Chair. And next we are going to hear from Public
Advocate Jumaane Williams.

much. Peace and blessings; love and light to
everyone. My name's Jumaane Williams. I'm the Public
Advocate of the City of New York. Thank you, Chair
Avilés and Chair Narcisse, members of the Committee
on Immigration and Hospitals for holding this
important hearing, for allowing me to share my
statement. I'm speaking as a son of Black
immigrants. In particular, Chair Avilés, thank you
for seeing the importance and prioritizing Black

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 18 immigrants in this Committee in a way that hasn't been done. Thank you so much for that. And I just wanted to shout out -- I know we spoke a lot about the advocates, so shout out to all of them, but I want to shout out someone for decades who's been doing this work and has been a Godmother to many of us on Black issues and Bertha Lewis from the Black Institute. Thank you for all of the work that you've been doing for so long. New York City has been responding to an influx of migrants to the City since 2022. Migrants are arriving from all over the world. They come from different cultures, practices, and proactive various traditions, and speak a multitude of languages. is nothing new for a city like New York. has done a great deal in responding to this influx. Yet resource allocation could be more equitable than it is now, particularly for Black migrants coming from Caribbean and African countries. I want to make sure we lift up Sudan, Congo, and Haiti in particular, that is often left out of the news, as well as many other nations in Africa. migrants -- and Caribbean. Black migrants have shared their experiences facing racism and anti-blackness within a system that historically deports, detains,

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 19 and confines Black migrants at a higher rate than any other racial or ethnic group. These are realities the City has to grapple with and in order to make any progress we must hear directly from those living these realities. From local to the federal level, my office and I have been calling for greater resource allocation for Black migrants and this hearing is a great starting point. At this juncture, the City should be well aware that migrants coming from all over the world, they all speak a wide variety of languages. As mentioned, this is not a monolith. As a result, the city resources should also be in language as much as possible, or creating infrastructure for the communities that are working with them to help with that. Black migrants, particularly feel the impacts of language barriers, especially if they do not speak English or Spanish. They are more likely to speak a langue like Arabic, French, Haitian-Creole, Wolof, Mandinka, or Fula, and city resources and information in those languages are more difficult to come by. Language accessibility is a lifeline for immigrants and opens doors to legal services, housing, economic emolument, and other opportunities. Just at the press conference, myself

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 20 and Council Member Hudson were telling folks that they can get medical assistance at emergency rooms, particularly in City hospitals, something they did not know which might be because of a language access. Language accessibility is a lifeline for housing, economic and development of opportunities. preliminary survey of languages that Black migrants speak with many CBOs already having data on the city should increase this language capacity accordingly. Another crucial point of discussion I wish to lift up is the impact of housing and shelter on Black migrants, with the city's ongoing 30- and 60-day notices to evict migrant shelter residents which disproportionately affect African migrants. We may see and hear instances of migrants sheltering in store fronts and extreme congregate settings because they have nowhere else to go. We are witnessing unaccompanied youth at the whims of the shelter system, some of whom are categorized as adults if they are over the age of 18, despite attending NYC DOE high schools. With these shelter notices, some have to decide between attending school or reapplying for shelter placement, which is not a same-day quarantee. These experiences reflect a number of

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 21 oversights in the City's response, and my hope is that Administration is made aware of the situation and commits to ramping up case management for these unaccompanied migrant youths. Many of these migrants are navigating entirely new city, culture, language and systems after which may have a long and harrowing journey just to get here. On top of all that, they may face increased scrutiny, xenophobia, and racism just by nature of being a Black immigrant. The city among the existing and future resources provided [inaudible] must ensure that at a minimum there's equity of resources above all else. I want to remind folks that applying for asylum is a legal way to be in this city, and I also push for the Whitehouse to do more and Governor Hochul to do more, because they are not. New York City cannot handle this by themselves. I do know there's a gargantuan effort, and some of those efforts I just want to thank the City for trying, but even while awaiting for resources, we do have to make sure things are applied equitably and humanely, and we have some work to do in those two categories. Thank you so much.

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CHAIRPERSON AVILÉS: Thank you so much.

I just would like to let everyone know, in Council

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 22 decorum while you're in the chamber, please refrain from clapping. What we do is this. If you are in agreement, we would love to see your hands, but please refrain from clapping. Thank you so much. And next, will be me reading a statement on behalf of Council Member Carlina Rivera. "Good morning. are in an era of global displacement and the number of individuals and families seeking asylum in the United States has risen significantly in recent years. Two years ago almost to the day on April 13th, 2022, the first bus of individuals from wartorn and politically unstable countries arrived in Washington, D.C. from Texas. In the following days, many of those individuals found their way to New York City, and since then the five boroughs have welcomed more than 182,000 individuals seeking asylum. Immigration is core to the identity of the United States, and as these families exercise the right to be here, per our national policies, New York City policies can be improved to meet the needs of the influx of migration. In response, our office has worked with advocates across workforce and healthcare sectors to respond to the needs of the new residents. At today's hearing, two of my bills will be heard to

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 23 require the development and administration of healthcare and economic-related surveys to foster opportunity and wellbeing. Over the last two years, the New York City Health + Hospitals has completed over 100,000 visits for individuals seeking asylum. Our public hospital system has stepped up to welcome our newest neighbors, screenings individuals for communicable diseases, administering over 60,000 vaccines, and delivering over 600 babies. comprehensive survey and collection of anonymized data will help the public care system respond and adapt for a changing landscape of needs. On the economic front, New York City's population has shrunk by nearly 500,000 people since 2020. An individual seeking asylum have a variety of skills to contribute to our workforce. By collecting information on the economic challenges and opportunities for asylumseekers, we can better assist the newest New Yorkers to integrate into our workforce through training and facilitating connections to open roles. In addition to implementing policies at the local level, city leaders must continue to marshal efforts to urge the Federal Government to provide New York City with financial support and get individuals seeking asylum

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employment authorization, language support, and vocational training." And on behalf of Council Member Carlina Rivera, thank you. And we wish her and her family well as she is having a baby. Blessing to Council Member Rivera and her family. Next, we'd like to recognize we've been joined by Selvena Brooks-Powers. And where are we on the-- here we are. Okay, now, we are going to hear from a prepanel that we are-- thank you again for being here, and I guess we will turn it over to Council staff.

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everyone. We'll first hear from a pre-panel. We have Adama Bah, Katrice Lawrence, Corine Ombongo-Golden, and Baldé Abdoulaye. And I haven't called your name and you're seated at the table, please just state your name for the record as you being your remarks. But we'll start with Adama Bah whenever you're ready.

ADAMA BAH: Good morning Chair Avilés and members of the Committee on Immigration. My name is Adama Bah, and I'm the Executive Director of Afrikana. Afrikana is a nonprofit organization supporting Harlem and Bronx communities and recent migrants to New York City. We specifically focus on

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS Black and Arab communities who face significant barriers to accessing services, including but not limited to legal, workforce, and benefit assistance. Before I begin, I would like to thank City Council and Committee on Immigration for your support and commitment to holding New York City accountable to treating migrants with dignity, respect, and humanity. For the past 18 years I've been advocating for immigration reform, and I'm here today to ask City Council to increase their efforts to hold the Mayor's Office accountable for Black migrants by ensuring that our upcoming city budget reflects that equitable resources and services are provided to organizations that serve Black migrants, develop and implement sustainable workforce training programs, collaborate with Black-led immigration rights organizations for language access, advocate for work authorization for all migrants, and address the inequities in health wellbeing of Black migrant women, children and families, especially in maternal healthcare. Today, there are over 60,000 migrants in NYC from many countries included, not limited, Mauritania, Senegal, Burundi, Guinea, and Chad. are entering the United States and are in our cities

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 26 with our brothers and sisters from across many countries in Latin America. Black migrants are faced with compound discrimination due to stereotypes attributed to them because of their documentation status and their identity. Black migrants have reported verbal and physical abuse due to the color of their skin. Racism begins at the border for them, and unfortunately I have witnesses firsthand and the City's' response anti-Black racism is continued in New York City. It starts with beginning access to shelter. Churchill [sic] reported just over two months ago New York focus [sic] that Black migrants received the highest and second shared highest of notice to vacate shelter. Secondly, the City has failed to provide adequate language interpretation or translation which is critical for Black migrants to navigate services, communicate support staff, and understand the notices given to them regarding their shelter. Please know that Google Translate and Language Line is never sufficient and is not acceptable. The City should hire native speakers of most spoken languages among Black migrants to provide adequate language interpretation and translation The lack of cultural responses does not end service.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 27 with its insufficient language access. migrants have the same goals of education and workforce, contributing to their community and building self-sufficient life like every other immigrant. However, Black migrants face a lack of available workforce training which is more readily available for Spanish-speaking migrants. Black women migrants face added cultural-inappropriate health and mental healthcare. For example, many Black migrant for reasons unrelated to their belief do not use tampons, yet Black migrant women are continually being offered tampons. To fill in the gaps in services, supported organizations like Afrikana must expand our services. Black migrants rely on organizations like ABISA, Haitian Bridge [sic] Alliance, Afrikana, and DocuBlack, Africa is Everywhere, Haitian Women for Haitian Refugees, and ACT, and GYO for direct services and support with no funding. We are providing case management, language support. We are also making sure Black migrants are safely transported to shelter. Therefore, Avilés and members of the Committee of Immigration, I call on you to hold the Mayor's Office accountable to New York City's constitution and protect and promote the

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 28 dignity and respect for Black migrants and all migrants in New York City. Thank you for your ongoing partnership and support.

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CHAIRPERSON AVILÉS: Thank you. We will go through everyone's testimony and then open questions and Council Members can ask the panel questions.

COMMITTEE COUNSEL: You can go ahead and when you're ready.

PATRICE LAWRENCE: My name is Patrice

Lawrence and I serve as the Executive Director of the

UndocuBlack Network, a 501C3 organization and a

multigenerational network of currently and formerly

undocumented people. I am a part of the community I

serve. I am testifying today about my experience,

our experience with newly-arrived Black migrants from

a community perspective as well as an organizational

perspective. As the number of migrants arriving has

risen in New York City, we've watched the posture of

elected officials change from welcoming to spewing

anti-immigrant dog whistles. Ensuring that policies

that would have migrants detained rather than

sheltered in habitable and dignified spaces, as well

as access to safety net resources is a key priority

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 29 for UndocuBlack Network, UBN, and should be for anyone who believes in justice and free treatment, fair treatment for all. The public buy-in is essential for this to work well. However, the City needs to be mindful of the language that they use to describe migrants. Expanding access to services for long-term residents also needs to be done hand-inhand with resources for the migrants. This will help with some of the rhetoric that has been used to describe Black migrants and to pit them against the communities that they come from, as well as the new ones that they're inhabiting. We do not need to remove the right to shelter. We do not need to remove the right to shelter. We do not need to remove the right to shelter. We do need to contract with culturally-competent contractors and communitybased organizations, and if it needs to take time, consult with immigrant organizations so that you will know the best ways to move forward, and you will see success. We need a welcoming atmosphere for migrants entering New York City by bus or by plane. At the airports, the instructions are confusing even for the average traveler. Many newly-arrived Black migrants have ended to take Ubers that we have facilitated

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 30 access to. This is costly. Airports needs signage, people, access to metro cards or a pass that does not require credit cards so that the migrants can sue the subway system, moving away from cash should not be fully implemented. Our collaboration is primarily with Adama Bah of Afrikana. I testified I have witnessed Adama welcome migrants at Port Authority in the dark hours of the morning for over two years with a warm smile and food and care. She still does it now. It is not lost on us that the beginning of these buses came out of spite and hate for We hope it is not lost on you either. immigrants. But what was meant for evil has been turned for good. We support Adama Bah's expanding team as well as Doctor Seydi who heads up ABISA, and we have directly financially supported both of their work. these women and their respective networks and organizations. With our help we have seen and witnessed medical clinics that they have set up at times in parking lot in Harlem and we've seen the glow of the faces in individuals as they have been treated with dignity. Additionally, we have seen legal services. They provided legal consultations, assistance for immigration and paperwork, medical

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 31 support, medical screenings, vaccinations, referrals to healthcare providers who are culturally-competent to ensure the health and wellbeing of migrants, housing solutions to make sure that they have -- that the Black migrants who enter the City have secure, safe, affordable housing for migrants, as well as additional health and wellness programs. Connecting Black migrants to a local network of competent service providers to ease their experience of getting social services is very, very necessary and must be done in all of the languages that they speak. my hope that any surveys and reports to be conducted in the future, as I understand, is in front of this committee, for the migrant population in New York be conducted in a way that ensures participation of Black migrant communities. This may mean and is not limited to conducting the survey instruments in multiple languages, including the participation of community-based organizations, and the findings must not result in punitive measures. Too often in this city's past and present we have seen them resort to police. Please don't make that mistake here. Lastly, we know that federal policy impacts people everywhere, and we also know that without proper

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 32 implementation that gap will fall flat and fail. There has been temporary protected status that has been instituted for several people for Black countries, and we fight for it to continue to happen for additional countries. We need the City's help and funding to make sure that these are successful. We have seen firsthand that without proper funding and implementation and because of the systemic bias and racism within the system, USCIS may not process people at a time that they're supposed to or even accept their applications. Therefore, Black migrants need more help and assistance. Our organizations-my organization is willing to do that work. But we cannot do it -- but we cannot do it without the proper funding and with people who support us. We also find it really hard to work in an environment where Black migrants are often ostracized and demonized. must stop. Language matters. As a Black immigrant myself from the country of Jamaica, it is really, really important that some of what I experienced, some of what my family experienced, and some of what we see even now not be duplicated. The people outside are here in their numbers by the thousands and they're here to show you that they belong, and

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 33 that they are here and that they should not be erased. Please listen to them. Thank you.

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CHAIRPERSON AVILÉS: Thank you, Patrice. Before we go to our next speaker, we need to make an announcement regarding the interpretation equipment.

UNIDENTIFIED: [speaking other language]

CHAIRPERSON AVILÉS: Thank you. And before we move to the next panelist, I want to recognize the 16 students from MS890 Brooklyn, New York up there. We see you. Thank you for being here. You're always welcome in the People's House. Next, we will move on to the next panelist.

DJIBRILL DIOUI: Hello everyone. My name is Djibrill. I'm here for represent the African community and the African Bureau Immigration Social Affairs. We want to make the testimony about the situation of migrants. When we arrive in USA we encounter a number of difficulties. First of all, under our [inaudible] situation, we don't think it's alright that we can't use a shelter address because only African migrants can stay for a month in the shelter. I have been [inaudible], but we could not be comfortable, because there was no bed, no toilets, no clothing, and the situation of food is much more

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 34
2	complicated. And I want to say also the situation of
3	work permits, we want the waiting period for work
4	permit to be reduced so that we can meet our needs
5	for housing, food, medical care, so that we can pay
6	for a lawyer to support our cases. And I think that
7	this will contribute to the profile of New York State
8	and the USA, and I really give to thank of Doctor
9	Seydi Sarr, and ABISA team for a big job, and give a
10	real thank for Adama Bah, Afrikana. [speaking French]
11	UNIDENTIFIED: It was a big joy to be
12	here.
13	DJIBRILL DIOUI: [speaking French]
14	CHAIRPERSON AVILÉS: Can you move the
15	microphone closer to both of you so we can hear your
16	voices. Thank you.
17	UNIDENTIFIED: Thank you. He want to
18	continue in French, and I'm going to interpret for
19	him.
20	DJIBRILL DIOUI: [speaking French]
21	UNIDENTIFIED: To explain to the
22	situation of immigration to United States is very

DJIBRILL DIOUI: [speaking French]

difficult for immigration to be here.

thank you to all the association that are here to

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 36 help Black immigrants to establish properly in this 2 3 country. 4 DJIBRILL DIOUI: [speaking French] UNIDENTIFIED: Particularly Doctor Sadie 5 Saur [sp?], Adama Bah, Afrikana, ABISA, and 6 7 [inaudible] Islamic Community. DJIBRILL DIOUI: [speaking French] Thank 8 9 you so much. UNIDENTIFIED: Thank you so much for your 10 11 attention. CHAIRPERSON AVILÉS: Merci. 12 Next, we'd 13 like to recognize we've been joined by Council Member 14 Hanif and Council Member Botcher. Corine, you would 15 like to be next? 16 CORINE OMBONGO-GOLDEN: Hi, City Council 17 Member. Thank you for having me. My name is Corine 18 Ombongo-Golden and I am a resident of the Bronx. I'm 19 a tenant organizer in the Bronx. I'm African. 20 from the Congo. If you know, the Congo is at war. 21 My dad is from the Congo. My mother is from 2.2 Ethiopia. Today, I'm going to speak to the need of 2.3 New York's new community, our African brother and

sister. I will speak in one of the language today

that I use to help our brother and sister learn the

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS truth about their reality as migrant in New York The language is called Lingala. Some of you guys know the Lion King. Okay. Here we go. what I tell my brother from the Congo. [speaking Lingala] New York City [speaking Lingala] because nobody speak my language here, obviously. there's a lot of trouble in this city. You need to leave New York City. They will not help you. spoke in Lingala to my Congolese brother. He was stuck at [inaudible] in Brooklyn with no one to understand him and no way to get an ID or case management. Now, he's in [inaudible] safe, working, and part of the community. Africa has 54 countries. They are around 3,000 language spoken on the continent. Black African are not slave, but have been unfree due to the [inaudible] and capitalist exploitation. Our lives are sacrificed for the rest of the developed world. I'm the grassroot. I am not a nonprofit worker. I do not work for the City. am here to tell the truth. Everyone today will hear our truth. I came to volunteer with the founder of Africa is Everywhere and BAMFA [sic]. It is a pan-African feminist initiative. The [inaudible] to help our brother and sister in Brooklyn. They were at

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 38 Jefferson [sic], Stockton [sic], [inaudible] men who did not have case management, sleep on coat without anything. They need to get the job. No good healthcare or housing. We do not have enough African direct service organization. We demand help in Brooklyn and Queens. We have donated time and money to African mothers expecting, organizing clothing drive, transportation, and food for medical services as mutual aid. We have translated for health or [inaudible] medical procedure. We couldn't [inaudible] necessary antibiotic in a city like New York. So one of the mother had to buy antibiotic in Columbia to help our brother who suffered from a third burn degree. We have seen asylum case be poorly completed, being denied asylum [inaudible] have no-- have the chance to do their application. This is negligence. This is unacceptable. This is shameful time in New York history. This city is not friendly for all people. It is anti-African and xenophobic. [inaudible]. We came to share this testimony to let you all know in this Council you all are responsible for this pain and suffering that will affect us for generation to come. But you also can change this for better. [inaudible] New York City

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should at least live up to the standard it project to the world. [inaudible] he has shown our community.

African deserve dignity and respect. We are not animal. This country has [inaudible]. You have ability to receive all of our immigrant, all of our community. Why it's going to be done only to the African? Is it because it's embedded protocol of racists [sic] and xenophobe [sic] in the city, and I want all my fellow African to know what it is that they will face if they come in New York City. Thank you.

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CHAIRPERSON AVILÉS: Thank you, Corine.

Doctor Baldé?

DR. BALDÉ ABDOULAYE: [inaudible] The name of God we begin. In the name [sic] of God we end. We [inaudible] say thank you to our Chair.

Thank you to all of you. I'm here to testify about Black immigrant. I'm Baldé Abdoulaye, Dr. Baldé. I'm founding member of Futa Islamic Center in the Bronx, founding member in [inaudible] Manhattan, right close here. There's several of them. I'm no activist. I'm just member of the community. I try to help as much I can, but I'm telling you in the bottom of my heart, since these brothers start coming I have broken

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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heart, because if we see human being when you-- you
may be without food. You lose your dignity. Have to
eat. You have to find space to stay. If not, to
save your dignity is very difficult. My center have
been holding more than 300 to 500 people.
                                           This last
Ramadan, first day of Ramadan, we have more than
1,000 people who come to break their fast.
I have only one cup of water, one cup.
                                        I recall
throughout the houses, we say whatever you have there
left to please bring here. I'm telling you, I go back
to my house like midnight. I have nothing to eat
until next day. Next day, I been the phone. I call
interfaith, old friends, and community leaders,
organizations, ask for help. For five of them answer
     New York Interfaith, Gambian Youth organization,
and one of my friend, you know, Debbie Almontaser and
her husband.
              They [inaudible] friends like Muna
[sic] organization. Those people answer me.
Interfaith have been providing like 200 meals a day.
Muna, 300 meals a day. Debbie Almontaser, 200 meals
a day. 100 [inaudible] the Ramadan fast very good.
Don't forget in Ramadan we eat two times.
breakfast and then like four o'clock we have to eat
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something. We have like 300 [inaudible] people who

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 41 are in the shelters day all around there to find something to eat. We thanks God. God help. finish Ramadan. What I'm asking all these people I'm telling you who come here, every one of them are treasure [sic] from their family. The only thing we ask of the city, when our Chairman went to my center, we went to the Senegali Center. She find those She ask me what I can help with. They said we ask your help jut to help these people to get work. They can support themselves, support them family without migrating to any shelter. Since then, she stand by her feet to everything. That's why she called this meeting today. All my thanks to her and her staff. We have to recognize the [inaudible]. When she went to my center, see all these people, I see the tear from her eye. I see the tear from her eye, but I say God is the provider. [inaudible] be thanks to God for everything he have been done. what I'm asking you before you give a feast to somebody every day, help him to how to find the fish. Help him how to find -- how to fish. The only thing we ask, to get these people training. Get them a job. Get them a paper to work. That's going to help ourselves, going to help several family, because

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I'm telling you my family, my family, father and mother. We have 250 people in the family. We're [inaudible] not enough for them. At least I have to send 2-3,000 in order to each one get something. And that's [inaudible] from you guys. We don't ask too many, but we ask the minimum, the minimum. Thus, minimum is to help everyone get a way to work. Thank you very much. May God bless you all.

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CHAIRPERSON AVILÉS: Thank you. Thank you all to the panelists. Thank you, Doctor Baldé. I would like to open it up for Council colleagues to ask questions to the panelists. I can turn it over to-- anybody want to-- Council Member Joseph?

COUNCIL MEMBER JOSEPH: Good morning all.

Thank you for being here. Thank you for your

service. I wanted to find out, out of all of the

families, have any school training have been offered,

any school placement for young children, because I do

see a lot of moms?

ADAMA BAH: Unfortunately, no. So, at our office at every Friday, we have organizations that come to enroll them in school. When they go to enroll their children in school, they're offered the language line, and often times the language line is

not the appropriate language, so they're not understanding. They're asking for certain documentation that they do not have. So when they come to our office, we ensuring that all the documents needed to enroll the children in school, they have. They are asking them for proof of address, but it's been a challenge, especially for the Black women with their children, single moms who are here even to get to the destination of schools, and then 60 days after we've helped them with everything, they're moved.

COUNCIL MEMBER JOSEPH: they're moved around, correct. I know for asylum-seekers there are special rules in New York City Public Schools that documents are not necessary.

ADAMA BAH: it has not been helpful, because unfortunately, we have cases where they are asking for documentation.

COUNCIL MEMBER JOSEPH: And just like [inaudible] law, they're supposed to be able to enroll in school with no documents because they are fleeing conflict. It's not like you're coming in.

So I want to make sure that we're helpful and we're

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 44 supporting you on that aspect in terms of getting Strategic Response Group enrolled. Thank you.

CHAIRPERSON AVILÉS: public Advocate
Williams?

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PUBLIC ADVOCATE WILLIAMS: Thank you so much, and thank you for all your testimony. I did want to just recognize my staff. I don't know if she's here, Fabiola Mendieta [sp?] who has been doing amazing work. She's been on the ground with Adama from the beginning. Thank you all so much. And as he rest in peace, I did want to lift up Carl Lipscomb who was doing amazing work with BAJI and others when it came to undocumented and Black immigrations. he rest in peace and thank him for all of his work, and Life of Hope, ATC, Haitian Women for Haitian Refugees, and HOPE who's here doing a lot of work for the Haitian community in my former district and across the city. Two things that really stuck with One, Imam, you said all we're doing is asking for the minimum, and it's unfortunate how much particularly Black people in general have to fight for just for the bear minimum of humanity, and so I'm sorry that that's the struggle we have. And sister, I'm sorry I don't know your name, but you lifted up

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 45 that New York should light-- some version of should show what it projects to -- show what it is it projects to the world. I would say that to the country as well, and I'm sorry as folks have learned by experience, that what they heard about New York City and the country is not exactly what they expected, and we're going to try to work hard to see if we can correct that. I did want to know, and this is open to anyone, what has been the experience trying to set up some kind of infrastructure with the You shouldn't have to, but I do know that nonprofits and mutual aid groups often fill in the gap when government is failing. So what has it been like to try to set up some kind of infrastructure that you can provide the systems that's been lacking? PATRICE LAWRENCE: I'll start from the nonprofit side, and then go to Adama.

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nonprofit side, and then go to Adama. I would say that for several of the-- even the folks that we've approached for funding, their line right off the bat is that they do not support direct service, and that they're not supporting direct services.

PUBLIC ADVOCATE WILLIAMS: This is -- I'm sorry, I just want to be clear. This is when you ask the government about funding?

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 46

2 PATRICE LAWRENCE: This isn't government, 3 this is foundations.

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PUBLIC ADVOCATE WILLIAMS: Got you, okay.

PATRICE LAWRENCE: This isn't government.

This is foundations. For the government, I'll let
Adama talk more. I have found that some of the
requirements have been quite onerous on like what you
need to provide in order to get the funding, and who
has gotten the funding is not necessarily people that
are providing for Black immigrants, and she can talk
more about what that has meant and how some of the
organizations that have gotten funded for immigrants
have sent Black immigrants back to her door in
Harlem. And I'll say, like, for the foundations
part, they say that they don't give money to direct
services, and this is not something ta they're going
to do, and it's been a lot of excuses, and not a lot
of help.

ADAMA BAH: For Black migrants, when it comes to social services, there's none. We are creating that on the ground. We're trying to build the infrastructure and trying to advise the City on how to do that, but we have not been welcomed. They started to be open to our suggestions. Examples at

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 47

IDNYC right now, it's only Friday's. It's not realistic. It doesn't make sense. But instead of pushing back, we're realizing just pivot around the system that's not working. It's what we always do as Black immigrants, Black community. We pivot around what's not working in our community. But there's been a challenge. We do not get any city funding. We rely on grassroot organizations like ABISA and UndocuBlack to support us.

PUBLIC ADVOCATE WILLIAMS: Which agency

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PUBLIC ADVOCATE WILLIAMS: Which agency have you been most in conversation with?

ADAMA BAH: right now it's just IDNYC.

PUBLIC ADVOCATE WILLIAMS: I see. And

when you say that they had been welcoming in the beginning, now they're not, are you talking about other agencies or just IDNYC? What are the other agencies?

ADAMA BAH: I think language access is the biggest one. We keep telling them the language line is not working, but they keep telling us it's working. After hours there's no language line.

ABISA's here. Djibrill is here. I call them to translate many times. There's many people in this audience right now that I have to call afterhours to

- committee on immigration with committee on Hospitals 48 translate for migrants, and they're constantly calling and telling the staff members speak to Adama, she's on the phone. Every staffer in the HERRC and the shelter system know my name and know that I'm translating when they call me.
 - PUBLIC ADVOCATE WILLIAMS: Have you-- and you tried to get money for translation services as well?
 - ADAMA BAH: we have not been offered any. We're working with Refugee Translation Project right now. We're currently hiring asylum-seekers to translate, to go with asylum-seekers in certain spaces, but we have not gotten any funding. We're really relying on UndocuBlack fundraising to support that initiative.
 - PUBLIC ADVOCATE WILLIAMS: Have you-- has anybody requested funding for language access?
- ADAMA BAH: we have. Refugee Translation has. Other orgs have also.
- PUBLIC ADVOCATE WILLIAMS: And what were you told?
- ADAMA BAH: From what I understand they're working on it.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 49

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PUBLIC ADVOCATE WILLIAMS: Okay, thank
you. And I do know applying for funding is
particularly onerous for everybody. There's some
spaces where we should help with particularly the
back office stuff, and the way to apply for people
who never applied particularly in a crisis situation.
So we're going to try-- I'm sure everyone is
listening to try to work with the City to try to help
get through that application process even if there's
some emergency funding particularly around
translation services that we probably can't provide
as a city, but we know that many groups can. SO
thank you for sharing your story.

ADAMA BAH: Thank you.

CHAIRPERSON AVILÉS: Thank you. Next, Chair Narcisse.

CHAIRPERSON NARCISSE: I just want to say thank you for being here. Thank you for being advocates. Thank you for standing the ground for our brothers and sisters that are coming from Black immigrants, especially from African nation. The language access, one of the thing that we know for sure, if you cannot speak a language, you're not going to get anything done. You cannot get your kids

to school because they can't give you a paper. You don't know. You cannot get, you know, even explain in your— if you feel something. I know that, because I speak Creole and French when I came to the US and I know how difficult, how challenging that can be. So, my question to you— we know that the calling when you trying to get translators it's almost impossible. I'm hearing it a lot. So, in your capacity, in this space where you function as an organization, how many dialect that you encounter that you can help the City of New York?

ADAMA BAH: At our office it's currently

16 different languages that are spoken among the
whole staff, but the focus has just been on West

African, and there's a lot of East Africans coming
with a wave of Haitians coming, and we need to be
mindful of those languages. There are unique
dialects that are also coming that I've never heard
of that I'm learning now about. People from

Madagascar are coming. You have people—Burundi are
coming, people from countries that are not common to
us. So the language access has been truly, truly a
challenge, especially if you don't understand. Pular

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 51 from Guinea and Pular in Mauritania, Pular in Senegal is very different.

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CHAIRPERSON NARCISSE: Thank you, because we have to push for language access, because I have seen it. People are telling me even to stay in the shelter, to wherever in the HERRC they cannot stay, because when they ask them to reapply they're not getting it, and so thank you for continuing the work.

ADAMA BAH: I do want to add on one thing. There is a significant amount of people who are illiterate, so written does not work. We have been sending voice clips to the migrants explaining to them what their rights are and to understand what's going on. So it's not just written. We need vocals.

CHAIRPERSON NARCISSE: Thank you.

CORINE OMBONGO-GOLDEN: May I intervene for that? Because I actually taught literacy class in Brooklyn in the library of Bushwick, and we have--you know, in Africa, unfortunately for us, learning how to read and write is a privilege, and a lot of our brother and sister to not know how to read and write, so we only speak the-- we say native language. Like I said, I'm from the Congo, so I was speaking

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 52 only in Congolese. One of the many Congolese language that I speak with my fellow brother and sister to help them out. So the language barrier is tremendous. We at Brooklyn, we were-- we are faced with that predicament, and we had taught -- and we actually have like six [sic] class, because we had the morning class and then we have an evening class for the ones that were illiterate. So without that, it's impossible for them to do anything, because they don't understand the language. They don't understand the way the City work. They don't understand anything, and you can't do nothing. You can't do nothing. And like I said, there was emphasis many time that, you know, we are African, we don't speak African. We have different specificity in Africa. I'm from Central Africa. My mom is from East Africa. My mommy speak Amharic. My don't speak Amharic. don't even understand it. I do because my mom is Amharic, so I do. But only in the Congo you have like more than 500 language. Swahili is being spoken in Burundi, so I can speak with somebody from Burundi, but I cannot speak Swahili with somebody from Mauritania. You understand? In Europe, Turkish don't talk French. French don't talk for Spanish.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 53 So why it is that you would put everybody in Africa in the same bag and thinking that because we speak Asana [sic], because we speak [inaudible], everybody will understand. You see? I told you hakuna matata. You didn't understand anything. You see? So that's what we need. We need people that speak the native language to teach [inaudible] people. That's what we asking the city and the city refuse to [inaudible]. And since 2002, I learn that French is indigenous language. Yes, French is indigenous language, because United Nations speak French as a diplomatic language. How come you cannot have OSHA [sic] in French? Why you don't have interpreter in hospital? Why I have to go and translate for my brother and sister every time they have an emergency? They call me at any time. Why? This is New York City. This is [inaudible] of the world. You have no excuse. There's not. So now I know that speaking French, you're indigenous. We have [inaudible] here. French embassy here. United Nation speaking first language of diplomat is French. So, New York City, you need to do better. You have no excuse whatsoever. You have none. You don't even want to implement English lesson for French speaker, but you have bilingual

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    COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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    class here.
                 I know, because I was teaching French
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    here. So you have no excuse. You refuse to do it. As
4
    soon as it's Africans that speak French, let's not
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    help them.
               That's racist. That's been racist.
    That's embedded in your protocol and your process
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7
           I want my brother and sister from African
8
    country that speak French, you are now speaking
    indigenous. They will not understand you.
                                                 You are
    in New York City, you don't speak English or you
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11
    don't speak Espanol, I mean Spanish, you are done.
12
    You are done. Because nobody was ever to give me an
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    explanation why you don't have OSHA [sic] in French.
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    Oh, we don't have the funding. Oh, we can't
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    translate. What is this? This is not racist?
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    me the right word then. If it's not racist, that
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    means that you don't want to do it, and why? We are
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    not immigrant like everybody else? We do not
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    contribute? I pay tax in this country.
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                 It is totally racist and xenophobic and
    disgusting.
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    it need to be known. In New York City--
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                CHAIRPERSON NARCISSE: [interposing] Thank
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    you.
                CORINE OMBONGO-GOLDEN: you missed the
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You missed the mark.

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mark.

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CHAIRPERSON AVILÉS: Thank you, Corine.

4 Next we're going to have Council Member Hudson.

COUNCIL MEMBER HUDSON: Thank you so much, Chairs. Thank you all for your testimony. My office hosted a resource fair back in November that was we thought going to be mostly for folks who are staying at the HERRC in my district, and we were completely overwhelmed and didn't have enough resources for all of the people who showed up. we're hosting another one on June 1st, but I wanted to ask you all what types of resources -- we're going to have a vaccination bus, an IDNYC and many other resources for folks who are working very closely with the mutual aid groups that we've been working with in our district and our community. But I'm just curious to know from you all directly, what are some of the resources and services that we can have at a resource fair that would be most helpful?

ADAMA BAH: To be honest, there's so many resources fairs happening. We need workforce training. We really need to be able--

COUNCIL MEMBER HUDSON: [interposing] More

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COUNCIL MEMBER HUDSON: Workforce training.

ADAMA BAH: WE need our folks to be able to work. It is not fair because that they do not speak Spanish or English, they're not able to get that. We have been covering the vaccination by accompanying them to the hospitals, or even the clinics, but it's really workforce training that we truly need. And then mental health services. Mental health service is not based on what the City thinks, but what our community thinks, what our community needs.

then just touching on the vaccines that you mentioned. My understanding is that the City no longer does vaccinations at intake, and that they're sending folks to get vaccinated, and so I'm wondering if you know also if families with children are getting their children vaccinated, or if there are hindrances to making that happen.

ADAMA BAH: sure. I don't know how the City is doing it now, but for us, when they come to our office and they're not vaccinated, we refer them

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 57 to the two local hospitals which is Lincoln Hospital and Harlem Hospitals. They are welcoming towards Black migrants, and if they don't-- their children don't have the vaccines, we make sure that they have all the vaccines so they can enroll in school.

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COUNCIL MEMBER HUDSON: Right.

ADAMA BAH: But we are ensuring in our office that they do get vaccinated and understand why they need those vaccinations, not just telling them you need to get it.

> COUNCIL MEMBER HUDSON: Right.

ADAMA BAH: So, we do have healthcare workers that explain that.

COUNCIL MEMBER HUDSON:

ADAMA BAH: And I think Djibrill also wants to add on.

COUNCIL MEMBER HUDSON: Okay, thank you.

DJIBRILL DIOUI: Yes, I want to add something like, the majority of migrants need to continue their learning at the school, and this is a big problem to pay their school, because they don't get money and they don't get support for pay their school, and I believe you will figure something for make it out. Thank you.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 58

COUNCIL MEMBER HUDSON: Thank you. Thank
you all so much. Thank you, Chairs.

CHAIRPERSON AVILÉS: Majority Whip Selvena Brooks-Powers?

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COUNCIL MEMBER BROOKS-POWERS: Thank you. And thank you so much for the powerful testimony that you all have shared. I think I can speak for my colleagues saying we've been waiting for this moment to hear your voices directly on this issue in terms of how the Black migrant community is being prioritized in this crisis. So thank you for testifying today. Kind of piggy-backing off of Council Member Hudson. I'm curious to understand a bit more granularly, the resources that are being provided -- so for example, I represent the 31st Council District in southeast Queens which includes JFK Airport where a hangar was open, and when I toured that hangar it was about -- the census for that day was about 752 migrants that were there, predominantly Black migrants that were there. my concern is in terms of what resources are being offered. So wanting to understand, and I know you mentioned, you know, a lot of resource fairs and workforce being needed, but what are some of the

other critical services that you need? How can the Council increase the capacity of the work that you're doing? And also I'm curious what the shelter experience is like. What language is being spoken in the shelter that you all are being located in?

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CHAIRPERSON AVILÉS: Before you respond,

I just want to recognize Council Member Sanchez on

Zoom. But please, respond.

ADAMA BAH: Djibrill wants to answer for the languages for the shelter. Go ahead, because he has translated.

DJIBRILL DIOUI: Majority of migrants speak, African speak Wolof, French, and other language. They need to translate for them in Spanish and English, and this is a big problem for them because sometimes some people's don't-- we don't understand what all them say, because this is a big problem for translate for them.

ADAMA BAH: For legal is another big thing that's really needed for Black Migrants.

Patrice, you want to talk about how-- oh, she doesn't. But legal is desperately needed for Black migrants. We are seeing a huge gap of Black migrants not getting access to the Red Cross and we were told

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 60 it's because of language. We fixed that by offering the language services that we have. accompanying them with a translator. But legal is desperately needed. It's the only way that Blacks-and workforce Black is the only way Black migrants can get a foot in the system. Without that they are-they're hopeless. You have to understand, Black migrants have it harder in the immigration system. The first wave of migrants that we saw Black were all wearing ankle bracelets. At this time, people were shocked because we were only seeing Black migrants with ankle bracelets. We're seeing already Black migrants getting deportation letters. Black migrants aren't getting their mail. Mail is another big thing, because they are disproportionately kicked out of the shelter system, they do leave mail. At our office we offer that. We get their immigration. We get their medical, their bank. They need a system. A system that we have created from the ground and up that supports them, and we have to rely on grassroot organizations for that support.

COUNCIL MEMBER BROOKS-POWERS: When you say disproportionately being moved out of the shelter

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 61 system, can you explain that a bit more for me, please?

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ADAMA BAH: Sure. So Black migrants are getting a 30-day notice. They're getting a piece of paper. For some, they are not getting a piece of paper, they're just being told that they have to leave, but it's not being translated properly, and so when they call us when they get kicked out and we have to explain to them that they can go to St. Bridget's and explain the whole system to them. Ιt is not fair, because there's thousands of other people that need services, and we have to pause to explain how the shelter system works. Doctor Baldé just spoke and told you there are 400 people in his mosque. There are over 24 mosques now that are housing Black migrants in their mosques. They are overcrowded with no funding and no resources. shelter is a huge challenge.

COUNCIL MEMBER BROOKS-POWERS: Thank you.

DR. BALDÉ ABDOULAYE: [inaudible] Those mosque, that they have been living, much of them are discharged. We have to fix. We don't get any funding, any funding for those [inaudible]. I don't know if it's [inaudible] to get it, but the mosque

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 62 never get funding from the City. And I'm telling you in Africa, we don't have language, we have dialect. Every country have more than [inaudible] dialect, different dialect. No one understand each other. Ιf it was French, like most of them say they speak French, but this is error, because they say French because the country have been colonized by French. They have their own dialect. That's why this workforce training is very important. I'm talking about this legal aid. When they cross the border, they give them several list of pro bono lawyers. Myself, I take more than three hours to call each one of them. No one pick up. No one. I speak English, and now those people who get those papers through the border, how they came. I tried to find out. don't get any. Until now, some of them don't even file their paper for asylum yet. Why? Because they don't have any phone, any means. So, please try to help. Thank you. COUNCIL MEMBER BROOKS-POWERS: And just one more follow-up. Adama, do you have a list available of the organizations that you could

provide to use that offer translation services?

Because when the Council was pushing the translation

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 63 funding in the past budget, I think there was a need to identify more organizations that have the capacity to offer their service. So if you can be able to provide that for us, that would be helpful.

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ADAMA BAH: Yes, I can do that.

COUNCIL MEMBER BROOKS-POWERS: Thank you, and thank you for the work you're doing on the ground.

CHAIRPERSON AVILÉS: Council Member

Paladino? Apologies, Council Member Marmorato?

COUNCIL MEMBER MARMORATO: Thank you.

Hi. Thank you for coming here to testify today. I appreciate listening to you and hearing you and hearing what you have to say. You know, around the 1920s my great-grandfather came to this country and he experienced similar struggles. So you are not alone, and even though he is of Italian descent, he is southern Italian, and he was considered a person of color back then. So he did experience similar struggles as to what you're going through. And I do apologize. I'm not going to apologize, but I'm not surprised that New York Health + Hospitals is not here to listen to you and be present for you, because they don't care. They don't care about their legal

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 64 They don't care about the citizens immigrants. within the country, and they don't care about all of you and coming here to listen to your concerns. Their absence is sending a message. And let's not forget that they don't think twice when they're ready to cash in the city's checks for housing opportunities to house the migrants, to house individuals, to feed you, to take your healthcare, but they're not here to listen to your concerns and that's a major problem. And we as a city, whether you're an immigrant or not an immigrant, we deserve better from New York Health + Hospitals. And that's about it, yeah. So, I'm here. I'm happy to hear what you have to say, and I'm listening, and we do provide legal immigration services in the Bronx to the two Bronx people at the end, in my office on Mondays. So if you ever need any of that, I can give you my information and we can help you out, anybody within our district or surrounding district, we'd be more than happy to help you guys out. Okay? Thank you.

CHAIRPERSON AVILÉS: Thank you, Council

Member. Council Member Paladino?

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2 COUNCIL ME
3 everybody and thank yo

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COUNCIL MEMBER PALADINO: Good morning

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everybody and thank you for coming. This has been

4 quite a moving testimony I've listened to today.

5 It's disturbing in a great many ways. It's

6 disturbing when I see human beings not treated

7 properly. Prejudice and racism, those words have

8 become watered down. They're used much, much too

9 often. But I'd like to say this. In listening to

10 everybody speak and making demands on New York City

11 to do more, more, more. How much more are we

12 | supposed to do? How much more are we capable of

doing? This system is so over-worked and over-

14 | burdened. We don't have the resources that you need

15 to get what you need. I mean, your testimonies move

16 me tremendously. I don't want to see anybody

17 mistreated in any sort of way. I have to ask you,

18 what motivated you to come here thinking the streets

19 are paved with gold? They're not. They're

20 absolutely not, and you're living through that. Now,

21 | we've watched many different people come across this

22 border. The people who have come across this border

23 have come across this border--

CHAIRPERSON AVILÉS: Council Member, do

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    COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                COUNCIL MEMBER PALADINO: have come across
     this border illegally.
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                CHAIRPERSON AVILÉS: Council Member
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     Paladino, do you have a question for the panel?
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                COUNCIL MEMBER PALADINO:
                                           I do.
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                CHAIRPERSON AVILÉS: Because we have to
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    move on. Everyone we ask decorum in the chamber.
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    Now, Council Member Paladino, if you have a question
    please present it. If not, we will move on to the
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     next Council Member.
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                COUNCIL MEMBER PALADINO:
                                           Okay, well
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    we're talking a lot about health needs, legal
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     services, language access, and responsible
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     initiatives for these-- for the migrants. How much
    money and resources are being allocated to conduct
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     background checks, screening of the migrants that are
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     coming across, and what policy if they are coming--
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     what is the policy if they are here illegally? How
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    much more are we going to do? This is my question.
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     How much money--
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                PATRICE LAWRENCE: [interposing] I'm
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    happy to answer.
                COUNCIL MEMBER PALADINO: is being spent
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right now.

COUNCIL MEMBER PALADINO: Go ahead.

PATRICE LAWRENCE: I don't have all of the money numbers, but I'm happy to let you know the procedures of how people get to New York in the first place. So, customs and -- I have -- and my experience is coming from visiting both in Mexico, Texas, and California at different entry points for migrants before they get here in the United States and before they arrive in New York City. So, first of all, in Matamoros, in Reynosa, in Tijuana -- Tijuana I'm actually going to in two weeks-- Black migrants are there. They are often there for several months at a time before they're even allowed in the United States. They have to apply with what is called a CBP1 app. There are others who are not able to apply with the app and come through the border, but before they get to the United States, they have been checked by a CBP agent. That has happened. So the background check that you're asking, that has been done, rigorously. They have often also had to pay thousands of dollars in bond or bail before they get here, because Black migrants actually have an average

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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 68
2	of between \$10-\$50,000 dollars that they have to pay
3	in bond before they are released
4	COUNCIL MEMBER PALADINO: [interposing]
5	How do you do it?
6	PATRICE LAWRENCE: on their own
7	recognizance.
8	COUNCIL MEMBER PALADINO: But how do you
9	pay for that?
10	PATRICE LAWRENCE: We make a mickle [sic]
11	out of a mickle [sic].
12	COUNCIL MEMBER PALADINO: Yeah.
13	PATRICE LAWRENCE: And I can share more
14	about what the ins and outs of what that looks like.
15	It is tedious. It is tireless, and it work that we
16	do absolutely every single day all over the country.
17	COUNCIL MEMBER PALADINO: Now, when you
18	pay all that money, where does that money go?
19	PATRICE LAWRENCE: Back to the United
20	States government. If you want more money to do the
21	services that we are talking about, you need to speak
22	to your government.
23	COUNCIL MEMBER PALADINO: To the Federal

Government.

before we move onto the Administration. Thank you so

much. Council Member Hanif.

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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 70
2	COUNCIL MEMBER HANIF: Thank you so much,
3	Chair Avilés, Narcisse, and Hudson for today's very
4	thoughtful and compassionate hearing. It's an honor
5	to hear from providers, organizers, advocates, and
6	asylum-seekers directly. This is very important for
7	the Council. It of course pains me to come after a
8	colleague who, you know, can say that they are moved
9	by the testimony and still incite xenophobia in the
10	same breath.
11	COUNCIL MEMBER PALADINO: Take offense to
12	that.
13	COUNCIL MEMBER HANIF: Deeply appreciate
14	you all
15	COUNCIL MEMBER PALADINO: [interposing] I
16	take offense to that.
17	COUNCIL MEMBER HANIF: for testifying-
18	CHAIRPERSON NARCISSE: [interposing]
19	Council Member
20	COUNCIL MEMBER PALADINO: [interposing] I
21	take offense to that.
22	CHAIRPERSON NARCISSE: Council Member
23	CHAIRPERSON AVILÉS: [interposing]
24	Comments are out of order.

CHAIRPERSON NARCISSE: Council Member--

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 71

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CHAIRPERSON AVILÉS: Let's get to the questions, please, so we can get to the Administration.

we've heard for many months now the horrors of being an asylum-seeker, and then you add on Black identity, being Muslim, and then add on languages that the city is absolutely unfamiliar with and new enclaves that are building as a result of folks coming in. And then, of course, the horrors being exasperated by the 30-day and 60-day rules. Could you tell us the experience of those who were fasting during the month of Ramadan? How was it to fast in New York City outside of the homeland, and how has the experience of being Muslim in particularly in this climate been?

DR. BALDÉ ABDOULAYE: As I tell you very difficult situation, but I forget— what I forget to mention, you said thanks to our brave women. Brave women, wife, because they are the most supportive. Everyone bring at least three to four pan of food every day. The imams have been asking the congregate to give out wanted help. Particularly, at my mosque, the imam, every Ramadan they supposed to go to [inaudible] lasted 10 days, but this time they cancel

everything because of these people. Another problem we have when those migrants are discharged from the shelters, they don't [inaudible] because they don't have no way to stay until they [inaudible] the shelters. Another problem, when they come, we have no way to tell them to go. We have to accept it. No food. We have—— I'm telling you, sometimes I run from them because if I see them, I don't have nothing to give, nothing to pay food for them. I have to run away.

COUNCIL MEMBER HANIF: And those who are coming to the mosques, are they primarily men or families, too?

DR. BALDÉ ABDOULAYE: All.

COUNCIL MEMBER HANIF: Everybody.

DR. BALDÉ ABDOULAYE: Everyone.

COUNCIL MEMBER HANIF: So, what is the living situation in the mosques? Knowing that our Administration knows that mosques are being occupied as housing.

DR. BALDÉ ABDOULAYE: Very difficult situation. Very difficult situation. Right now, most of the congregate running from the mosque. Why

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 73

you cannot come get [inaudible] to be prepared before

the Salah, because the line from the bathroom [sic].

COUNCIL MEMBER HANIF: Do you think it would be-- you know, we've seen the Administration work really hard to expand shelters, and we just received one in my district for 400 adult men, and primarily the density is African Muslim men.

DR. BALDÉ ABDOULAYE: I need--

at the same time we're seeing that, you know, there are elected officials who are saying no shelters.

What would you like to see? Would you like to see the mosques be able to be utilized as housing and the fast-tracking from the Administration which has a plan to convert or to make sure that mosques are available as-- or can be converted to make sure that the sleeping or the opportunity to use them as potential shelters are safe, are safely done?

Because right now I know that there are a lot of issues that need to be addressed. Or the expansion of shelters-- and then of course, could you share how many from the community have been able to move into permanent housing?

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DR. BALDÉ ABDOULAYE: At the mosque, I can't hold anyone. The mosque cannot hold those people anymore, because everything have been destroyed. We don't have any people to come to contribute. We have to fix it. It is place of worship. So we need you to find more shelters, more place, more, more place for them to go, a permanent place, because if they go for 30 days, they have to come back there. Please find out permanent places for these people. To answer our Council Member down in the back, we don't ask New York City for more, but we ask Federal Government to do more for New York City in order New York City to help these people. Thank you very much.

CHAIRPERSON AVILÉS: Thank you.

COUNCIL MEMBER HANIF: So, one follow-up for Adama. Can you just share some of the experiences or specific issues impacting women?

ADAMA BAH: Women, it's been a huge challenge. When the 30 and 60-day policy hits them, they're in the street, especially single women. The Imam here has been housing them in their mosque, or we'll try to find them to room up with other women in the community for temporary. We can create as many

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 75 shelters as we want, but if we don't have social services for Black migrants, direct services, we're going to continue wasting money. We do not want to rely on the system. We are not promoting for people to stay in the shelter system. We're trying to promote independence, and the only way to do that is to provide them with support. I am former asylumseeker myself. I am now an American citizen. I did not get the welcoming and the voice of these people to advocate for me, so I am here to advocate for If you help them the way you helped me, they will be self-sufficient. They will be advocating for themselves, and be sitting here for the next generation of councilwomen to testify for other services for their communities that they need.

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CHAIRPERSON AVILÉS: Thank you so much.

Deepest gratitude to this panel, and we could talk to you all day, but unfortunately, time is of the essence, and we are going to need to welcome the Administration. So I say thank you. We have heard your voices. We see you. You are asking for the bare minimum. You have not received the resources.

It has not trickled down to this community in sufficient and equitable ways and ways of dignity. So

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 76 thank you for your testimony. And with that, we will move to the Administration.

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COMMITTEE COUNSEL: Thank you, Chair. We will now hear testimony from the Administration. We will hear from Manuel Castro, Molly Schaeffer, Tom Tortorici, and Aissata Camara.

CHAIRPERSON AVILÉS: Could we please quiet the chambers? Any conversations, please take outside the chambers so we can continue with the testimony from the Administration. Thank you so much.

COMMITTEE COUNSEL: Before we begin with this panel, I will administer the affirmation.

Panelists, please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and to respond honestly to Council Member questions? Seeing that everyone has affirmed, thank you, and you may begin when ready.

COMMISSIONER CASTRO: Thank you Chair

Avilés and Narcisse, and the Committee on Immigration
and Hospitals for holding the first hearing at City

Council about the experience of Black migrants and
uplifting the particular needs of this community and

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 77 how we may come together to meet these needs. joined by Tom Tortorici, Executive Director of Legal and Support Initiatives at MOIA, Director Molly Schaeffer of -- Executive Director of the Office of Asylum-seeker Operations, and Aissata Camara, Deputy Commissioner for Policy and Strategic Initiatives and Chief of Staff at the Office of International Affairs. I want to thank all the immigrant -- the Black immigrant community groups and leaders who have worked tirelessly in service of the community and of New York, not just in the last two years, but for many, many years. During my time at the New York Immigration Coalition, about a decade ago, I had the honor and opportunity to work closely with many of these organizations such as African Services Committee, Black Alliance for Just Immigration, African Communities Together, the Black Institute to establish the Black immigrant table at the New York Immigration Coalition to advocate around the very issues that we're discussing today, and hold government at all level accountable for the communities that have historically been underserved and neglected. So again, thank you Council and Council Chairs for holding this hearing. I had a

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 78 chance to work alongside many of these groups over the years as I continue to do now to fight for comprehensive immigration reform and the need to expand temporary protective status to immigrants from nationalities that should be included in these programs. It's clear that our immigration system is broken and needs overhauling as it continues to have devastating consequences on our communities, especially Black migrants. Unfortunately, we know from very recent studies that Black migrants regardless of their national origin face more time in Federal Immigration Detention, pay higher price immigration bonds, and experience more abuse than other immigrant groups. But I remain hopeful that we may achieve change, especially seeing all the community members that turned out today, a testament to community leaders and to immigrants who despite the fear and anxiety of coming out to such events are willing to uplift their voice and fight for change. Now, I will-- for this reason, MOIA has prioritized federal advocacy efforts inclusive of all immigrants. I stood alongside Council Members of our Haitian community members to call on Federal Government to stop all deportations of Haitian nationals who now

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 79 call New York City and United States their home. We have made a priority to call on the Federal Government to designate or re-designate Cameroon, Mali, the Democratic Republic of Congo, Mauritania, and Nigeria for TPS status. These advocacy efforts have help push for Federal Government to re-designate Cameroonians TPS. We hope to collaborate further with City Council to continue to support Black migrants through our programming, and as well as tis important advocacy efforts to bring about critical change at the federal level. And of course, I want to give full credit to community organizations pushing for this change here in New York City and nationally, as we heard from UndocuBlack who have been leading these efforts. Now, I would like to highlight our work in response to the arrival of Haitian immigrants to New York City and describe how MOIA works to serve immigrant communities. coordinates an innovative program known as the Haitian Response Initiative to meet the needs of newly-arrived Haitians. The initiative funds seven Haitian-led community-based organizations to provide case management and social services, and legal service provider to provide legal services and

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 80 capacity building trainings. The Haitian Response Initiative was created in Fiscal Year 22 and nearly \$5 million has been allocated to the program over the past three fiscal years. Over the life of the program, more than 4,000 recently arrived Haitian immigrants have met with HRI's case workers to determine what services and whose resources they need to integrate into our city. Case managers have spent thousands of hours following up with community members to determine their eligibility for benefits and connect them to resources and services, including direct cash assistance, food assistance, healthcare, maternal and infant health, school enrollment, housing, mental health services, and legal services. Additionally, following the Federal Government redesignation of Haitian Temporary Protective Status in 2023, our HRI partners held TPS clinics around the City helping hundreds of Haitian community members access both protections from deportation and work authorization. Our proposed budget for fiscal year 25 continues to fund this important work which is especially critical at a time when social upheaval impacts Haiti, as well as our neighbors in the Haitian diaspora. The Haitian Response Initiative is

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 81 a relevant example of MOIA's broader and the City's broader approach to responding to the needs of arriving immigrants and making sure they receive critical information, support and services. funds partners closely -- we fund and partner closely with community-based immigrant-led nonprofit organizations and immigrant legal experts who work together to provide culturally and linguistically responsive services and neighborhoods with concentrations of immigrants. Through our relationships and service initiatives, our community partners also let us know when information or services provided by the City are inaccessible so that MOIA can work with our sister agencies and offices to address these barriers. I believe this has resulted in 34 percent-- I believe that as a result, 34 percent of the MOIA's service appointments have gone to Black immigrant communities across all of our legal and support service programs. And now I would like to provide a list of the Black serving groups we have contracted over the past fiscal years as follows: African Communities Together, African Services Committee, Arab American Family Support Center, Muslim Community Network, Caribbean Women's

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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Health Association, Diaspora Community Services,
Flamboyan, Haitian American Community Coalition,
Haitian American United for Progress, DCI
International, International Child Program, Haitian
Women for Haitian Refugees, Life of Hope, as well as
contracted organizations that serve all immigrants
including Black immigrants such as Catholic
Charities, NYLAG, Unlocal, and others. For smaller
organizations we work closely with the Mayor's Fund
in Philanthropy to provide micro grants and other
types of in-kind and otherwise donations.
turning to language access of critical importance to
the community. During the intake process at the
Arrival Center, many West African asylum-seekers
state that their preferred language is French or
Arabic. However, when having sensitive legal or
medical conversations with shelter and city staff, it
has become clear that many were not comfortable
verbally communicating in these languages.
mother tongue or language of preference is language
of limited diffusion such as Wolof, Fulani, or
Ansonika [sic]. I saw something very similar during
my time at New Immigrant Community Empowerment as the
Executive Director there. When working with
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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 83 immigrants from indigenous communities in the Americas who mother tongues are Garifuna, Kanjobal [sic], and Quechua [sic]. This is an area where we want to show our Council Member to language access which is partly born out of witnessing the struggle of our immigrant families and communities here in the For this reason, under my time at MOIA, we have grown our language access team from three staff to 20 staff, providing support to offices and cities across City government and deploying our language access specialists as needed. Indicative of this need, my first day as MOIA Commissioner, I was in the Bronx responding to the Twin Park fire that took the lives of 17 Gambian community members and left many more homeless. My team was immediately on-site helping impact individuals and families get connected to case management, IDNYC mental health supports. During this time language access was critical. My team worked with community-based groups on the ground to ensure the information and resources distributed in Wolof and other languages of limited diffusion. MOIA's language access team has collaborated with providers to translate materials into emergency languages, emerging languages. For languages with

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 84 limited written systems, we have shared best practices with agencies by recording messages that allow asylum-seekers to understand important updates and resource availability. Our team also create Ispeak [sic] cards that include languages of West Africa to better identify prepare languages of entry points, as well as multi-lingual posters to ensure that newcomers know their rights to receive services in their preferred language. We believe that our approach of centering language access could become a model for other governments at the State and Federal levels and across the cities in the country. additionally, as part of Local Law Six of 2023, MOIA recently surveyed 69 community-based organizations serving specific constituencies that need language assistance to better understand how the City may be able to increase and support language capacity. are working with the Mayor's Office of Contract Services to facilitate and get better access to city contracts centered on language access. Interpretation is provided regardless of language of asylum application -- at the asylum application center and its satellite offices, overseen by the Office of Asylum-seeker Operations. These sites provide pro se

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 85 application assistance for immigrants seeing asylum, temporary protective status, or work authorization. MOIA's asylum-seeker legal assistance network also provides dedicated immigration legal assistance for African migrants through contracts with nonprofit partners rooted in immigrant communities and possessing the linguistic and cultural competencies needed to properly provide service. Immigrant legal services for African migrants are provided through regular information session and application clinics at African Services Committee, African Communities Together, and on specific dates at an East Harlem Legal Clinic run by Lutheran Social Services of New York. During these clinics, interpretation assistance for African languages of limited diffusion is sourced from local community providers. office's French and Arabic language access specialist are also available to provide onsite interpretation during these days. ASLAN, as it is known, partners have also prepared packets of research and information that African asylum-seekers can use to support their claims when presenting themselves pro se. And finally, regarding Intro 84 and 85 introduced by Council Member Rivera, I want to thank

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the Council Member for her trust and confidence in MOIA. I agree with the goals and spirit of these bills, but would like to meet with her team at some point to work through them and have a discussion about how to achieve these. As for Intro 739, the Administration is still reviewing the bills and how it would impact overall operations at the asylumseeker response. And before I finish, as I usually do at the hearings, I want to thank— take a moment to thank the staff both government and nonprofit staff on the ground doing the work to support newly—arrived immigrants in our city. Thank you and I look forward to questions.

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CHAIRPERSON AVILÉS: Thank you,

Commissioner and thank you all for-- we know there

was a delay and I know you have had a hard stop at

two o'clock, Commissioner. So we are going to try to

speed through. Director, are you going to make a

statement from OASO? No, okay. Thank you. So,

let's jump into the questions. I'm going to start off

and just maybe ask five questions. Then I'm going to

turn it over to colleagues who are patiently also

waiting to respond, and then we will pick up after

the fact. So, thanks again. So, Commissioner, I was

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 87 intrigued by -- I would love for MOIA to send us the breakdown list of all the organizations that you read into the record with their-- with the amounts that they've been allocated on what kinds of work they've been allocating, but I was intrigued to know that a good number of the organizations in this room who have testified who are doing the work are not on those lists, and I think it was like -- it's a glaring mismatch, and I think-- I'm hoping that one of the things we will see today is there's a profound mismatch and I believe we have the creativity and ability to correct that situation and to get the resources moving to where they need to go. So without further ado, here we go. Is MOIA involved in connecting new arrivals with the diaspora or community that can help them with language access? And how would it do that, if so?

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mentioned, we have grown the team recently at MOIA.

Our role really is largely limited to advising and assisting our sister offices and agencies, in particular the Mayor's Offices of which we're responsible to providing interpretation and translation services to. We are also working across

all city offices and agencies to ensure that they have language access plans that they're executing.

Again, these plans, we serve as consultants to them as needed, provide feedback. We occasionally do deploy or language access staff to community events and as issues arise, but again, you know, we're a limited staff. We couldn't possibly provide all these many language services to thousands people that have arrived. And so we work closely with providers that provide language assistance, and we also support as needed, and we rely on contractors that we all have available in order to supplement our language services.

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CHAIRPERSON AVILÉS: For the new Peer
Navigator Program that connects long-time immigrant
mentors with new arrivals, has there been any
feedback yet from the organizations or the
individuals involved? What's the progress of that
program?

COMMISSIONER CASTRO: We're very proud of that program. As I mention din my testimony, we partner with the Mayor's Funding Philanthropy to make that program happen. It pairs newly-arrived immigrants with longer-term immigrants to share

resources, information and experiences gathered by longer-term immigrants and the CBOs that we partner with. We will be surveying the partners to understand what their learnings are from this program. We hope to continue it if funds are available to so do, but it was a really important program for those who participated in, as it really helped build bridges between both communities, and also create those community connections which we know are essential for newly-arrived immigrants.

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CHAIRPERSON AVILÉS: Are Black migrants part of that program? And if so, what percentage of people are being served through this program?

COMMISSIONER CASTRO: So, African

communities could be maybe-- African Communities

Together and African Services Committee are part of
the program, and they each serve a specific number of
people. I believe it's 25 newly-arrived and 25

longer-term migrants. And-- 100 total. Sorry, I'm
looking back for data.

CHAIRPERSON AVILÉS: The savior team in the back that provides all the important information.

Does-- you mentioned this in your testimony, so I think we don't-- can I ask how the-- the Africans

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 90

Serving Black-- serving organizations that you have partnered with, how are those organizations determined, your partnerships?

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COMMISSIONER CASTRO: So, the organizations that I mentioned, of course, we've been working with them, many of the organizations historically, and MOIA through our legal services programs and other programs. As you know, these contracts, some of them have existed for years. procurement process is quite long, and as mentioned earlier, onerous. With organizations that we began working with in the last two years and the last year and a half as a result of the response of the arriving asylum-seekers, we've been working with them in philanthropy. As resources become available, the Mayor's Funding Philanthropy often consults with us about the organizations that are doing the work on the ground, who's welcoming the buses, for instance, whose welcoming folks in the community? Ultimately, you know, of course it's up to Philanthropy to fund these groups. Molly can add to that.

DIRECTOR SCHAEFFER: Well, no, I just want to also mention the City has been working with Robin Hood and Community Trust to set up a fund so

that we can get more flexible funding to smaller groups that may— it may be harder to get through our traditional channels, and so we have a seat at the table at that, and we're really excited to begin that work. It's still in the early stages, but we'll have more to share and welcome any groups that you think that we should potentially give this opportunity to.

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I'd like to add— it's in my written testimony. I didn't read it for time purposes. But MOIA is also very much focused on working with our Mayor's Office of Nonprofit Services and the Mayor's Office of Contract Services to look at ways that we can build up the capacity of immigrant serving nonprofits, smaller nonprofits who may have just obtained their 501C3 status and who are looking to apply for contracts with us. Again, this could be an onerous process and a longer process. We hope to get there with them, but of course, you know, in the immediacy—immediate response we work closely with our existing partners to achieve, you know, the goals.

CHAIRPERSON AVILÉS: Yeah, this issue of, you know, let's say lack of capacity or growing infrastructure or on-the-ground organizations that

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 92 quite frankly don't want to be tax identified entities, which you know, they have their right to form whatever structure they need to is not a new problem for government or for this agency in particular, and we have solved for that over and over again. I'm a little mystified while-- that it feels like a new problem. Like, we have created passthrough funding. We have done entities, larger entities that could accept larger contracts and subcontract out to smaller entities is a structure we've used over and over again. so I guess I would encourage the Administration to move much more urgently and making sure that the resource are getting to the organizations on the ground, because what you heard just in the pre-panel alone is that is not happening, and we are two years in. We have enormous assets we can continue to build and support. My last question. I'll turn it over to Council Members. Does MOIA have any plans to partner with additional organizations? COMMISSIONER CASTRO: Oh, yes, certainly.

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We'd love to. I mean, we recently conducted a site visit of Afrikana along with our Deputy Mayor Anne Williams-Isom, Molly Schaeffer, and other colleagues.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 93 2 What we saw was very moving. We had a chance to see 3 their space, the many community members they work 4 with. We're in active conversation about deploying our language access staff to support and so on. 5 We're always looking to work with new organizations, 6 7 especially those who are very rooted in the 8 community, and I know of many others who are looking to work with us. That is something that is certainly a priority for MOIA. 10 11

CHAIRPERSON AVILÉS: And what is the allocated funding—oh, I'm so sorry. I'll just finish this question. What is the allocated funding for these new partnerships that MOIA is looking to establish?

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COMMISSIONER CASTRO: That's something that we're continuing to work through as we negotiate the upcoming budget, and you know, we hope to continue working with these organizations as we move through that process.

CHAIRPERSON AVILÉS: Deputy Commissioner, please.

DEPUTY COMMISSIONER CAMARA: thank you so much, and first, thank you for your dedication to Black immigrants. I'm one myself from the Republic

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 94 of Guinea. So I deeply understand what it means to be undocumented coming to New York City as a child and now working in this Administration. And the role that I have played, even though I'm the Deputy Commissioner for International Affairs, is also to be an ear for the Administration in the community. speak many of these dialects. I deeply understand what our communities are going through. And what you heard is that all they want is to live a dignified life, and so that's why really I want to raise what Doctor Baldé has stated, which is that we all should work to help our communities get access to work. But in terms of identifying additional community members and community organizations to work with, I give my cell phone to many community leaders, and they know that they can also reach out to us. So I am also helping to advise them and others that are doing the work underground that will be included in some of these efforts. I wanted to add that to the discussion. Thank you.

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CHAIRPERSON AVILÉS: thank you. Thank you so much, and thank you for being here. I think we're seeing a burden, a disproportionate burden on the weights and shoulders of Adama Bah, of Corine, of

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COUNCIL MEMBER STEVENS: Well, thank you so much, and I would just like to start off by saying thank you Alexa for having this hearing, and I really appreciate your leadership on this because I've been like ringing the alarm about this. And so one, I just want to say I'm just so proud to see so many faces, not only inside but outside who came to show up, and I wanted to be clear and clearly say that you've been seen and no one could ignore it anymore, because this has been ignored for the last two years at the start of this asylum-seeker crisis, and you have been doing the work in the shadows, and you've been seen. And so today, no one can say that it's not happening. just want to thank all of you for showing up and being here today. I proudly represent the largest West African diasporas in the city in the West Bronx, and my community leaders have been ringing the alarm

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 96 about this even before the 60-day rules, because I think even today as we mention like, oh, it's been even worse after the 60-day rule. However, we've been talking about asylum-seekers being in the mosque and living in the mosque, and that's the first line of defense and they've been there-- and this is before the 60-day rule. It's been exacerbated since But my question to the Administration is -- and I'm going to ask a couple of questions. I have a bunch of them. Have we done an assessment to see how many mosques throughout the City has been doing this work to get a better understanding of what they've been doing and how they've been doing it? What supports have been given to the mosques and faithbased institutions while they've been stepping up during this crisis? And have we provided training? And not just like money, because I know we've been talking about money. We want the money, too, but have they been given training? Have they been given technical support? What supports have they been giving at these mosques that's been doing work? Also, I talked to a couple of imams who at the start of the crisis was told that the City would be partnering with them. So they went out, they got

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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     spaces, they paid rent and got leases, but the City
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     never came back, and so now they're being left with a
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    bill. I'll start there, and I have some questions
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     about juvenile justice. So I'll start there.
     Hopefully you wrote those down and you can answer
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     some of those.
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                DIRECTOR SCHAEFFER: So, in the very
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    beginning we've been-- we set up a faith bed
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     sheltering program. It has been slow-going because
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     we need to make sure that everybody who is in these
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     non-traditional--
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                COUNCIL MEMBER STEVENS: [interposing]
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     When you say slow-going, what does that mean?
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     Because I'm hearing it hasn't happened.
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                DIRECTOR SCHAEFFER: so, we have six
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     shelters up and running for--
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                COUNCIL MEMBER STEVENS: [interposing]
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     Where? And are they partnered with mosques?
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                DIRECTOR SCHAEFFER: One of them is a
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     mosque.
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                COUNCIL MEMBER STEVENS: Which one?
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    please.
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                DIRECTOR SCHAEFFER: Sawa [sic].
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COUNCIL MEMBER STEVENS: Okay.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 98

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DIRECTOR SCHAEFFER: But and I'm happy to get you the list of the other--

COUNCIL MEMBER STEVENS: [interposing] Yeah, that'd be great.

DIRECTOR SCHAEFFER: houses of worship.

It has been slow-going because we need to make sure that everybody who is in these non-traditional spaces is safe, and that has a high regulatory burden for both DOB and FDNY, and so we've been working with our partners on how to make them as safe as possible so that everybody in that, in those sites, we know is safe.

a crisis, how do we get this expedited? Because like I said, this is not new and we can't say it just started. I know I've spoken to some of the imams. They've been talking and leased space over a year ago. And so why is it taking so long, especially when you're in crisis, when you're also opening up other HERRCs that have not seemed to have the same turnaround. So I would love to hear more about that, but remember, we're on a clock.

DIRECTOR SCHAEFFER: Yeah, so happy to look into any site or any imam that says that they

- COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 99

 leased space. They-- I don't know why that happened,

 so please give me those-- that information. We're

 happy to look--
- COUNCIL MEMBER STEVENS: [interposing]

 I've given this information a number of times to the Administration, but I'll do it again.

DIRECTOR SCHAEFFER: Yes, please do.

We've gotten as creative as we possibly can. We've relaxed some rules while still keeping a stringent focus on safety, because honestly we don't want to have a situation where people are stuck in a basement—

COUNCIL MEMBER STEVENS: [interposing] I would love to see the rules that you relaxed, if you can send them to me and follow up because I would love to see what that looks like.

DIRECTOR SCHAEFFER: Yes, okay.

COUNCIL MEMBER STEVENS: And could we go to the other two questions that I asked, please. Like I said, I'm on clock and I still have two more questions.

DIRECTOR SCHAEFFER: So we've been-- when we hear about mosques that are--

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constant conversation with both the--

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    COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                COUNCIL MEMBER STEVENS: [interposing] So,
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    the answer is no.
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                DIRECTOR SCHAEFFER: We've not done a
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     survey, but I also want to--
                COUNCIL MEMBER STEVENS: [interposing]
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     Okay, great you have not done an assessment.
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                DIRECTOR SCHAEFFER: be very careful
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     about safety and those spaces--
                COUNCIL MEMBER STEVENS: [interposing]
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     SO, my next question, please. I hear you.
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                DIRECTOR SCHAEFFER: We have a high--
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                COUNCIL MEMBER STEVENS: [interposing]
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     It's 29 seconds and I have more questions. So you
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    have not done an assessment. So my next question
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    was, have we given any training or technical support
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     to the mosques that are doing the work since you said
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     some of them have reached out to you and you do know
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     some of them. Have you done any of that and what
     does that look like?
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                DIRECTOR SCHAEFFER: So, Pastor Monroe's
     [sic] and CAU's Office of Faith and Community
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     Partnerships has been talking to the houses of
     worship and doing training. Happy to connect you
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with them and see exactly what kind of training.

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COUNCIL MEMBER STEVENS: Thank you so much, and if you could send me the list of training that already has been done, that'll be greatly appreciate. I just have two questions, and I'm so sorry, I'm trying to get done really quickly. next two questions I have is about obviously homeless and runaway youth. Why didn't DYCD RHY programs have reference access to the asylum-seeker application and what are they doing to give the referrals access? And many youth are eligible for Special Immigrant Juvenile Status. What is MOIA doing to increase the funding for legal services for SIJS eligible youth?

DIRECTOR SCHAEFFER: Okay, so very-- we did do a partnership with RHY to get a lot of folks into the asylum application help center. We've also as part of the asylum application help center done a couple of pilots on SIJ status, but I will turn it over to MOIA for more on SIJ.

> COMMISSIONER CASTRO: I'll defer to Tom.

EXECUTIVE DIRECTOR TORTORICI: Thanks for the question, Council Member Stevens. So, MOIA has a number of programs that provides Special Immigrant Juvenile status assistance to immigrant youth. Action NYC is one of those, and Immigrant Opportunities

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS Initiative and ICARE sit at different parts of the City. Currently, we're partnering with RHY. We're just starting this out to pivot the Action NYC in schools deliverables to conduct the screening of all of the newly-arrived 18 to 20 year olds in RHY shelter. There's approximately 3-400 of them right now; 80 percent are from African countries. And so we're going to really focus on that in the months of June through August, screen broadly, and then connect those who are approaching their age-out date, their 21st birthday with direct assistance, and then triage the remainder. So, that particular population in RHY shelter, we are preparing to like surge resources toward.

COUNCIL MEMBER STEVENS: I'm a little disappointed that we're just surging it, because I know for a fact that I've been ringing alarm about this in these RHY shelters. So please send me all the information and the things that you are gearing up to do, and I will definitely be following up.

Thank you.

1 COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 104 2 COUNCIL MEMBER STEVENS: Thank you, Chairs.

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COMMISSIONER CASTRO: Just briefly, Council Member, just to read into the record, MOIA has partnered with mosques to organize 69 events where we provide information, resources, assistance with IDNYC and connect them to our partners at OASO. We recently held three Iftar events that we combined-- yeah, where we combined resource fairs along with them where a 1,275 people participated. So we used the last month to ramp up our services there. Again, that's just MOIA. I know that there are other things going on system wide.

DEPUTY COMMISSIONER CAMARA: Speaking to the mosques as well, as a member of the community, we do have deep conversations with the different Imams, and I did join as a Muslim, African and Muslim member of the Administration. I joined MOIA in the Bronx to actually go and speak to asylum-seekers and to help them with IDNYC cards. Would love to see more of that and to be able to show up for that. So, just wanted to add that to the conversation as well.

COUNCIL MEMBER STEVENS: Thank you very much, and I just wanted to comment that I just got a text in from some of my partners, and they were saying around the RHY stuff, none of the providers have heard about the things that you just spoke about that's about to get geared up. So, please make sure that if you guys are gearing stuff up, that we should actually let the providers know, and I will definitely be following up to see how that's going to be rolled out. In addition to, I would suggest that we at this point since we haven't done an assessment of how many mosques in the City are doing the work, I would suggest that the City start there, because we should have done that at least two years ago. Thank you.

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CHAIRPERSON AVILÉS: Thank you, Council Member Stevens. Next, we're going to have Majority Whip Brooks-Powers.

COUNCIL MEMBER BROOKS-POWERS: Thank you. So, as the office focused in on asylum-seekers takes a greater role in operating shelters serving immigrant New Yorkers, how is this office seeking to coordinate with various nonprofits that could help provide these services like language access, and moreover, how is this office seeking to expand the base of nonprofits who are doing the work?

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DIRECTOR SCHAEFFER: so, we have a really good partnership with MOIA and MOIA has deep knowledge and connection in the community. we ultimately know that the groups doing this work for 10, 20, 30 years know how to do this better than we do, and ultimately we want to figure out a way where we can get more resources to the groups doing this work, build up their capacity so we do less on our side and more on their side. We are constantly looking at that and trying to build our strategic plans around that and how we, again, get resources into the communities that are absorbing people, because as we all know shelter is a temporary thing. It's for traditional homelessness-- traditional homeless folks and for asylum-seekers, and so we want to make sure that we are adequately resourcing the community as best as possible to be able to absorb people and give them that sense of community.

COUNCIL MEMBER BROOKS-POWERS: And in the testimony, it spoke to looking to fund important work that MOIA's doing in terms of the Haitian Response Initiative, and has proposed funding for Fiscal 25.

I'm curious to know how is this funding that has been received and that is received on Fiscal 25, how would

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 107 that be allocated? Is this finding specifically for the Haitian Response Initiative? Is this a portion of a larger pot? Like, how is it being prioritized among the various immigrants?

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for the question, Council Member. The Haitian
Response Initiative launched in Fiscal Year 22,
providing funding to seven Haitian-rooted communitybased organizations to provide case management and
either direct services to social services and other-or referrals to other organizations that provide
those services. There was an additional funding
amount that went to Catholic Charities to provide
immigration legal assistance to clients of those
seven CBOs, and also legal capacity-building training
to the CBOs so that they could more effectively
support people at the initial point of contact.

COUNCIL MEMBER BROOKS-POWERS: And no offense to Catholic Charities, but I'm curious as to why Catholic Charities instead of a more indigenous organization such as HAUP, Haitian Americans United for Progress, or an organizations along those lines that can provide the support. I know Catholic Charities does a lot of great work in the different

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 108 communities, but I do find that they are overwhelmed in certain areas. So I'm not sure what their capacity is as it pertains to the services for this particular initiative.

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EXECUTIVE DIRECTOR TORTORICI: Thank you.

So, MOIA funds Haitian Women for Haitian Refugees,

HAUP, and other Haitian-serving organizations under

the Action NYC program.

COUNCIL MEMBER BROOKS-POWERS: But they fall under Catholic Charities, is that how it works?

EXECUTIVE DIRECTOR TORTORICI: No, I'm
just describing the--

COUNCIL MEMBER BROOKS-POWERS: [interposing] Sorry.

orgs that are funded for immigration legal. The reason why Catholic Charities was the choice in this instance was because they run what's called the Immigration Court Help Desk Program which provides pro se assistance to people in removal proceedings, and they also have the Action NYC hotline which did not have Haitian-Creole speakers on it, so we really wanted to invest in improving their ability to serve, and also with their legal expertise train up the CBOs

committee on immigration with committee on Hospitals 109 in the Haitian community, and so it's a partnership in that way. They have built a team of Haitian-Creole speaking staff to do the work in partnership with the CBOs.

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COUNCIL MEMBER BROOKS-POWERS: And then you also spoke about in terms of language access recognizing that the mother language is— mother tongue language is what the migrants prefer and are most comfortable in speaking. How has the City been trying to address this?

shelters, we're really focused on getting bilingual staff, especially in the languages that we know people are speaking, and so we've been attempting to get—to hire more people who are bilingual to make sure that we hit that, but I just wanted to say that.

COMMISSIONER CASTRO: Yeah, no, and just to add to that, as language access experts would agree, in-person interpretation and language services is the ideal, but to get to the scale of course we use contractor and language line and so on, but as Molly said, I think hiring is optimum, and we're working to hire additional staff to provide those services in not just the top 10 languages, but also

committee on immigration with committee on Hospitals 110 in languages of limited diffusion, and also languages that are really hard to attain, you know, amongst our community providers.

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COUNCIL MEMBER BROOKS-POWERS: How are you promoting the positions that you're looking to hire for those roles?

DIRECTOR SCHAEFFER: So, we don't do the hiring directly. I only hire for my office, but we work with all of the agencies and their vendors to make sure that we're prioritizing hiring, and we've also been lucky at least in our NCYEM sites that we have city volunteers who are bilingual, and especially who also speak some of these limited profusion languages that have been able to help out as well.

COUNCIL MEMBER BROOKS-POWERS: But

Commissioner, you did mention just now, right, that
you guys are trying to hire up more?

DIRECTOR SCHAEFFER: I'm saying that we've made it a priority through each of the agencies and through the vendors that we have doing the work to make sure that they are actually hiring.

COUNCIL MEMBER BROOKS-POWERS: So, through the vendors, but what about internally in the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 111 agency itself, are you doing anything to hire individuals that can do this work within the agency as well?

DIRECTOR SCHAEFFER: Yeah, absolutely.

We're hiring right now and we've been really focused on diversity--

COUNCIL MEMBER BROOKS-POWERS:

[interposing] Yeah, so what does that look like?
What does that outreach look like in promoting that
to ensure that you're able to hire folks that speak
that language that you're prioritizing, those top 10
languages?

DIRECTOR SCHAEFFER: So, I mean, I think our-- my entity, my office doesn't-- we have some bilingual staff, but I think we're doing the normal channels, and then we're interviewing people and seeing what kind of experience they have and how they can help with this. I think maybe Commissioner Castro can talk about the language access staff a little bit more, but what I was really talking about is in the actual shelters making sure that the people that are talking to people day-in and day-out have that language ability.

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you, and I was speaking to Commissioner Castro in response to something that he said, and I was just trying to get a better understanding of what the Administration is trying to do to hire people inside of the agencies that can speak some of these languages that you're looking to prioritize. I hear you in terms of like the CBOs which is great and necessary, because they're on the ground. But when people call agencies, they also want to know that there's someone that speaks the language that they understand.

DEPUTY COMMISSIONER CAMARA: Thank you for that question, because I strongly believe that representation matters. When I go into these HERRCs and I'm speaking their language, they all crowd around me and really just want to give me love and I give them the love back. And as someone that's advising the Mayor on the African community, one of the things that I've also been doing is really getting our community to apply for these jobs, and to also give them the opportunity to get interviews. So I'm also out there really working with the community leaders when we see jobs that are opening to tell the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 113

community about it, to help them understand what it

takes to work in a New York City agency. And If they

have direct questions, I'm also there to answer, but

I strongly believe in that representation, and I'm

really glad that our Administration, we're committed

to doing that because it matters so much to these

asylum-seekers every time that they see out there,

that we are them and that we understand their

experiences.

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COUNCIL MEMBER BROOKS-POWERS: And Chair,

I would love to see the outcome of some of these, you know, hiring's through, you know, subsequent hearings to see what those outcomes are. And I'll just say the last question that I have is, I'm interested to understand how Council Members in our respective districts can partner in the effort to provide more effective services to Black migrants, and in what ways does the Administration believe that we can support and bolster these efforts?

COMMISSIONER CASTRO: Just to speak
briefly to our hiring of language access specialists,
we share our job postings widely through our
community organizations and community partners. Our
language access team, in fact, as I mentioned has

grown from three staff when I started at MOIA to about 20. Each language access specialist has to pass an assessment to demonstrate their ability to serve a linguist or interpreter and translator within our office. But just to clarify, our offices are more positioned as coordinators. We're not executing on the operational part that—

COUNCIL MEMBER BROOKS-POWERS: [interposing] I'm aware.

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COMMISSIONER CASTRO: So, we help other agencies like H+H and system wide to also implement these types of hiring policies.

CHAIRPERSON AVILÉS: Thank you.

COUNCIL MEMBER BROOKS-POWERS: Thank you.

CHAIRPERSON AVILÉS: Yeah, we absolutely—

we understand that you are not hiring the language accessible staff. The problem is is that we don't see it on the ground. So I don't know who's in charge of hiring, but we still see significant gaps.

So whether it is H+H or any manner of subcontractors. We would like to know for the record how many staff in the system speak Arabic fluently? How many staff speak Fulani? How many staff speak Wolof? How many staff speak

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 115
Russian? In very exact numbers throughout the
system, because what we are seeing today every day is
we are depending on Corine and Adama and a bunch of
aunties in the neighborhood to respond at all manners
of the night to this entire community.

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DIRECTOR SCHAEFFER: So, I'd have to get back to you on the exact numbers. As you know,

Fulani and Wolof are limited-profusion languages, so it is harder to get staff that are trained exactly in those languages to be-- and on the other service that they're providing. We are working to address that, and we do have staff in our sites that speak Fulani and Wolof, but-- and we're working on that, and we're happy to send it to anybody who has staff that wants to work in sites, but I will get back to you on the numbers.

CHAIRPERSON AVILÉS: Yeah, thank you. I'm sure there are challenges. I think what we want to see is progress. We want to see progress. So, next I'm going to call Council Member Hanif.

COUNCIL MEMBER HANIF: Hi, good

afternoon. So, I'll just dive right in. Under the

terms of the settlement the City made with Legal Aid

and the Coalition for the Homeless, the City was

required to clear the wait list of people not receiving shelter placement by April 8th. I was very disappointed to see that the City failed to meet this requirement, and as of last week, people were still waiting in line outside St. Bridget's for a shelter placement. As of today, has the City eliminated its requirement to eliminate wait times for shelter placement?

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DIRECTOR SCHAEFFER: So, anybody who comes back to St. Bridget's at this point to try to get another cot placement is given a cot place within 24 hours.

COUNCIL MEMBER HANIF: So, they come to-could you just describe what happens once they arrive to St. Bridget's again?

DIRECTOR SCHAEFFER: Yes, they come to St. Bridget's. They say I am here for a cot placement. We attempt to place them right there and then in a cot placement, and we move it along. If we can't, then we-- we refer them to a drop-in center or if they come too late so that the site is actually closed, then they go to a drop-in center.

COUNCIL MEMBER HANIF: So, then as of today, the City has not met the requirements?

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                DIRECTOR SCHAEFFER: We are in constant
     communication with Legal Aid, and we are working to
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     implement the settlement that we agreed on.
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                COUNCIL MEMBER HANIF: How soon will it
    be implemented?
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                DIRECTOR SCHAEFFER: As I said, we're in
     constant communication with Legal Aid--
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                COUNCIL MEMBER HANIF: [interposing] I
    mean, I understand you're in constant communication--
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                DIRECTOR SCHAEFFER: on the terms of the
     settlement.
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                COUNCIL MEMBER HANIF: but there's-- it's
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     a law now. It's required.
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                DIRECTOR SCHAEFFER: And we are in
     constant communication--
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                COUNCIL MEMBER HANIF: [interposing] Are
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     you able to share a bit more of a definitive response
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     than just simply being in communication?
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                DIRECTOR SCHAEFFER: We are-- as I said,
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     we are implementing the stipulation, and when we have
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     an update to give, we will give that.
                COUNCIL MEMBER HANIF: We look forward to
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    that. When I visited St. Bridget's I was struck by
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the extent to which the line of people outside was

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 118

made up of primarily Black asylum-seekers. Does the

Administration track demographics of the wait list of
people that it is denying shelter?

DIRECTOR SCHAEFFER: SO, the 30-day notices and the 60-day notices for 18 to 22 year olds only affect single adults and adult families. Families with children get 60-day notices, and the renewal process out of St. Bridget's is only for single adults and adult families. What I will say is that migrants from Africa are disproportionately single adults and adult families. Around 81 percent of migrants from African countries currently in our care are single adults/adult families compared to the overall average of 22 percent for the entire system. So to just put that into perspective, for our migrants from Venezuela, 91 percent of them are families with children, versus nine percent are single adults and adult families. And so the 30-day notices are specific to single adults and adult families.

COUNCIL MEMBER HANIF: Could you just share what the wait list of people looks like right now?

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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 119
2	COUNCIL MEMBER HANIF: [interposing] You
3	don't keep track of that demographic?
4	DIRECTOR SCHAEFFER: No, we have we are
5	attempting to we've been giving a bed to anybody
6	who wants it within 24 hours at this point.
7	COUNCIL MEMBER HANIF: But there's no
8	tracking system of how many are on that on a wait
9	list?
10	DIRECTOR SCHAEFFER: It's not the same as
11	the wait list that we were talking about before we
12	joined the settlement, but we are not tracking
13	nationality of the wait list.
14	COUNCIL MEMBER HANIF: So, broadly,
15	there's no wait list?
16	DIRECTOR SCHAEFFER: So, broadly,
17	everybody is getting a re-cot within 24 hours.
18	COUNCIL MEMBER HANIF: So how many people
19	have gotten a re-cot since yesterday?
20	DIRECTOR SCHAEFFER: It depends on the
21	day. It depends on the day and how many people are
22	coming
23	COUNCIL MEMBER HANIF: [interposing] But
24	is that being tracked on a daily

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    COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                DIRECTOR SCHAEFFER: [interposing] On a
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     daily, yeah.
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                COUNCIL MEMBER HANIF: And what was it
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     today?
                DIRECTOR SCHAEFFER: I don't know.
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                                                     Ι'm
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    in this hearing.
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                COUNCIL MEMBER HANIF: I get that, but
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     okay. Can you give it -- give me what was yesterdays?
                DIRECTOR SCHAEFFER: Not off the top of
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    my head. I have to get back to you.
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                COUNCIL MEMBER HANIF: These are numbers
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     that are pretty important given what we're witnessing
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    here at the chambers. Today, folks who are outside
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     waiting at City Hall park to come in and the
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    testimonies we heard at the panelist before yours,
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     and so to not have any clarity on census or a
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    broader -- even if it's not disaggregated by
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     demographic, it's pretty absurd.
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                DIRECTOR SCHAEFFER: So, I want to take a
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     step back there, and say that we do have demographics
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    here. So, 16 percent of people in our care are form
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    African countries, and as I mentioned, migrants from
    Africa are disproportionately single adults and adult
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families.

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DIRECTOR SCHAEFFER: Yeah.

I'm asking about the current wait list, but anyways, we'll move on. Per the terms of the settlement, the City is required to extend people's shelter stays past their initial 30 or 60 days if they demonstrate significant efforts to exit shelter. These efforts can include making progress on their immigration legal cases, seeking employment and seeking permanent housing. This is limited but important policy change to the cruel and counterproductive 30 and 60-day shelter caps that have, of course, disproportionately impacted Black immigrants. How is the Administration ensuring residents are getting credit for undertaking these significant efforts?

DIRECTOR SCHAEFFER: So, we're currently implementing the stipulation with Legal Aid and when we have an update on implementation, we will share it.

COUNCIL MEMBER HANIF: And then given the inherent limitations to these efforts people can make while living in the shelter, how is the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 122

Administration making sure that standards for

demonstrating efforts are not unrealistically high?

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DIRECTOR SCHAEFFER: As mentioned, we're in constant communication with Legal Aid and the Coalition for Homeless on how we implement this and making sure that everybody understands the process. When we have an update on implementation, we will get that.

be clear here, I know you're speaking as a cohort and collaborator with Legal Aid and the Coalition for the Homeless, but this is really on the Administration ultimately. So we would like to hear about what implementation and enforcement looks like, given this was settled. And then finally, I'm concerned about the consequences of someone not being able to meet these standards. What happens if the City determines that an asylum-seeker has failed to meet significant efforts standards? If they're evicted from their initial shelter placement and apply for another placement, can you guarantee that the City will provide them one?

DIRECTOR SCHAEFFER: So, as mentioned, we are currently implement— working on implementing the

committee on immigration with committee on Hospitals 123 stipulation, and so we will be able to answer your questions, we'll be able to walk through it when we have an update to give. At this point--

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COUNCIL MEMBER HANIF: [interposing] But you have no timeline for us?

DIRECTOR SCHAEFFER: we don't have an update.

timeline for us knowing that today was going to be one opportunity for us to ask and check in about that stipulation. Well, that's disappointing. And then are there any scenarios in which the City will explicitly deny a placement to someone applying for shelter and relegate them to sleeping on the street? And if so, can you describe these scenarios?

DIRECTOR SCHAEFFER: So, I think we've been very clear about that is not our intention for people to sleep on the streets. As mentioned, when we have an update on the Callahan stipulation, we'll give it, but I will also say that it is really incumbent that we get more federal and state help. I think we're actually just really focusing on the federal. We really need people to have the ability to work so that they can immediately get connected to

their legal options. They can get TPS, especially folks from Africa. Right now, TPS is not available for countries in Africa so that they can immediately get their work permits, and they can get connected to good jobs and be able to move out of our shelter system.

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COUNCIL MEMBER HANIF: And could you give us an update about the advocacy efforts with the Federal Government?

DIRECTOR SCHAEFFER: We continue to advocate. I mean, I think we're talking to folks all the time. We really, really need TPS. It has been a huge boon for the Venezuelan community, and we are continuing to do it. I don't know if you have anything specific you want to say.

COMMISSIONER CASTRO: Yes, we're constantly uplifting the issue to the Whitehouse and to our congressional delegation. We work, as you know, in coalition with Cities for Action to submit a number of letters. We work on a number of coalitions for these particular countries that we've listed, and we had members— we organized with members of the clergy to visit D.C., most recently, where we uplifted these issues as well. We'll continue to do

this. This is one of our priorities at MOIA and across the board, and of course, working with Deputy Commissioner and others. We are hoping to partner with Council and other elected officials to continue the drumbeat. Of course, the showing today I hope sends a message about the critical importance for this.

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DEPUTY COMMISSIONER CAMARA: And if I may add, Council Member, when I speak to these community members, my community, they're not interested in staying at the shelters. They want to move on. are hard-working. We're here because we have given up a lot, and that's why you're seeing single members. It's because families pull all their resources to-- I don't want to cry-- to bring this one person here. That is their hope. So, if you really want to help our community, you also -- we ask you, we beg you to really start talking about TPS for our communities. We need it in Guinea, in Senegal, in Mauritania. We need this TPS, and the fact that our communities have not gotten this is something that is shocking to us, and when I talk to them, they say, "I'm able-bodied. I don't want to stay in the shelters. I want to be able to take care of myself."

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 126

As Africans, as Muslims, we love our dignity. We love being able to take care of ourselves and our families. So if you take away anything from today, what I will tell you is you need to help us so that they could get to work. They want to work. They want to contribute to the society. We do not want to be burden to New York City or to the United States.

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COUNCIL MEMBER HANIF: Absolutely, Deputy Commissioner, and I'm so proud to meet you and thank you so much for the work you're doing directly in community. That's the goal of this Council, too. want to see self-sufficiency. We want to see folks independent, and starting their lives here, not in constant eviction because of short-sided rules that tell a family or an individual adult that you got to keep-- you got to move on after 30 days or 60 days. That rule actually creates more a prohibitive and cruel state in this city, and it actually denies them any opportunity for independence or self-sufficiency. So I'm totally aligned with you. That's what we want. We want independence. Evicting people is not the way to go, because that's going to prolong and delay our newest community's efforts to be New Yorkers and to receive the job opportunities they

committee on immigration with committee on Hospitals 127 deserve, to be able to be placed in permanent and dignified housing, because we're making it absolutely difficult for them to reach that ultimate goal. And we really want to see the Administration. We've got a bill that go heard, Intro 210, to be able to be passed to eliminate that cap, because we want people to start their lives immediately.

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CHAIRPERSON AVILÉS: Thank you, Council
Member. And we'd like to recognize we've been joined
by Council Member Cabán and Speaker Adams. Thank you
for joining us, Speaker Adams. So, I'd like to pivot
very quickly to language access again, a central
theme here today. Under Local Law 30, city agencies
must meet a number of requirements to make their
services accessible to New York residents in a number
of different languages. How has MOIA been involved
in the implementation of Local Law 30? And does MOIA
provide any support on how to meet the requirements
of Local Law 30 to agencies?

COMMISSIONER CASTRO: Thank you, Chair, for the question. As I mentioned earlier, we've grown our team from three staffers when I joined to about 20 specifically to make sure that across City government offices and agencies are able to develop

language access plans and execute against those plans. We collect these and we provide feedback and we make available our staff to provide technical assistance and support agencies to meet Local Law 30 and support our immigrant communities, both longer-term and newly-arrived. Our staff is in constant communication. We are actually going on the road meeting with a number of different agencies to present on our language access—the way that we can support through MOIA and other tools to develop their language access plans further.

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CHAIRPERSON AVILÉS: So, is MOIA able to hold agencies accountable for not meeting their requirements? And what does a language access plan actually look like? Are there performance metrics that agencies have to meet? If you could tell us specifically what that looks like. It's still very amorphous.

actually, we collect these language access plan and publish them. We recently published these plans, and then we conduct an analysis and publish that as well. So, it's an ongoing let's say relationship with agencies and offices. We monitor. Again, we work

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 129 very closely with them to address issues as they come up, and they also come to us if they have any issues, and we work closely with the Mayor's Office of Contracts and other agencies to look at how we procure language services across the system.

CHAIRPERSON AVILÉS: But there are nojust for clarity-- there are no accountability
mechanisms? If an organization puts forward a very
ambitious plan to hire all these bilingual speakers
and does nothing, is there any accountability
mechanism around how an agencies is meeting the
mandates of this law?

COMMISSIONER CASTRO: Well, you're correct in that MOIA is-- does not have any enforcement abilities.

CHAIRPERSON AVILÉS: Okay.

COMMISSIONER CASTRO: But of course, we work closely with--

CHAIRPERSON AVILÉS: [interposing] I just wanted to be sure that there isn't-- there doesn't exist and accountability mechanism here to ensure compliance. So with that, I'd love to turn it over to Speaker Adrienne Adams.

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SPEAKER ADAMS: Thank you so much.

Welcome to today's hearing, panel. It's good to see you all and I thank our Chairs Avilés and Narcisse, and the entire Committee on Immigration for hosting today's very important hearing. I'm going to start by asking asylum-seekers have a much higher chance of successfully applying for asylum when an attorney or accredited legal representative represents them throughout their removal proceedings and application process. moreover, immigration legal service provides with the requisite cultural competence and country conditions expertise are better able to understand their client's unique circumstances and craft tailored legal strategies. What updates can MOIA provide regarding its advocacy for immigration legal services funding in our Fiscal Year 25 budget?

for the question, Speaker Adams. We are currently funding the Asylum-seekers Legal Assistance Network which is the \$5 million initiative specifically dedicated to serving newly-arrived migrants and asylum-seekers. That program has taken a little while to get off the ground because of hiring challenges. However, we've been serving high volumes

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 131 of individuals with screenings, pro se application assistance, trainigs as well, and the preparation of packets in support of asylum applications that are submitted pro se. This work is done either directly by or in close coordination with community-based organizations specifically relevant to Black and African migrants. We're partnering with African Services Committee, and have actually not only funded them under ASLAN but also pivoted their Action NYC deliverables to serve high numbers of Senegalese migrants that are visiting them, and African Communities Together is working closely with Pro Se Plus Project in order to train community-based organization navigators to help people navigate the initial paperwork and then be referred to the appropriate clinics.

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SPEAKER ADAMS: Thank you. I'm just curious, I don't' know if this question was sked. I was watching a bit of the hearing earlier. Was this panel present when the population of migrants were testifying? You all were present? Oaky, I just wanted to make sure that understood that much, alright. Current OSHA [sic] training is not available to French speakers and excludes a

committee on immigration with committee on Hospitals 132 significant number of African and Caribbean asylumseekers and migrants. Have MOIA or OASO advocated for OSHA training in New York City to be made available in French or any other languages relevant to Black immigrant new-comers such as Haitian-Creole or Arabic?

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COMMISSIONER CASTRO: Yes, we've been-we've had ongoing conversations with Small Business Services and others who are responsible for enforcing site safety in our city. As you know, OSHA is a federal program. They certify instructors to provide the OSHA training and speaking from my experience having been the Executive Director of OSHA training provider, it is very difficult to find trainers who speak languages of limited diffusion which is why most of the trainers are English and Spanish-speaking trainers. And again, this is also an issue that partly belongs to the Federal Government. They need to do better at providing training in these languages.

SPEAKER ADAMS: Okay. I'm going to ask-Director Schaeffer, on OASO's asylum-seeker resources
page, OASO lists a number of satellite sites that are
assisting asylum-seekers. Most of these providers,

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS however, have not historically worked with Black immigrants and may not have the language access resources necessary to communicate with Black asylumseekers and immigrant newcomers. Are there plans to engage CBOs that have the history and language access resources as resource centers or satellite offices to better serve this particular demographic?

DIRECTOR SCHAEFFER: Absolutely, and I have to go look at that page. I think it's just the navigation centers, and so we absolutely are in conversations with CBOs that traditionally have served this population, and we continue to try to expand the work there. I will look at that page again and see if there's other resources that we want to put up that are specific to that population.

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SPEAKER ADAMS: Okay. What would happen if an immigrant or a newcomer couldn't communicate with the satellite sites? Where would they be directed?

DIRECTOR SCHAEFFER: So, the Navigation Centers are run by MOIA, so I defer to them.

EXECUTIVE DIRECTOR TORTORICI: Currently,

ICP or International Children's Program is supporting

African asylum-seekers speaking languages of limited

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 134 diffusion. The organizations that don't traditionally serve that community, but are seeing many individuals go to them for assistance are using the language line or interpreters that are there brought in. I can say on the immigration legal we--Lutheran Social Services has a site in East Harlem, and they've been -- and this is sort of the trend that's been occurring partnering with ICP and other African-serving organizations who are sending clients there to also send interpreters with them, community members who have been trained to interpret. So we're seeing an increased use of community-based interpretation services and we continue to further that, and some of that is happening through payment as vendors under our contracts with legal service providers and community-based organizations.

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DIRECTOR SCHAEFFER: And just one other thing I'd want to mention is that at our Asylum Application Help Center which is one of the-- like, we run that. OASO runs that and that has some satellites, too. We have served about-- 16 percent of the asylum applications have been for folks from African countries which is aligned with the percentage in our shelter system.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 135

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SPEAKER ADAMS: Okay. so we spoke about, or I heard you testify and speak about legal services and needing to hire when it comes to legal services, and I think that I'm hearing—correct me if I'm wrong, but I think I'm hearing also that there are plans to perhaps hire more in—person interpreters to speak to the top languages spoken by African or Caribbean immigrant newcomers. Is that happening as well?

DIRECTOR SCHAEFFER: Yeah, we're trying to hire bilingual staff at our sites to make sure that we have the-- and we've been specifically focusing on languages of limited diffusion and languages spoken by the majority of people in our care which is not necessarily-- it's Spanish and then it's French, Wolof, English, Russian, Arabic, and Fulani.

SPEAKER ADAMS: Okay, that's good to hear. Black immigrant newcomers are statistically more likely to have grappled with racial bias in the federal immigration system by the time they reach the City. Black non-citizens are disproportionately likely to face immigration detention, higher bonds, lengthier detention, and inadequate access to legal information, legal counsel, and proper interpretation

in detention. Individuals who have grappled with these realities often need immigration legal service providers with expertise in the immigration detention system, and the complex statutory intersection of the criminal, legal, and federal immigration systems, including for those who have faced prolonged detention, the potential impact of the one-year filing deadline for asylum applications. Does the Asylum Application Help Center work with such providers, and does MOIA refer cases involving a history of detention to other immigration legal

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service providers?

DIRECTOR SCHAEFFER: So, as mentioned before, we are filing applications for folks from African countries. We file applications for anyone in our care, and that includes folks that speak other languages. I defer to MOIA about the pathway of referring out.

EXECUTIVE DIRECTOR TORTORICI:

Individuals who are currently in detention would be served either NYFUP or the Immigrant Opportunities

Initiative. Both programs house under the Office of
Civil Justice at HRA, and once no longer in

detention, if an individual goes to the Asylum

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 137 Application Help Center and has an order of removal 2 3 ore requires post-removal relief, they're typically 4 referred to one of the programs that MOIA oversees, known as the Rapid Response Legal Collaborative. 5 They specialize in helping individuals who have 6 7 received an order of removal and are looking to overcome that so they can then apply for asylum and 8 defend themselves in immigration court. In addition, the Immigrant Opportunities Initiative, or IOI, also 10 11 receives referrals for particularly challenging cases 12 and complex cases. 13 SPEAKER ADAMS: Okay. In listening to the testimony of asylum-seekers, migrants, and advocates 14 15 so far today, what is the takeaway that you all see? 16 The top-- give me the top three takeaways or 17 complaints that you heard today. 18 DIRECTOR SCHAEFFER: That we need to do better, and we agree. We absolutely need to do 19 20 better. Every day we get up, trying to do better, and we need to do--21 SPEAKER ADAMS: [interposing] With what 2.2

DIRECTOR SCHAEFFER: Well, specifically with language access. I think that was the biggest

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specifically?

thing we heard, and that's what we know, with the ability to work and connections to workforce development, and we 100 percent agree. We're constantly trying to work on it and we need our federal partners to step in and help us with it as well, but we have a lot of work to do which is why we keep getting up and doing this every day.

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out to our federal partners, Director? You

mentioned-- and we know, believe me, we know that we

do need help from our federal partners which we have

been asking for well over a year into this crisis.

What are those-- what does that look like, reach out- reaching out to our federal partners? Is that on a

daily basis, a monthly basis? Is it email? Is it

getting on the phone? It is all of the above? What

does that look like, exactly?

DIRECTOR SCHAEFFER: So, we have different levers that we use. You know, obviously we coordinate with our intergovernmental affairs team. We have at least weekly meetings with the Federal Government on this topic, and we're in constant communication, emails, phone calls. They know my name. that's-- you know.

being straight with you.

2 DIRECTOR SCHAEFFER: Yeah, I--

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SPEAKER ADAMS: [interposing] They're not being honesty with you. They're not telling you the facts.

DIRECTOR SCHAEFFER: I didn't say that either.

 $\label{eq:speaker} \mbox{\sc Speaker Adams: All we want are the facts,} \\ \mbox{\sc Molly.}$

DIRECTOR SCHAEFFER: And the facts are that we try. We push and we try and that's all we can do.

 $\label{eq:commissioner} \mbox{COMMISSIONER CASTRO: Well, Speaker, thank} \\ \mbox{you so much for the questions.}$

SPEAKER ADAMS: Yes.

COMMISSIONER CASTRO: Certainly, as

Director Schaeffer mentioned, language access and

other local issues came up during the previous panel,

but most importantly is making sure that people have

access to work authorization, because we hear this

not just from the previous panel, but from asylum
seekers throughout the system. They just want to get

to work. They want to show they can contribute. They

don't want to be dependent on anyone, and that I hear

all the time, and for that reason, my office has

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 141 focused on advocacy. So that's one of our key 2 pillars and strategic plan, working with other 3 4 cities, other mayors, county executives to push on the Federal Government to do more. We are in 5 constant communication both with the Whitehouse and 6 7 the congressional delegation. There just needs to be 8 political will to do what's right for these meetings 9 SPEAKER ADAMS: Right. So, I just wanted to go on the record, Chairs. We are getting the same 10 11 story from the Federal Government, because we too are 12 in constant contact, and we too are being told the 13 exact same thing that these-- this is politics over people, and for all of us that really do have such a 14 15 stake in all of this in wanting to see people succeed 16 and people thrive. People that are coming into this 17 city deserve our attention, our time, our services. 18 We know that, and I'm speaking to those of you that have testified, the advocates as well. We-- and I 19 20 hope that you know this. The City Council hears you. 21 we are doing our very best to make sure that this city provides its best to you coming in here seeking 2.2 2.3 asylum and refuge from your experiences in other

places. So, we just want to make sure that we all

have an understanding that New York in spite of this

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 142 crisis is doing the very best that we can under dire circumstances, but we all recognize as well that this is an issue for the entire nation, and the entire nation must be responsible the way that New York is being responsible and doing our part as well. are going to continue to push to meet with, to speak with our federal partners to try to make sure that we take all of the distance away and the clouds away, what is impeding us from putting people before politics, because this is a national issue. It is not just a New York City issue, a Chicago issue, a Los Angeles issue. This is a national issue and we deserve, and the people coming to this country, deserve national, positive attention. colleagues and I are going to continue to do what we've always been doing, and that is to advocate for those that deserve the services for the people of the City of New York. You are our new New Yorkers and you deserve our attention, our time, and the services that we can offer to provide you as our new New Yorkers and neighbors. Thank you very much for your testimony today. Chairs, I turn it back to you.

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CHAIRPERSON AVILÉS: Thank you so much, Speaker. I'd like to know in that vein, there are

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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     five Asylum Application Help Centers, is that
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     correct? Am I calling them the wrong thing? Need
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     Centers?
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                DIRECTOR SCHAEFFER: It's four. It is--
     it's three satellite.
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                CHAIRPERSON AVILÉS: Put your microphone
     on, please.
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                DIRECTOR SCHAEFFER: sorry. It's four.
     It's three satellites and one main hub, if you will.
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                CHAIRPERSON AVILÉS: and given the
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    population, you mentioned 16 percent and that's just
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     the population the Afro population from Africa.
     are not talking about Black people from all over the
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     world, is that correct?
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                DIRECTOR SCHAEFFER: That's correct.
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     also have separately the amount of applications we
     filed for Haitians.
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                CHAIRPERSON AVILÉS: Okay, so just one
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     question. Why is there no Black-led culturally-
     competent welcome center for this community?
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                DIRECTOR SCHAEFFER: So, I'm going to
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    refer to MOIA on that. Again, this is just through
     our work we've really been focused on serving
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everybody in our care, and making sure that everybody

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 144 has equal access to legal services before their one-year filing deadline.

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CHAIRPERSON AVILÉS: Okay, so you know the distinction between fairness and equity?

DIRECTOR SCHAEFFER: Yes.

CHAIRPERSON AVILÉS: Okay, so maybe MOIA.

Why is there no Black-led, Black-serving organization getting funded to receive the minimum of 16 percent of this community?

COMMISSIONER CASTRO: So, you mean the application Help Center, through our application help center--

CHAIRPERSON AVILÉS: [interposing] That's just one part of the pie. We're seeing this disparity play out over and over again through the system. We're seeing it in language access. We're seeing it in the funding of the service providers. But in particular we have these centers that are being run by amazing organizations, many Latino, who have no cultural competency in this community and yet being given the contract. So, I just want to understand why is there no Black-led, culturally-competent organization that has been receiving significant funding to address the community.

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DIRECTOR SCHAEFFER: And just one

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clarification point on this, the Asylum Application Help Center is not being run by a nonprofit or any nonprofit. It's through temp staffing, through oncall counsel, and we've really been focused on making sure that the staff that we get are bilingual and serve the population, but that's different I think than the satellite sites at the navigation center, which is I think is what you're asking.

CHAIRPERSON AVILÉS: And I'm sure the disparities are going to be present --

> COMMISSIONER CASTRO: [interposing] Yeah. CHAIRPERSON AVILÉS: in your example as

well.

COMMISSIONER CASTRO: Yeah, I think we're getting crossed up a little bit with the sort of-the terminology, but I do want to highlight an initiative that I think Tom mentioned earlier, and I'd like Tom to talk more about it. I think early on where we selected the nonprofit satellite sites, early on in the situation, the arrival of asylumseekers, it was primarily Venezuelans, Ecuadorians, and other Latin American asylum-seekers. Eventually we started to see more people form across the world

committee on immigration with committee on Hospitals 146 arrive, and so there's a bit of an adjustment period that we're undergoing. So I let Tom talk about what we're doing as a result.

EXECUTIVE DIRECTOR TORTORICI: Thanks, Commissioner, and thank you Chair for the question. So it's hard to distinguish between the programs that are dedicated serving newly-arrived migrants and the immigration legal and service programs that MOIA has overseen for years, because both are serving newlyarrived folks. Looking at the data, as the Commissioner mentioned in his testimony, 34 percent of all service appointments under MOIA contracts are for Black-- or go to Black migrants, and that's-we've seen a 70 percent increase in the number of appointments that go to Black migrants since Fiscal 22. And so the data demonstrates that our programs are serving increasing numbers of Black migrants. have African Service Committee and the African Communities Together as our main legal service partners serving that community under Action NYC, and then ICP and the Navigation Centers, but you're absolutely right that more needs to be done and this trend needs to continue.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                CHAIRPERSON AVILÉS: Just for the record,
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     ICP is not a Black-led organization or an African
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     organization is that correct?
                EXECUTIVE DIRECTOR TORTORICI: I believe
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     it is. [inaudible]
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                CHAIRPERSON AVILÉS: Okay.
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                COMMISSIONER CASTRO: Electra [sp?] who's
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     an amazing advocate-- shout out to Electra-- is
     leading the efforts there.
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                CHAIRPERSON AVILÉS: Okay. So, no is the
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     answer.
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                COMMISSIONER CASTRO: No, ICP is a Black-
     led organization, yeah.
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                CHAIRPERSON AVILÉS: Okay, I think the
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     crowd behind you wholeheartedly disagrees.
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     with that, I'd like to turn it over to Council Member
     Hudson.
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                COUNCIL MEMBER HUDSON:
                                         Thank you, Chair.
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    And apologies, this might be a little redundant. I've
    been in and out with other meetings. So, but I have
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    HERRC in my district at 47 Hall Street, and I've
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    heard from dozens of recently-arrived migrants and
    mutual aid workers that we work very closely with who
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support them to learn about the conditions at the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 148 site, and they've told that there are little to no language support services for recently-arrived folks, specifically from Senegal and Mauritania among other countries who speak Wolof, as we've heard a lot about today. But they're unaware of services offered to migrants, everything from legal support to healthcare. I think the Public Advocate mentioned this earlier, but just when we were outside, there was a gentleman who was telling us nobody can get access to healthcare, and we told him anybody in New York City regardless of immigration status has access to healthcare. They were not aware of NYC Care and So I'm curious to know just on that that program. front, what are you doing to inform people of the resources that they do have available to them regardless of immigration status, and in what languages is that being provided to them in? also heard or seen reporting that's shown that West African migrants in other boroughs have missed calls for showers because announcements are only made in English and in Spanish. And so I'm curious-- I'm just going to list out my three questions and then you all can run through them. So I've already asked my first What services does the City currently offer

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 149 from migrants that are offered in West African 2 3 dialects, including Wolof? How many Wolof speakers 4 does the City employ? And if possible you could break it down by agency, that would be great. And 5 then my last question is does the City have programs 6 7 to recruit and pay local residents with expertise in 8 these languages and cultures to liaise with migrants in government agencies? And if not, are you exploring said programs or working with existing CBOs 10 who have them? 11 12 Thank you for all of DIRECTOR SCHAEFFER: 13 that. So, I would ask for the English and Spanish, 14 the place where they're not getting showers because 15 it's only being told in English and Spanish, if you can let me know what shelter that is. 16 17 COUNCIL MEMBER HUDSON: Okay. 18 DIRECTOR SCHAEFFER: We're happy to 19 follow up, because --20 COUNCIL MEMBER HUDSON: [interposing] it

was from reporting, so I'll make sure I get the article--

DIRECTOR SCHAEFFER: [interposing] Yeah, yeah, yeah.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 150

2 COUNCIL MEMBER HUDSON: from my team and 3 let you know.

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DIRECTOR SCHAEFFER: That would be really helpful. So, H+H runs the 47 Hall Street, as you know. Everybody's supposed to be told about what kind of resources there are available. That's part of the plan and what we intend with case management. I will take it back. I will talk to the team about if folks are not understanding the resources that they have available. Again, Health + Hospitals runs Health + Hospitals, so there should be direct linkages of healthcare, and so that should never be an issue.

COUNCIL MEMBER HUDSON: Right.

DIRECTOR SCHAEFFER: So happy to sort of take those concerns back and talk to them and sort of get back on those.

COMMISSIONER CASTRO: Just to add, at the arrival center at the Roosevelt Hotel, H+H manages that site. So folks are informed of how they can connect with NYC Cares and other programs in support of their healthcare needs. I know that NYC Cares also partners with CBOs to conduct some of this outreach. And of course it's worth mentioning that early on in

this situation when we were welcoming buses at Port
Authority, we noticed that a lot of people were
arriving with medical conditions that had been
unaddressed, and a lot of needs, which is partly the
reason why we partner up early on with H+H to help us
manage the situation. And you know, we-- our Health
+ Hospitals system has been actively engaged in these
efforts from the beginning.

COUNCIL MEMBER HUDSON: I hear that and I appreciate that for what it's worth at the point of intake or the point when folks are initially arriving, but I think the experience that a lot of folks are having, being, you know, essentially evicted after 30 days, moving form place to place, you encounter many different things. You might get sick throughout your stay here. So other than that first point of contact, you know, I guess the charge for you all is to ensure that people are being informed of, you know, those resources and that they can access healthcare and where specifically they should be able to access that healthcare. And I think also the issue is language access, right? So if they're not being told this information in the

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committee on immigration with committee on Hospitals 152 dialects that they speak, you know, then it's not really getting to them. Thank you.

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You know, even for long-term migrants, you know, knowing about NYC Cares and registering for it has been a challenge. Their numbers have grown over the years, and communications staff went over to H+H, to NYC Cares to direct their communications efforts, and so we're looking to improve the way that we connect with migrants in this way.

COUNCIL MEMBER HUDSON: Okay, thanks. And do you know how many Wolof speakers the City employs?

DIRECTOR SCHAEFFER: We'd have to get back to you on exact numbers.

COUNCIL MEMBER HUDSON: Okay, and I'd love to know the breakdown by agency as well. And then just the last question about recruiting and paying local residents with expertise in the languages and cultures, do you do that, and if not, are you exploring ways that you might be able to leverage the skillset?

COMMISSIONER CASTRO: We don't have a specific program, although we are piloting the Peer

Navigator program and we're learning from it, as I mentioned earlier. But it is something that we're actively exploring. We're having conversations with language access cooperatives. ACT manages a very successful one, and you know, we're looking at all different models to increase our language capacity.

COUNCIL MEMBER HUDSON: Great. Thank you

DEPUTY COMMISSIONER CAMARA: I iust wanted to also add, as I think you were out of the room when I was speaking to the community engagement piece of our work as well. As the person that is advising the Mayor on the African community, we're also taking it upon ourselves to go out to the community and speak with them about the resources that are available through different engagements, and we also talk to a lot of the community leaders as well to ensure that they are aware of the services and they're able to pass on the message. So I think that from that perspective as the person that dos that work, the commitment is very clear. I go out to the HERRCs. I speak some of these dialects, and I also just want to state that it's not just going to

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so much.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 154 be Wolof. We have the Fulanese [sic]. We have Susu which is my native language.

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COUNCIL MEMBER HUDSON: Absolutely.

DEPUTY COMMISSIONER CAMARA: So, we really are trying to support the work that is being done by Molly and by Manny by also going out there and doing more community engagement. So we'd love to work with you if you're interested in having us in your district to do that work.

COUNCIL MEMBER HUDSON: Absolutely.

Would love to partner in that. Yeah, and I really just using Wolof as one example, but I know even just outside earlier we had 16 or more different languages spoken. So, if you want to get me statistics for city employees who speak all West African languages, I would take that broken down by agency.

DIRECTOR SCHAEFFER: I will see what we can get.

COUNCIL MEMBER HUDSON: Okay. Thank you so much. Thanks Chairs.

CHAIRPERSON AVILÉS: It certainly seems like-- I think you all believe in language cooperatives and funding community members to provide the support that we can't seem to be doing in-house.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 155

So I'm looking forward to receiving and hearing the

Administration's full support in funding for language

cooperatives coming up. So, I guess I'd like

recognize Council Member and like to call on Council

Member Cabán.

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COUNCIL MEMBER CABÁN: Thank you, and thank you, Chair Avilés. Thank you to the panel for being here. Before I ask my question, I just want to take a moment to acknowledge some of the folks that are doing this work in my neighborhood. I see Adama Bah out in the audience who leads an organization that has been helping newly-arrived North African folks, because we have a very large North African community in Astoria, and so folks are flocking to our neighborhood to find that trust and that support and the cultural competency. I want to just quickly say thank you to Molica [sp?] who is also doing that Thank you so, so much. Y'all are picking up where we as government are clearly failing. I see the sort of genuine efforts for the Administration to go out and do the right thing, but I will say that at least from hearing from the leaders in our community, my community who are doing this work, it's as though at times the Administration is more of a barrier or a

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 156 block to folks who have been like really successfully serving newly-arrived asylum-seekers and neighbors in a meaningful way, and so would love just to see just some better collaboration and support for these folks there. I want to talk a little bit about sort of what the potential and the outcomes could and should be, not just short and mid-term, but long-term. According to the CBO, the Congressional Budget Office, the economy is set to grow by \$7 trillion over the next decades than it would without the recent influx of newly-arrived asylum-seekers and migrants, and while that's a nationwide figure, when you look at New York City, that exact influx, that exact migration has made New York City the economic powerh9osue that it has been across the country and across the world. And so seeing all of our neighbors here as the key to strengthening our economy, the key to strengthening our communities just short and longterm I think is really, really important, and you mentioned and acknowledged that being able to find gainful employment as being a huge thing. know this program lives under ACS, but NYC Promise, right, a really incredible program, first of its kind in the nation that we have funded that gives

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committee on immigration with committee on Hospitals 157 childcare to undocumented folks. When we think about the ability for people to be able to go to job interviews, to get to work, to maintain a job, to go to appointments, social service appointments. You know, we've seen lot in our communities of parent and caregivers with small children trying to make the little bit of money that they can on a day-to-day basis. So I'd like to know if it's a priority of MOIA, if it's a priority of y'all to internally to really push for the increase in funding for NYC Promise, because I think that that is one of the most powerful upstream investments that we could make to support some of our newly-arrived neighbors.

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Member, for your words and your question. You're absolutely right. All immigrants have— all New Yorkers have always benefited from the arrival of immigrants to our city, and that is a fact and I hope everyone understands that this is good for us in the long-run, and we want to make sure that. I think we're also working on what you mentioned, that children selling candies in the street and migrants trying to survive in our city, and so ACS consulted with us to establish Promise NYC. We've been working

closely with them. We know they have partnered with DSS and other agencies to look closely at what can be done with this issue in a way that also recognizes what people are facing and not be punitive. We've had conversations with the Ecuadorian Counsel for instance that have highlighted this issue as having been a flashpoint in other countries, where they literally went and took children away, and we do not want to get to that point, because we recognize—

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the current allocation, just to-- obviously, is just not scaled to the size of the need. We're a long ways from that. I think at its current funding we're able to fund childcare for about 660 families, right, under that program, and so my question is as we are in just the like heart of the budget process, how much of a priority is that investment in what we should see in the Executive Budget?

COMMISSIONER CASTRO: Conversations about the budget are still ongoing and we'll see, you know, if those funds are increased and what we can do as MOIA to help inform how Promise NYC grows.

COUNCIL MEMBER CABÁN: But will you advocate for it to grow?

COMMISSIONER CASTRO: I'm not in the position to say that, but you know, once we know how much funding will be allocated, we'll be able to step in and support, and as we've done in the past, make sure that ACS and other agencies have the information they need to support the community.

COUNCIL MEMBER CABÁN: May I ask one more question, Chair?

CHAIRPERSON AVILÉS: Make it quick, because we have a--

COUNCIL MEMBER CABÁN: [interposing]

Okay. Will you at least con-- will you-- do at least agree with the fact that making childcare more accessible for our newly-arrived neighbors would make a difference for the safety, the economy, the health of the city?

COMMISSIONER CASTRO: Yes, from the beginning we've been strong advocates, you know, in that respect. We deeply care about the children and the families that are arriving. As a child migrant myself, you know, this is very important for me to say.

COUNCIL MEMBER CABÁN: Thank you. Thank you for taking my questions. Thank you for indulging

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 160 2 You mentioned that, you know, we need the 3 political will to do the right thing. It's not just true of the Federal Government. I think it's true of 4 the City as well. It's not unique to them. 5 hope that that is prioritized. Thank you. 6 7 COUNCIL MEMBER AVILÉS: Thank you, Council Member. Council Member Narcisse? 8 9 CHAIRPERSON NARCISSE: Good afternoon again and thank you for being here. Thank you for 10 11 being a partner. We have seen you in the community, and this is a difficult moment for all of us, and 12 13 with all my brothers and sisters in the back, and all 14 we hearing over and over is about language access. 15 For me, it's what languages are available to communicate in person from African and Caribbean 16 17 immigrants newcomers? You have any-- how many you 18 have? 19 EXECUTIVE DIRECTOR TORTORICI: 20 Narcisse, just to clarify, at the arrival center or--21 CHAIRPERSON NARCISSE: [interposing] Yeah, what languages are available right now to communicate 2.2 2.3 that you know of, that you're providing in-person for African and Caribbean immigrant newcomers? They're 24

probably with our organization. What language -- how

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 161 many languages that we have? What languages are there?

DIRECTOR SCHAEFFER: So, the languages that we currently— that are the primary preferred languages of people in care is— and this is not necessarily indicative of the newly—arrived migrants in New York City, this is just the amount of folks in our shelter system. So, the first primary language is Spanish; 76 percent of the people in our care speak that. Then French, nine percent. Wolof is three percent. English is three percent. Russian is two percent. Arabic is two percent, and Fulani is one percent, and Chinese is one percent.

CHAIRPERSON NARCISSE: One of the things that I'm hearing quite often is the organization that providing the services, how those contracts are going. Because the small orgs from my understanding is having a tough time. You know, they want to provide the services, but how you doing with those contracts? Are they signed? Are they rolling for the services to continue?

COMMISSIONER CASTRO: With the asylum-seeker specific contracts--

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CHAIRPERSON NARCISSE: [interposing] Yeah,

the new imitative that we start the provider

services. Are the contracts are being signed,

because some of them saying that they providing

services, but yet they have no flow of anything

qoing.

asylum-seeker legal assistance network, many of those contracts were already existing Action NYC contracts that were expanded to incorporate additional funding which is in place. Some of our other contracts such as under the Haitian Response Initiative has seen a little bit longer of a delay because they're managed in a different structure. But we're actively working to get those finalized and we're actively collecting invoices to pay under those.

CHAIRPERSON NARCISSE: Please do so,

because if they're providing services and they're not

getting the finance the services, you know that is

going to be limited, right? How many Haitian

immigrants have received case management and social

services through the MOIA Haitian Response

Initiative? How many were through direct services,

and how many were through referrals?

Council Member. For the life of the program from
Fiscal Year 22 to December 31st, 2023, so half of
Fiscal 24, 3,969 people received case management
services and social services under the Haitian
Response Initiative. In-house services provided
directly by the CBOs funded from those programs were
provided in 7,413 instances, and external service
referrals were provided in 9,974 instances, and those
numbers are higher than the total number of people
getting the initial screening, because most of the
times people need more than one service.

CHAIRPERSON NARCISSE: How many Haitian immigrants receive assistance for the last fiscal year?

EXECUTIVE DIRECTOR TORTORICI: In Fiscal 23, 1,447 individuals received the initial intake, and 6,781 were connected to services.

CHAIRPERSON NARCISSE: Okay. Has MOIA heard any feedback from the organization under this initiative about the growing demand for their services and having to meet this demand? If so, how has MOIA responded to that feedback?

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absolutely heard the feedback. We meet with our
Haitian Response Initiative community partners
monthly, and we continue to hear that they're seeing
double the number of individuals seeking assistance
that they had seen previously. These are made up of
some folks who have come through the CHNV program
through a sponsor. It's a federal program
established by the Biden Administration and others
that are arriving through the US Southwest border, as
many other migrants are. And so we continue to work
to support our CBO partners, make sure that they have
the information and resources they need to do the
work, but we are internally discussing, you know, the
increase in need and what that means.

want to highlight. I think the Speaker spoke about it. What are we doing in term of to push federal and state to make sure-- because we have a bunch of bodies that ready-- I mean, they're ready, they're willing to work. So the workshop, I'm hearing again, they're not being done in the languages that make it easy, whatever that we're providing. Coming back again, language access. So we have to be mindful of

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 165 the people that we serving that willing and ready, because when I'm looking at a bunch of young body in New York City, we need people to work. We don't want -- and they said it in their own ways, that they don't come here to wait for a handout, right? So what are we doing to push, continue pushing? I want to reiterate that again, to push, and we hear about We hear about the workforce training. We hear about the language access. And they want their paper, of course, to work, and TPS come with that as So I want to say thank you for that. We've been joined by CM Brewer. One second I will get to your question. How-- I mean, how much funding is going to language access programs from your end? how much funding is for in-person interpretation, and how much funding is going to telephonic interpretation services?

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COMMISSIONER CASTRO: I'll let Tom answer that question. He has the data in front of him.

EXECUTIVE DIRECTOR TORTORICI: So, generally, you know, MOIA and New York City are proud at the multitude of languages spoken here. It really is amazing, and it's an incredibly enriching fact and one of the reasons why I love being a New Yorker.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 166

So, MOIA has a small budget for language access.

Each agency has their own.

CHAIRPERSON NARCISSE: Which you have.

EXECUTIVE DIRECTOR TORTORICI: Yeah, and MOIA helps to advise. In Fiscal Year 25, MOIA will oversee approximately \$534,000 in language access This is broken up in a few different buckets. funds. In-person interpretation, about \$100,000 from the MOIA budget, and there is an additional amount from the Office of Asylum-seeker Operations funded by the State which I used at the asylum application help center. In telephonic interpretation \$181,381 from the MOIA budget, and an additional \$286,566 from the OASO budget. Again, only being used at the help center. And then finally, there is some funding for document translation that is used to support other mayoral offices and other translation needs for community efforts.

CHAIRPERSON NARCISSE: For asylum-seekers that receive telephonic interpretation, are there additional checks to ensure that the information on their application, if they're doing a process, is accurate? Do you have any follow-up to make sure?

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DIRECTOR SCHAEFFER: Yeah, I mean, we have at least in our asylum application help center our process is pretty rigorous. There's many different layers of control on the application. There's a supervisor and someone else who actually looks at the applications and make sure that they're okay before they're sent on and filed.

CHAIRPERSON NARCISSE: The reason I ask that question, because I'm hearing the Black migrants, their papers for asylum-seeker is rejected more, more often than the others. so that's the reason I'm asking that question, because what happened the translation is not being done properly, so by the time they get a second layer person to translation, they're not saying the same thing. not -- there's no continuity in what they're saying.

DIRECTOR SCHAEFFER: And we're happy to look into that at our sites. We have a pretty good relationship with DOJ and others who are processing our applications. Obviously, people haven't gotten asylum yet, but at least getting them to the point where they can get to the next process of getting work permits. We've had a pretty good success rate, but we're happy to look into any concerns.

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25 organization?

CHAIRPERSON NARCISSE: Thank you. were informed that management of HERRC is shifting from H+H to OASO. When will this transition take effect? What responsibilities have been transferred from H+H, do you know, to OASO at this time? And why is this shift-- I mean, this shift taking place, do

DIRECTOR SCHAEFFER: So, that is news to

We are not taking over currently H+H sites. We

are focused on consolidation across the system and

consistency. I think it might have been mixed up with

DHS taking over a couple of H+H sites, which did

happen and has happened, and that was really to focus

to make sure that we were getting nonprofits

involved, and that it was part of our cost-saving

measures as part of our PEG.

CHAIRPERSON NARCISSE: Now, I have to ask a couple of questions, two questions for my colleague Pierina since we don't have decorum here. She wanted to thank Adama, GYO, MCN for their advocacy in the Bronx. Have this organization have faced barriers to providing language access do you know?

DIRECTOR SCHAEFFER: Sorry, which

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 169 2 CHAIRPERSON NARCISSE: GYO, MCN, and 3 Adama, do you know? Afrikana. DIRECTOR SCHAEFFER: [inaudible] So, if 4 the question is if they have--5 CHAIRPERSON NARCISSE: [interposing] Do 6 7 you-- yeah. DIRECTOR SCHAEFFER: If they have-- I 8 9 mean, I think Adama mentioned while she was talking here that there's some languages that people are 10 11 speaking that she didn't even know about. So, I can't speak for other organizations. I can only speak for 12 mine, but I think we're all learning as people come 13 14 in. 15 CHAIRPERSON NARCISSE: So, they-- because 16 what she's saying that during the Twin Towers some 17 organization provide language access, they were not 18 able to provide the services, as well. So, the Twin-19 - okay. Second question, have organizations been 20 provided contractual opportunities to provide 21 language access or any other services? 2.2 DIRECTOR SCHAEFFER: Yes, and we're 2.3 really excited because we're working with Robin Hood and New York Community Trust to launch an opportunity 24

for smaller organizations that have traditionally the

burden of paperwork and the burden of the City's regulations made it harder for them to contract with us, and so we're real excited about that opportunity, and that's going to be-- that's through philanthropy which will allow it to be much more flexible funding, so that's something that's coming soon. And then, I don't know if you want to--

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COMMISSIONER CASTRO: [interposing] Yeah, no, I think it's an important subject. I think, becoming a vendor with the City is quite onerous as we've mentioned before, so you know, supporting organizations or groups that intend to become vendors is important. We're working closely with the Mayor's Office of Contracts to do that where folks to sign up to Passport and get everything in order so they can be able to do that. So our work with philanthropy is very critical because they're able to support organizations that want to establish that. important to mention here, and this is something that we look at very closely at MOIA, that not everyone can become an interpreter or a translator just because you speak the language. You know, they have to go through some type of training which is why ACT [sic] worker cooperative model, it's quite

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 171 interesting, and others who are trying to do this as well. Partnering with institutions that can provide that added training and certification is important, but that all takes time. We're trying to figure out with the different models out there that we work with to get to a point where we can scale this to serve the tens of thousands of people that have arrived. But in the meantime, you know, my team has been deployed a number of times, again as I mentioned earlier, to different sites across the system and also to organizations, most recently to Afrikana to add some more capacity and some support. But again, the issue is scaling, right, which is why we continue to rely on contractors.

CHAIRPERSON NARCISSE: Thank you. [speaking French]

CHAIRPERSON AVILÉS: Before we turn it over to Council Member Brewer, I just want to make sure I heard this correctly. So, OASO and MOIA's language access budget combined is \$534,000?

DIRECTOR SCHAEFFER: So, we've said many times we don't really have a budget. We only have our staff budget--

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 172 CHAIRPERSON AVILÉS: [interposing] Okay, 2 3 so it's the staff line. 4 DIRECTOR SCHAEFFER: It's also contracts 5 through each agency. Each of the agencies have their own contracts for language access. 6 7 COMMISSIONER CASTRO: Yeah, we stepped in to support with our language access contracts. 8 CHAIRPERSON AVILÉS: Got it. COMMISSIONER CASTRO: And have been 10 11 working closely with OASO to provide, you know, the 12 ability to. 13 CHAIRPERSON AVILÉS: So, is MOIA looking at the City's capacity -- so, like, does MOIA know 14 15 what our city's contract is with language access that 16 we've heard over and over again does not work and 17 does not serve our purpose. Do we know what the 18 scale of that contract is, and do we know-- do we 19 know how many city agencies are actually using that 20 as their primary source of interpretation? 21 COMMISSIONER CASTRO: So, currently our major language line city master contract-- I don't 2.2 2.3 lose anyone, because the procurement stuff is all

over the -- quite complex. So, that was being held by

That has expired and that would be

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DCAS.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 173 traditionally what the different offices would tap into. Now, each agency utilizes their own funding to contract with language line and other language services.

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CHAIRPERSON AVILÉS: Got it. I will turn it over to the master of contracts, Council Member Brewer.

about that, but thank you very much. I've been listening and I've been at another hearing, I'm sorry. So, I went to the opening of ACT in Harlem. I know you mentioned that as one of your co-ops. Are they able to scale-up, because they obviously have a lot of languages? Are you contracting with them?

COMMISSIONER CASTRO: We're currently not contract with the language cooperative, but like I said, they have a great model. They're growing.

They're scaling, my understanding, and we've recently reached out to them to, you know, connect about opportunities, again, through philanthropy who's able to support—step in and support. We're looking at different models and other entities, let's say, that are able to provide these, these types of community—rooted language access services.

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mean, I've been talking to Ruth Messenger [sp?] all the time and she talks to you all the time. And so the-- Robin Hood is trying, but they're slower than molasses. So what are you doing to help them move faster in terms of getting-- they need to get other supports, apparently, in order to get their funding to be released, even though they think they have more money than God. So what are you doing to help them move their funding for these smaller organizations? Like, for Adama and for [inaudible] and everybody else?

DIRECTOR SCHAEFFER: So, we're constantly working with them. We have--

COUNCIL MEMBER BREWER: [interposing] I don't know what that-- translate, translate.

DIRECTOR SCHAEFFER: I mean, that's what we can say. We're working with them at all times to see if there's other philanthropy--

COMMISSIONER CASTRO: [interposing] You can say we're getting closer, closer than ever, and so we-- director and Schaeffer and I recently met with the philanthropies. So it's Robin Hood and New York Community Trust--

1 COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 175
2 COUNCIL MEMBER BREWER: [interposing] I
3 know.

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COMMISSIONER CASTRO: and a coalition-COUNCIL MEMBER BREWER: I have the whole
list.

COMMISSIONER CASTRO: and so yes, and I spoke at this meeting about the importance of the work that the community root organizations are doing and how important it is, you know, to look at what they're doing.

COUNCIL MEMBER BREWER: Okay. I mean, should ask others to push, but [inaudible]. faith-based-- I know you've probable talked about it earlier. That's also slower than molasses. You have 50 possibilities, 200 applications, and I don't know, six people who are actually in overnight. with this? I mean, you have -- can we skip the -- I mean, the Fire Department, I understand. They're concerned. We have safety. We had overnights for the last 30 years, and nobody got-- no fires, no problems, no safety, and the mosques are swamped. What are we doing to help the mosques in particular? Maybe you discussed this earlier, I'm sorry I was across the street.

1 COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 176

2 DIRECTOR SCHAEFFER: So, as you know,

3 safety is utmost priority--

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COUNCIL MEMBER BREWER: [interposing] I know, but enough with the safety

DIRECTOR SCHAEFFER: We're trying to be as creative as possible. We've relaxed the restrictions. We've worked with FDNY and DOB. We need to make sure that people in non-traditional spaces are safe. That is the bottom line. So we're working as creatively as possible. If you have ideas on where you want us to focus our creative efforts, we're happy to look into that, but that's sort of why it's moving so slowly, because we need to-- it is under a regulatory screen that--

while you're talking about that, don't close Main
Chan's [sic]. That's the-- I understand that's DSS.
That's not you. But that would help to alleviate
some of these problems, because there are a lot of
African immigrants who are using Main Chan's \$3.7
million dollars. Please do not close it. Is
somebody in touch with the best Chief in the whole
city, Chief Obe who's head of training who speaks all
the dialects? Chief Obe, first woman, African woman

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 177
to be a Chief in the City of New York. She speaks
all the dialects, every single one of them. Are you
in touch with her?

DEPUTY COMMISSIONER CAMARA: I'm not, but she sounds very impressive. Can you introduce us?

COUNCIL MEMBER BREWER: I will.

DEPUTY COMMISSIONER CAMARA: Thank you.

COUNCIL MEMBER BREWER: She works for the New York City Police Department, by the way, and she's head of training, sort of a high job. I'd be glad to introduce you.

DEPUTY COMMISSIONER CAMARA: Thank you.

COUNCIL MEMBER BREWER: And then just finally, the question of how you are supporting people getting jobs. I know that it's been discussed endlessly, but I guess my feeling like everybody else, we have lost 500,000 New Yorkers. If we work hard with the individuals that you are supporting, we could have another 500,000, and that helps us with our population. I assume you're not checking where people are going. I happen to know the family community better. Nobody has any idea if they're going to Idaho, Texas, Queens, or Newark. It's the

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community who have no idea where they're going.

DIRECTOR SCHAEFFER: So, we only know if someone tells us where they're going, but ultimately, just like any New Yorker who leaves the traditional homeless shelter system, we don't track where people are going when they join community, but we are very, very focused on workforce and we're very, very focused on both helping people get the paperwork that they need together to get to the point where they can work, and then also helping them connect to good jobs through SBS, through Department of Labor. Obviously, there's a lot of work to do there, but that is something we're very, very focused on.

COUNCIL MEMBER BREWER: Okay, I will leave that at that. Thank you very much.

CHAIRPERSON AVILÉS: Thank you, Council Member. We understand that Commissioner you have a hard stop at two. I suspect your colleague will stay or is the whole team-- I know you have to go. I've received all the text messages. I want to--

COMMISSIONER CASTRO: [interposing] thank

you.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 179

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CHAIRPERSON AVILÉS: You know, I know you have to go. We have Council Member Rita Joseph. I just want to ask one quick question before you go. How do each of you address equity in this work? And we're seeing disparities, the same disparities this country sees over and over and over and over again. So how are not mimicking the same systemic racism embedded in our policies? How do you as the two of the agencies address these issues? And also, how are you pushing other agencies to do it? I know you're advisory.

commissioner castro: That' an important question. Thank you for asking it. I think, you know, I always stress the importance at MOIA and colleagues in other offices and agencies being community rooted, you know, despite sometimes, you know, meeting with advocates and hearing a lot from them let's say. We need to continue to sustain conversation with them visiting their spaces, neighborhoods, engaging in these conversations, to learn and understand what are the challenges, and they're always evolving, and figuring out how to be as flexible and nimble as possible give in all the constraints we face here in city government, whether

committee on immigration with committee on Hospitals 180 it's, you know, regulation or budgetary. We need to figure out how to best support those groups on the ground that are telling us what they need to see, the changes that they need to see, and you know, I always stress that in our work.

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CHAIRPERSON AVILÉS: So, Commissioner, I thank you, and I know you're going to jump in,
Director, but the Commissioner has to go. So I just want to follow up. Can you give us practical examples of how you have addressed the structural racism that you are seeing playing out? Today, we have seen it where there's disparities. What has you— what has MOIA done structurally to being to address this? I know this a long-time piece of work, so no expectation to solve it, but what practically? Give us two examples of actual tangible addressing structural issues.

COMMISSIONER CASTRO: Well, as you know, so much of our work happens through our nonprofit partners, and when I say let's be in rooted in community I often say, because then that influences how we think about our work and the decisions that we made, whether it's, you know, developing a program or developing a contract, an RFP, and so on. So bringing

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 181
back that information, that learning, to the work is
important whether you're outreach staffer or not. We
need to be close to the community. So, we made
significant changes, and again, not to say that this
is going to address, you know, the issues you've
mentioned, but we've made structural changes to our
We Speak program, our English language learning
program. It had historically been, let's say,
developed for intermediate, high intermediate
students, and we made in the recent in the last
year, significant changes so that it is better suited
for beginner level students in all the curriculum
that was developed used for those newly arrived
immigrant communities and closer to their needs. And
we recently relaunched it. We announced the
partnership with the New York City public libraries
and CBOs to pilot this program. Again, this was
significant because We Speak is an Emmy award-winning
program, you know, looks great, but I didn't think
and others didn't think it was meeting the challenge-
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CHAIRPERSON AVILÉS: [interposing]

Commissioner, has that shift impacted Black migrants?

Has it positively impacted Black migrants?

board, and we keep hearing it's hard, it's complex,

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 183 we're trying, we don't have enough, and I appreciate those efforts without question, 100 percent to the whole team. But you know, we are here to hold standard of dignity for everyone regardless and we are still seeing anti-blackness permeate, and so we're going to keep pushing this until we see everyone receive full dignity no matter -- not -- and I know you're partners in this work. I'd like to recognize Council Member Joseph. Council Member? COUNCIL MEMBER JOSEPH: That's me. Thank you. Good afternoon. I have a couple of questions around TPS. For example, Cameroon, Ethiopia, Somalia, South Sudan and Sudan, of those countries, how many of that population are here and how many have been receiving the legal services? Because I noticed today three things that were highlighted, workforce development, mental health, and legal services. How are you supporting the African communities that are qualified for TPS with support in getting their work permit, and especially having 30-day shelter rules in place, how is that impacting

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DIRECTOR SCHAEFFER: So, we have people from 45 different African countries in our shelter

them in getting their paperwork on time?

system right now. The majority of those folks are not from the countries that you mentioned. The majority of folks from African countries are Senegal, Mauritania, Guinea, and those are our top three.

When— our legal clinic is available to everyone in our shelter system depending on capacity. So we are appointment—based, right? But anybody who comes in and is part of those groups that would be eligible for TPS, we're immediately able to connect them and give them—

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COUNCIL MEMBER JOSEPH: [interposing] How do you identify them? How do you know?

and then we do a-- like, we do a specific assessment of what their needs are. The other thing is that in intake, we start by doing assessments of the pathway that someone came in on, their nationality, and we can also identify them that way. And then during case management we can also refer people when we have open appointments. So we're trying to center their legal pathway as a way of helping people get through these processes.

COUNCIL MEMBER JOSEPH: Is mental health included in that?

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place, right?

DIRECTOR SCHAEFFER: Absolutely, and so what we're doing is trying to get as many bilingual staff as we can for all of our positions so that we can better meet people's needs on all sides of this in every service that we give. We're not perfect, obviously. We're not even--

COUNCIL MEMBER JOSEPH: [interposing] Not even close.

DIRECTOR SCHAEFFER: But we are-- we do at least as the basic, we have Language Line, and then we also have bilingual staff, and on top of that we work with MOIA to bring in other translations if needed.

COUNCIL MEMBER JOSEPH: In-person would be helpful. Language lines don't' work, because we deal with it on a hospital level, and all of that, and in schools. It doesn't work. We have to bring in folks to do the translation at the moment, right? So, I have another question for you. So when you do identify those that may qualify for TPS in those countries that I mentioned, how are you— do you assign them? Do you connect them with work? What are you doing for next steps in term of the work permit, job placement, and even in terms of education? Is

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 187 there any partnership with D79 to make sure they know that there are transfer school available for students, or the 16-- 16 to 21. Are these services being done? Walk me through that, please.

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DIRECTOR SCHAEFFER: Yeah, and just also, one change is that we just finished calling all eligible Ethiopians for TPS that were in our shelter system. So whenever we get an update on the federal policies, we immediately call everyone.

COUNCIL MEMBER JOSEPH: Okay.

when people apply for work, we then refer them to SBS or the Department of Labor to go through either the Workforce One centers or the Department of Labor infrastructure to then be able to help people do whatever services that they have. So sometimes they have ESL. Sometimes they have resume building workshops, and then connect them to the jobs that they have in their databases. We're also piloting other programs. We work with the state on a restaurant workforce development program. We want to build out more workforce development. We're at large. We're doing—we're doing it with nonprofits and sort of in a patchwork way, and so we're trying

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 188 to figure out how to do it more at-large. And then I think that I forgot that last question.

COUNCIL MEMBER JOSEPH: You forgot, okay.

Earlier Commissioner, you spoke about the Haitian

Response Initiative. You said the funding was \$5

million. Can you give me a breakdown as to how many—

the organizations that you allocated and how much

was allocated to each of these groups?

EXECUTIVE DIRECTOR TORTORICI: Thank you,

Council Member Joseph. The Haitian Response

Initiative has received nearly \$5 million in funding

over the course of its life, so since Fiscal 22.

Annually, it's funded at approximately \$1.65 million.

That breaks down to \$100,000 for each of the seven

community-based organizations.

COUNCIL MEMBER JOSEPH: Can you name them for me?

EXECUTIVE DIRECTOR TORTORICI: Of course,

CWHA, Caribbean Women's Heatlh Assocaiton, Diaspora

Community Services, Flamboyan [sic], Haitian American

Community Coalition, Haitian Americans United for

Progress, Haitian Women for Haitian Refugees, Life of

Hope.

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COUNCIL MEMBER JOSEPH: And have these

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word that some of these contracts have not been

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contracts been registered? Because we're getting registered. EXECUTIVE DIRECTOR TORTORICI:

they fall under the Research Foundation for the City University of New York. So they're not registered by the Comptroller, per say. However, we are proceeding with finalization and payout of those contracts.

COUNCIL MEMBER JOSEPH: And what is the timeline for that?

EXECUTIVE DIRECTOR TORTORICI: Four to six weeks.

COUNCIL MEMBER JOSEPH: Four to six week as-- and services have to continue. You see the faces the services have to reach. My question was for D79, are they being referred? Students between 16 to 21, are they being referred to D79?

DIRECTOR SCHAEFFER: So, we have to talk to DYCD. We do have coordination with DOE, but we are working to make sure that our pathways are bigger. We're also looking at Job Corps and the federal program there to make sure that we're connecting eligible 18 to 24-year-olds.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 190

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COUNCIL MEMBER JOSEPH: We have a lot of transfer students. You have older students that are coming into the system, and you also have a lot of SIFE students as well. How are you supporting that if you do come across the students with interrupted formal education?

DIRECTOR SCHAEFFER: So, I'd have to get back to you on that.

COUNCIL MEMBER JOSEPH: Please do. Thank you.

CHAIRPERSON AVILÉS: Thank you so much,

Council Member. So, you know, for the record, I

think it's important to know that we recognize

immigrant providers, immigrant service providers.

Particularly I was noting the four centers, right,

and the ones that are in communities. Obviously, all

these communities are on the front line. All these

providers are on the front line providing services

with dignity and respect, and we thank them for that

work. I think it's important to note that we are—

what we are trying to point out is that we need to

scale up and meet the moment, and there's a

particular community that is slipping through the

cracks and that is not acceptable for any of us. So,

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 191 I hope people understand that this is not about pitting Latino providers against Black-led providers. We are all one people and we are all fighting for dignity, but what we see here is disparate treatment and what we see here is a need to continue to address the challenges in real ways. So I think for the record I want to say thank you to everyone who has been on the ground doing that work, whether you-- I mean, everybody -- Africa is everywhere. We are all from Africa in the end, but this is not to diminish one work or another, but to highlight where we need to do better. So it was important. I know Commissioner, you have to go to your next meeting. We appreciate the time. For the record, as you know, we will follow up because there are a bunch of questions that got waylaid, so that we will expect a response on the record for those questions we were not able to get at in this hearing today, but we thank you and your team for the time and responding. So, you can go.

COMMISSIONER CASTRO: Okay, thank you.

CHAIRPERSON AVILÉS: But Director, you

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can't.

1 COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 192 2 COMMISSIONER CASTRO: Thank you, Chair 3 Avilés. CHAIRPERSON AVILÉS: Because I have a 4 5 couple more questions for you. COMMISSIONER CASTRO: Thank you, Chair. 6 CHAIRPERSON AVILÉS: And I think we're 7 going to -- thank you, Commissioner. I want to-- you 8 got to do your thing. Just for OASO, I just have a couple of questions. So with the new plans to end 10 11 the DocGo contract, is there any plans to push or redirect some of that funding for local organizations 12 13 that do the work, like many in this room? 14 DIRECTOR SCHAEFFER: so, we're focusing 15 on issuing a competitive RFP that anybody can apply for, so that is what we are focusing on right now. 16 17 CHAIRPERSON AVILÉS: So, a competitive 18 RFP, that's going to require people to be contracted 19 vendors. Is there any ideas around getting one agency 20 who could subcontract to the actual vendors on the 21 ground that are providing the services that are 2.2 unfunded at this point? 2.3 DIRECTOR SCHAEFFER: So, I mean, I think we're talking about shelter services. So we're 24

talking about the management of, you know, 28

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 193 shelters, and so we're really focused on figuring out how we can get more nonprofits or resettlement experts involved in that. And so that is what we're really focused on. And I will say that even with DocGo, what they did is they subbed to a lot of nonprofit, especially upstate. A lot of the actual service delivery was done by local nonprofits upstate. So, for instance, a case manager or like a resettlement nonprofit upstate that was doing the work. And so we are really focused on making sure we're, you know, not-- we're giving as-- being as flexible as possible when we issue this RFP so that many different types of organizations can apply and we can kind of identify what makes the most sense.

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CHAIRPERSON AVILÉS: Okay. So what data is being collected at the point of entry into the system and how is the data being protected?

DIRECTOR SCHAEFFER: So, we uphold the privacy here really intensely because we know how sensitive this information is, especially around immigration. We have a lot of data lawyers that are involved in every part of this. Lot, a lot of conversations, but we really do focus on trying to get the start of our case management. So, very basic

information that will help us understand and identify a pathway. So we really focus on how did you get here, so we have a better sense of people's journeys. What country are you from? What's your primary language? What are your very basic needs? And sort of where— so that we can start identifying what we need to do move forward with you.

CHAIRPERSON AVILÉS: And so does OASO have a breakdown of how many asylum applications have been filed by country of origin?

 $\label{eq:decomposition} \mbox{DIRECTOR SCHAEFFER: WE have to get back}$ to you on that.

CHAIRPERSON AVILÉS: Okay. And in terms of-- what legal screenings, referrals, and culturally-competent legal services are available to Black, LGBTQIA and immigrant New Yorkers are the asylum application help center?

application help center, we really focused on asylum, TPS, work permits, and a small, small pilot of SIG [sic], and we give that to anybody who wants it, like who needs it. It's appointment-based, as you know, and it's really focused on folks from our shelters.

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CHAIRPERSON AVILÉS: And so how is OASO ensuring that this community of asylum-seekers are putting forth the strongest possible claims?

DIRECTOR SCHAEFFER: So, we-- again, we

have in-person translators, not for every language, but we have in-person translators at our asylum application help center, and we work with every single individual and every single household to ensure that we can help them figure out the best claim for themselves. And we do a screening beforehand. So maybe asylum doesn't make sense for a specific household or an individual, and we make sure that asylum is the path that they want to go down before we even start that process.

CHAIRPERSON AVILÉS: And in terms of -- I think you just started to actually answer this question. In terms of -- what other forms of immigration relief does the help center screen for for noncitizens?

DIRECTOR SCHAEFFER: So, it's the four that I mentioned. We also do motions to change We do very-- we do a couple of the other smaller filings, but majority of what we do is asylum TPS work permits.

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CHAIRPERSON AVILÉS: So, like all noncitizens navigating the asylum application process, as you know, Black immigrant newcomers could benefit from culturally-competent application assistance from legal reps with country condition expertise. Many Black immigrant newcomers from Mauritania have fled the threat of slavery and other significant human rights abuses. The governments of several African countries have targeted and criminalized LGBTQIA+ communities. to make the strongest case for their colorable [sic] asylum claims, asylum-seekers who have escaped governmentled, government-sanctioned persecution in their countries and native origin need legal services and wrap-around support including long-term full legal representation. What is the Administration's plan to ensure that once an individual has submitted these asylum applications that they will have access to these services and support?

DIRECTOR SCHAEFFER: so, we're working with our colleagues on MOIA on what the long-term landscape for this. We've been really focused on what we can do on a high-volume way to make sure that we set every single person up for success as quickly

as possible, which is why we opened the asylum application help center. But I can defer to my colleague Tom if there's anything else you'd want to say. We're currently making those plans.

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CHAIRPERSON AVILÉS: Is there a timeframe that we can expect the plan to be produced?

DIRECTOR SCHAEFFER: Not a specific timeframe. This is something we're actively working on. I don't know, Tom, if you have anything that you want to share about the work that MOIA's doing.

share a bit about the asylum-seeker legal assistance network which has been funded in Fiscal 23 and 24 which is a complement to the asylum application help center in that it's community-rooted. It funds nonprofits, including African Services Committee, the Pro Se Plus Project, and African Communities

Together, Lutheran Social Services and others. And so what they're doing is training community-based organization staff who speak the languages of their clients and the people in their immediate neighborhoods to provide application support, mostly pro se, and certain critical cases, it gets escalated. And then cases are also referred to other

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 198 city contracts that provide full representation such as Immigrant Opportunities Initiative and others. Our OASO [sic] providers are also currently preparing country condition packets, which applicants can use to support their asylum applications by country. I'm beginning to listen them on their website. the Pro Se Plus Project doing that, and just recently held a training with members of ACT, staff members and others in the community to help begin to build the broader capacity of folks that speak the languages of migrants who are arriving to do this The capacity building and the immigration legal field, it needs to be intentional and it needs to be long-term, and we are certainly focused on that.

CHAIRPERSON AVILÉS: Thank you. In terms of when folks are submit-- we understand that it's a one-shot deal. You come in, you do your application, the application gets sent out. And we talked about this I think at the last hearing. How is OASO ensuring that these are quality applications, given all the challenges that we hear about? Number one, Language Line, not having-- I don't know what

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 199
percentage of the applications are being done with
just telephonic interpreters or Language Line.

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DIRECTOR SCHAEFFER: So, I-- we were working on this, and I'm delightfully-- I'm excited to say that we do in-person translation of any language at this point in our asylum application help center. So, we have on-site live interpretation. The-- as I've mentioned before, there's a lot of layers of review. So we have the asylum application helper, and then we have a supervisor and another supervisor that looks over our applications. gotten really good feedback from DOJ and from judges who've seen our applications. We can-- like, if there's any concerns that people have, we look at people's applications again, but we've been trying to hold a -- we've been trying to make sure that our applications are high-quality.

CHAIRPERSON AVILÉS: I appreciate that.

And you know, I think we're going to see the step two of this process, which is preparing for and adversarial setting where you're going to have to again prove and maybe remember what was in those applications a year ago. And so I guess it gets to the legal question of how we are planning to build

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 200 2 up. So, we'd be eager to see what the actual plan is 3 of how we are going to meet the next step of this 4 process. EXECUTIVE DIRECTOR TORTORICI: Chair, if I 6 may? 7 CHAIRPERSON AVILÉS: Yes, yes. EXECUTIVE DIRECTOR TORTORICI: it's 8 9 happening already. It's beginning to happen in a greater scale under the asylum-seeker legal 10 11 assistance network, essentially, training 12 individuals, pro se respondents to represent 13 themselves in court when they have to if they don't have an attorney. And it's not because, you know, 14 that's the ideal, but it's because of the limited 15 legal capacity, the necessity. So if folks are going 16 17 to represent themselves they should know how to 18 present before the court and how to effectively state 19 their claim. So those trainings are beginning now. 20 CHAIRPERSON AVILÉS: Thank you. Doctor 21 Aissata, I know you have to leave, but I'd love for 2.2 you to offer any last words. 2.3 DEPUTY COMMISSIONER CAMARA: Yeah, thank you so much, Chairs. It's been really incredible to 24

be in this room with the community and to again

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 201 emphasize our commitment as an Administration to the Black immigrants. You have a representation there. It's me, but you also have many others in the Administration including my brother Ahmed [sp?] who has worked with me as an activist for many years. So, please know that we are going to be collaborating with our colleagues to make sure that the voices of Black migrants are not forgotten, but also I have the honor to be able to represent the Administration to the African community, and that's something that I personally take very seriously. So we are committed to helping this community, because we are them, and we know that they are here to provide support and they're here to actually help improve our city. thank you for bringing all of us together. To Adama and everybody else, we heard you. Your voices are not being ignored. We are committed to you, and that's why the Mayor actually put me in this position. thank you. I'm sorry that I have to go to [inaudible]

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CHAIRPERSON AVILÉS: No, we appreciate you being here, and you know, I think we have to give credit where credit is due, so I appreciate the Mayor has put you in this position. I think what we want to

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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     see is equitable funding for this community. What
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     you have seen today is inequitable funding and
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     treatment and so we will partner with you--
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                DEPUTY COMMISSIONER CAMARA: [interposing]
     Thank you.
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                CHAIRPERSON AVILÉS: to continue to
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     demand that we see the money.
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                DEPUTY COMMISSIONER CAMARA: Right.
     welcome that partnership, and we welcome your voice
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     in calling for TPS and the right to work.
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                CHAIRPERSON AVILÉS: Absolutely.
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                DEPUTY COMMISSIONER CAMARA: Because that
     is really what our community needs.
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                CHAIRPERSON AVILÉS: Absolutely.
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                DEPUTY COMMISSIONER CAMARA: thank you
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     again, and apologies for having to leave.
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                CHAIRPERSON AVILÉS: Thank you. No, no,
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    we appreciate you.
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                DEPUTY COMMISSIONER CAMARA: Thank you.
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                CHAIRPERSON AVILÉS: One more question
     and then we're going to go to public testimony. This
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     is about food, huge issue. What percentage of the
     contracts for food are being dedicated to halal
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meals?

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DIRECTOR SCHAEFFER: So, every shelter-
do DHS, Department of Homeless Services, you can

request a halal meal at your shelter. Every other

shelter has it built-in to their actual day-to-day

service delivery. I've heard issues, so if you have

specific issues in specific shelters, let me know. We

can look into it.

CHAIRPERSON AVILÉS: So, we heard the mosque is— was feeding thousands of people unfunded, on community, and obviously I know your purview is only those shelters, but there is a desperate need for our city to be able to fund halal food distribution in many, many locations. We will continue to keep you posted, but there is an enormous gap there that needs to be met. I keep saying the last question. In terms of— you've heard that congregate settings are inconsistent with faith practices of many Black immigrant newcomers. What are the Administration's plans to accommodate these different faith practices within the shelter system?

DIRECTOR SCHAEFFER: So, we've had to open 220 sites in the last two years and service more than 190,000 migrants. I will say that we have really tried to make sure that we have prayer rooms

that we're bringing in faith leaders. Especially we had— we had some events at Randall's last week— or not last week, two weeks ago with an Iman to make sure that people have access to faith, and we're really trying to make sure that people have access to bins to clean their feet and hands. So we're really trying to incorporate the practices of individuals into the actual shelters.

CHAIRPERSON NARCISSE: As I'm hearing this, are you connecting, trying to connect the folks that you're serving to the community organization that providing workshop services as well? Like, elected official, too, because City Council is in every—you have 51 Council Members, are you connecting them for some basic, you know, needs that they may have? You are providing those kind of information?

DIRECTOR SCHAEFFER: So, we are trying to build out networks for each shelter. If you have specific groups that you think we should connect to for specific shelters, we're happy to do it. I will say that a lot of the times there's a capacity issue with local nonprofits. So we have been trying to be

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 205 very deliberate about the kinds of resources in the community that we direct people to.

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CHAIRPERSON NARCISSE: Thank you. For me,

I make it personal. I go to the shelter myself

trying to-- there's people in need. People have just

arrived. They just want their foot on the ground.

And if we can't do our part very well, and like my

colleague just mentioned, it's the equity. We

looking for fairness. We give them people a start,

and it's not about like this migrant-- we're not

pinning anyone against each other, but we realize

Black migrant been kind of like on the lower end of

the stick.

think we would like to move forward with public testimony. I want to thank all the members and staff members who are here. And before I-- I guess that's it. I'm sorry. It's called no food. I should not be complaining. Yeah, I guess with that we will close the Administration's testimony and move on to public, the public testimony. But first we're going to call on Senator Cordell Cleare who we have on Zoom, and then we will be calling the first panel. And of course, you can go.

3 CHAIRPERSON AVILÉS: Thank you. Thank 4 you so much. So, now I open the hearing for public testimony. I remind members of the public that this 5 is a formal government proceeding and that decorum 6 7 shall be observed at all times. As such, members of 8 the public shall remain silent. The witness table is reserved for the people who wish to testify. Please no video recording or photography is allowed at the 10 11 witness table. Further, members of the public may 12 not present audio or video recordings as testimony, 13 but may submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing period. 14 15 If you wish to speak at today's hearing, please fill 16 out an appearance card with the Sergeant at Arms and 17 wait to be recognized. When recognized, you will 18 have two minutes to speak on today's hearing topics. If you have a written statement or additional written 19 20 testimony you wish to submit for the record please 21 provide a copy of that testimony to the Sergeant at 2.2 Arms. You may also email written testimony to 2.3 testimony@council.nyc.gov within 72 hours of this

hearing. Audio and video recordings will not be

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 207 accepted. And with that, we'd like to turn it over to Senator Cleare.

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SENATOR CORDELL CLEARE: Good afternoon. Can you hear me?

CHAIRPERSON AVILÉS: Good afternoon. We can hear you, Senator.

SENATOR CORDELL CLEARE: Thank you. Good afternoon. I'm New York State Cordell Cleare, proudly representing the communities of Harlem, West Harlem, a large portion of East Harlem, El Bario, a small portion of Washington Heights and the Upper West Side. And I just want to thank Chair Avilés and the members of the New York City Council Committee on Immigration. I commend you for addressing the incredibly important issue of the experiences of Black migrants in New York City. It's been well over two years now that we've been addressing the influx of West African migrants in Harlem, which has largely been an invisible crisis. We have encountered primarily young men from West African countries who have different food, different dialects, different languages, different religious and cultural needs other than some other migrant populations in the district. In my district I have dozens -- hundreds of

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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African migrants who are eager to work and learn.
We've held numerous community events, coat drives and
giveaways, distributed toys, supplies, even multiple-
- even taking multiple community surveys, as well as
the all-important task of feeding thousands and
connecting them to groups and organizations who can
help them support all aspects of daily living. As it
specifically relates to Introductions 84, 85, 739,
and Resolution 340, I am in complete support.
surveys are an invaluable tool and one that my office
has used to better understand the needs of African
migrants and certainly based upon the over 700
surveys we have collected, a focus on economic,
workforce, health, and mental health needs is
incredibly important. In our first community survey
of over 300 individuals we learned the following:
the average age of our respondents was 28 years old.
They were almost 88 percent male.
                                   The great majority
identified their country of origin as Guinea or
Senegal.
           SERGEANT AT ARMS:
                              Time's expired.
           SENATOR CORDELL CLEARE: Furthermore, 77
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percent of the respondents spoke French as the

primary language, and 53 percent spoke Wolof or Pular

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 209 as their secondary language. Since 2022 I've repeatedly advocated with the President Biden, Majority Leader Schumer, Governor Hochul, and Mayor Adams to provide and encourage the provision of TPS for our African asylum-seekers, and also to fund, food, housing, and language programs, primarily administered by West African and African mosques to ensure that the language and education services are offered in language-appropriate languages and religious-appropriate meals are provided. In fact, in February we brought hundreds of asylum-seekers to Albany during caucus weekend to plead our case for more funding in the state budget. I assure you I'm in your partner and working tirelessly to drive those funds to our mosques. One of the greatest problems, the City has a program where our mosques who are sleeping individuals because they have no place else to sleep are trying to qualify for the funds that are available to help them with that. However, many of them can't get past the building code issues, and I have been speaking to MOIA and the Mayor's Office about making sure that our mosques can get those code violations taken care of so that they can provide the space for our migrants to shelter. Again, I continue

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to seek money on all levels, city, state and federal.

I believe today's hearing can only help our shared
cause as we continue to fight for equity and fairness
for Black migrants in New York City. I appreciate
all the efforts, all the testimony that I've been
able to listen to form all of the advocates and all
the work that's being done. Please consider me a
partner in all your efforts moving forward. Thank
you.

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CHAIRPERSON AVILÉS: Thank you so much,

Senator. And now we will move to the first in-person

panel. Amaha Kassa, Abdoul Gadiri, Fatoumata-- I'm

so sorry. I hope your ancestors forgive me-- Diallo,

Maimouna Dieye, and Melissa Johnson. Okay, so we

will have-- Melissa, we'll have you join in the next

panel. [inaudible] Yes, please join this panel.

Thank you. Thank you all for your patience and many

hours. I'm eager to hear your testimony. Please.

AMAHA KASSA: Thank you, Chairperson

Avilés. Thank you, Chairperson Narcisse and all the members. We've heard a lot about issues and policy problems and policy solutions, but I want to just take a moment to reflect on the people question.

This morning, 2-3,000 predominantly West African

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 211 Black migrants came to City Hall seeking what every person in this city and this country and the world is seeking, an opportunity, freedom, safety, housing, a job, a dignified job, and just the opportune -- fair share of public services without discrimination. And I want to thank you for creating the platform. Council Member, I want to thank you particularly for coming outside to address people. If we can't bring people into City Hall, we need to bring City Hall out to address the people. I'm going to speak to just a part of the challenges that our fellow Black migrants organizations laid out. I really want to recognize the other organizations that made today happen, particularly I want to recognize Adama Bah and Afrikana, also our sister Seydi Sarr, Doctor Seydi Sarr with ABISA, and Patrice Lawrence with the UndocuBlack Network. And I want to say you've heard our name a few times and how we're getting some funding from Action NYC, from Immigrant Navigator Network and others. What that adds up to is about a three-person service delivery team and a three-person legal team, which is less than the size of a department in many of the larger providers.

nonetheless, we have something like 300 people walk

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
                                                  212
through our door on a monthly basis and have
registered over 10,000, 10,200 individual contacts,
not counting necessarily family members of West
Africans since the arrival of -- shall I conclude?
So, I think in terms of solutions, we need to make
contracts more accessible to smaller organizations
that are close to the ground.
                               That includes
organizations like Afrikana, Gambian Youth
Organization. We need to reduce some of those
hurdles. We need to make funding available to our
mosques for needed repairs and maintenance, and we
need to restore over the $5 million in funding that
was dedicated to the language services workforce that
was a part of the Fiscal Year 23 budget.
reduced to $3.9 million, and unfortunately was
sunsetted [sic] in the FY24 budget. We would be
having a very different conversation bout language
access and language justice if that funding had been
maintained and if it is now restored I think we'll be
in an excellent place to move forward. I'll stop and
encourage the other members of our panel to speak.
But thank you again. Yeah, I think [inaudible].
           CHAIRPERSON AVILÉS: So, as we move on, I
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just want you to know we will have a two-minute clock

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committee on immigration with committee on Hospitals 213 and so as we get closer, just pay attention and we'll-- just because we want-- we have a lot of public testimony. We want to hear everyone's voices, but thank you.

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MAIMOUNA DIEYE: Good afternoon, Council Member Avilés for holding this hearing. My name is Maimouna Dieye. I'm the Program Manager at African Communities together where I lead our language access programs. At ACT I supervise the incubation of our recently launched language services worker cooperative, AfriLingual. African Communities Together, as you know, is an organization of African immigrants, and we empower our community members to integrate socially and get ahead economically and engage civically. On behalf of ACT I would first like to applaud and thank the Council for their major accomplishment in prioritizing language access for our immigrant New Yorkers in allocating funding for FY 23 that Amaha just mentioned for the establishment of worker-owned language cooperatives. So thank you for your advocacy and leadership in combatting the barriers that immigrant New Yorkers face in accessing city services. As you've heard throughout today's hearing, language access is one of the biggest

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 214 barriers affecting Black immigrant communities here in New York. Many recent arrivals in the City are Black migrants, many of whom are Africans who speak languages of limited diffusion, and this group faces the greatest language barrier because they are underserved -- I mean, as a result of that, they are underserved and they encounter racial disparities in accessing critical and vital city services. In fact, advocates have voiced concern that language barrier may exacerbate the lack of support that the Black migrants are receiving form the City, and the sad reality is that Black migrants who do not speak English or Spanish are vulnerable and they are being left out. So, our organizing and navigation team at ACT who work directly with the African migrants, they have notices the lack of language access in a lot of city social and legal services. Many of them have seen firsthand how the African migrants in emergency shelters are not informed in their preferred languages about their rights as asylum-seekers or about how to access critical information, then leaving them vulnerable. African Communities Together incubated our co-op in 2023, in August 2023, and the co-op has participated in providing language

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 215
translation and interpretation services in French and
many African languages, helping many of our community
members who are in need of services to access
services in their own languages, and we want that
funding to be reallocated again for our community to
continue the work that we've been doing. Thank you.

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CHAIRPERSON AVILÉS: Thank you so much.

NNEKA OKPARA: Good morning, Council. My name is Nneka Okpara and I'm the Black Immigrants Initiatives Fellow with Immigrant ARC, as well as a practicing asylum attorney at Immigration Law and Justice New York. Immigrant ARC is a coalition of over 80 member organizations that provides legal services throughout the state of New York and our mission is to increase access to justice and access to legal counsel for immigrant New Yorkers by mobilizing New York's legal service providers. as you've heard and will continue to hear throughout testimony given today, there's an overwhelming need for greater access to legal resource and representation for the incoming Black migrants in New York City and there's a lack of adequate language access for Black migrant languages such as interpreters and translators for legal services

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 216
amongst many other issues. And interest of keeping
my testimony brief today, I just wanted to list a few
of the funding asks that Immigrant ARC is submitting
to the Council. Immigrant ARC is urging that the
City fund long-term immigration legal services and
support the Council's call for the Mayor to restore
the funding cuts and allocate an additional \$50
million for immigration legal services which includes
investing in \$58 million for immigration legal
services, investing an additional \$50 million to
support emergency immigration legal services. And
lastly, at the moment, Immigrant ARC in conjunction
with the Language Justice Coalition comprised of ACT,
NYIC, MASA, and Asian American Federation, we're
currently designing a pilot program to institute an
interpreter bank that would be housed by I-ARC which
would allow legal service providers currently within
I-ARC's member organizations to access Black
immigrant languages amongst other languages to enable
a more extensive and comprehensive representation of
clients, and we ask that the City commit to funding
this initiative in the amount of \$2 million. Thank
you.

CHAIRPERSON AVILÉS: Thank you.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                                                       217
 2
                ABDOUL GADIRI: [speaking French]
 3
                UNIDENTIFIED: Chairperson, do you want
 4
    us to translate or-- [inaudible] Oh, no, okay.
                CHAIRPERSON AVILÉS: She--
 5
 6
                UNIDENTIFIED: Okay.
 7
                ABDOUL GADIRI: [speaking French]
                TRANSLATOR: My name is--
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                ABDOUL GADIRI: Abdoul Gadiri.
                TRANSLATOR: Abdoul Gadiri. I come from
10
11
     Guinea [inaudible].
12
                ABDOUL GADIRI: [speaking French]
13
                TRANSLATOR: I'm here for political
14
     reasons.
15
                ABDOUL GADIRI: [speaking French]
                TRANSLATOR: I was a prisoner in my
16
17
     country and that's why I fled here.
18
                ABDOUL GADIRI: [speaking French]
19
                TRANSLATOR: And I've had a lot of
20
     difficulties since arriving in New York City.
21
                ABDOUL GADIRI: [speaking French]
2.2
                TRANSLATOR: I have difficulty in finding
23
     lodging.
                ABDOUL GADIRI: [speaking French]
24
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TRANSLATOR: I've had health problems.

are counting on me to let you know.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                                                        219
                CHAIRPERSON AVILÉS: You can have more
 2
 3
    time if you need it, given interpretation.
                TRANSLATOR: [speaking French]
 4
                CHAIRPERSON AVILÉS: If there's anything
 5
     else you'd like to say.
 6
 7
                TRANSLATOR: [speaking French]
 8
                ABDOUL GADIRI: [speaking French]
 9
                TRANSLATOR:
                             I'm going to let my
10
     colleague speak next.
11
                ABDOUL GADIRI: [speaking French]
12
                             I would like to thank all
                TRANSLATOR:
13
     the humanitarian organizations that are helping
14
     migrants who are here today, and it's really
15
     important the work you're doing for us.
16
                CHAIRPERSON AVILÉS: Thank you.
17
                BATOUNA: [speaking French]
18
                TRANSLATOR: My name is Batouna [sic]. I
19
     am also from Guinea Conakry.
20
                BATOUNA: [speaking French]
21
                TRANSLATOR: I also fled the dangerous
     conditions in Guinea.
2.2
23
                BATOUNA: [speaking French]
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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 220
2	TRANSLATOR: I had to cross through eight
3	countries to successfully end up in the United
4	States.
5	BATOUNA: [speaking French]
6	TRANSLATOR: There were a lot of dangers
7	along the way.
8	BATOUNA: [speaking French]
9	TRANSLATOR: There was a lot of rape and
10	assault, a lot of starvation and illness.
11	BATOUNA: [speaking French]
12	TRANSLATOR: There are people who arrived
13	here pregnant, not by choice.
14	BATOUNA: [speaking French]
15	TRANSLATOR: So, and then when we finally
16	got here, everybody said welcome to the United States
17	and immediately marginalized us.
18	BATOUNA: [speaking French]
19	TRANSLATOR: We don't have legal
20	representation. We don't have a place to live.
21	BATOUNA: [speaking French]
22	TRANSLATOR: And we don't have medical
23	insurance so we can't get care.
24	BATOUNA: [speaking French]

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 221 2 TRANSLATOR: So, we're begging you as the 3 American authorities. 4 BATOUNA: [speaking French] TRANSLATOR: So, would you please shorten 5 the 150 days it takes to get a work permit? 6 7 BATOUNA: [speaking French] TRANSLATOR: We do not want to be a 8 9 burden on the government. We want to be independent. We want to be self-supporting. Please help us 10 11 achieve that goal. 12 BATOUNA: [speaking French] TRANSLATOR: We would love to contribute 13 14 to your country's economy. 15 BATOUNA: [speaking French] Thank you very much. 16 TRANSLATOR: 17 CHAIRPERSON AVILÉS: Thank you. Thank 18 you so much. I guess two things: we will fight for 19 TPS. Unfortunately, we don't control that at the 20 city level. 21 BATOUNA: [speaking French] CHAIRPERSON AVILÉS: But you mentioned 2.2 23 other ways that our city should be stepping in to meet the needs, so our intention is to continue to 24 meet those needs with dignity. 25

2 TRANSLATOR: [speaking French]

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CHAIRPERSON AVILÉS: Thank you all.

Thank you all for your testimony and thank you for the work you do on a daily basis. And for the next in-person panel we'll have Doctor Seydi, Fatimatou Balde, Diallo Fatimata, Mamadou Toupe. I just want to remind everyone if you have not filled out a witness slip and you would like to provide public testimony, please do that. It's one of these. The Sergeant at Arms will collect it. Doctor Seydi we can begin with you. Thank you.

DOCTOR SEYDI SARR: Yes, salaam alaikum, everyone. Good afternoon. Thank you for all the effort that was made today and thank you for still being here. So, I am the Founding Director of the African Bureau for Immigration and Social Affairs. And I apologize for having made all those faces while the other testimony was going on, but I could not help it. So, Amaha just said it. when we started in 2019, having houses of worship hosting migrant, their collaborative actually provided language access onsite, because we were triaging people on a daily basis, and Amaha with African Communities Together had somebody twice a day that would sit for four

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 223 hours a day and they would pay for it so we can figure out what the needs were. So when it comes to language access it's not about not having a model. And when the folks talk about oh, they need to be certified. We know who works for Language Line and Language Line is not certifying those people. So you cannot just tell us oh, they need to be certified, when if I wanted to be a Language Line worker, I If Language Line don't work, it's because it doesn't work for people like me or somebody else who knows the language and who don't have all the time or whether they are being paid enough for them to stay over the phone. So when you can't have Malinke or you don't have Pular, or you don't have Wolof, it's for a reason. The community here is skilled, but the community needs to be paid properly and equitably, and if you use a collaborative like the one that ACT have, we already know that the service is there. They are employing folks that are credible exists. in the community and we know that that works. folks [inaudible] need to take their guidance from the community who is already doing the work. On the side of--

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Continue.

DOCTOR SEYDI SARR: On the side of legal access, Catholic Charities have, for example, process a lot of people with the pro se applications. the lawyers in New York was like this is not going to work. Why? Example, you go to Catholic Charities, you get your asylum application in before your master They don't represent you at the master hearing. hearing. When you go to your master hearing, the judge understand that you don't have lawyer. judge holds your clock. So this asylum application that was now in the system should take 150 days. Now, because your clock for the 150 days was hold because of a lack of representation. Here you have somebody who effectively applied and who is going to wait more than seven months until they are able to pay for a So those small kinks really need to be lawyer. addressed, and saying over and over we're talking about it, we're figuring it out for the last two years, it is not acceptable. And I just wanted to flag those two things, but everything else that we are seeing as hurdle are muddling the same conversation. Organization have stepped in on day

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 225
one because we didn't want to see our people in the
street, and we saw them in the street anyway, and
that was painful, and it's a fact which we cannot go
over. But I believe that there need to be more
coordinated effort for the one who are on the ground
to ensure that funding is done properly, and that
communities are not being gas lit when they are
saying hey, we have people here that need support,
and this is how we need to support them. Because
folks who are closer to the issues are closer to the
solution. And all the organizations that we've
talked about today here are from this community. We
are the communities [sic] that we serve, because we
are also impacted as they are. Thank you for your
time.

CHAIRPERSON AVILÉS: Thank you. And again, thank you for all the work that you have been doing, and even today above and beyond as usual. I appreciate your testimony.

DOCTOR SEYDI SARR: Thank you.

MAMADOU TOUPE: [speaking different

23 language]

TRANSLATOR: Good afternoon everyone.

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 227
2	TRANSLATOR: We're here. We can't work.
3	We don't speak the language. We don't have access to
4	work, and we're just sitting here wasting.
5	MAMADOU TOUPE: [speaking different
6	language]
7	TRANSLATOR: That's all I wanted to say.
8	MAMADOU TOUPE: [speaking different
9	language]
10	TRANSLATOR: My name is Mamadou Toupe.
11	CHAIRPERSON AVILÉS: You read my mind.
12	MAMADOU TOUPE: [speaking other language]
13	TRANSLATOR: [inaudible]
14	MAMADOU TOUPE: [speaking other language]
15	TRANSLATOR: [inaudible]
16	MAMADOU TOUPE: [speaking other language]
17	TRANSLATOR: Me too, I live at the
18	shelter with my kids.
19	CHAIRPERSON AVILÉS: Can I ask you to
20	speak louder and into the microphone?
21	TRANSLATOR: Yes. Me too, I stay at the
22	shelter with my kids.
23	FATIMATA DIALLO: [speaking other
24	language]

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                                                        228
 2
                TRANSLATOR: I have my two kids and a
 3
    sister of mine.
 4
                FATIMATA DIALLO: [speaking other
 5
     language]
                TRANSLATOR: But at the shelter, the
 6
 7
    food, my kids cannot eat the food at the shelter.
                FATIMATA DIALLO: [speaking other
 8
 9
    language]
10
                TRANSLATOR: And around Ramadan time we
11
    couldn't eat, because when you come back for the
12
    breaks, the food is no good at all.
13
                FATIMATA DIALLO: [speaking other
14
    language]
15
                TRANSLATOR: And they give us two months
16
    to stay at the shelter and then you have to go out
17
     again with your luggage and the kids and find another
    place. It's very difficult.
18
19
                FATIMATA DIALLO: [speaking other
20
    language]
                TRANSLATOR: And also I have a kid that
21
    is like 18 to 19. Until now he doesn't have no
2.2
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     school.
24
                FATIMATA DIALLO: [speaking other
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language]

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 229
2	TRANSLATOR: So, please help us.
3	FATIMATA DIALLO: Thank you.
4	CHAIRPERSON AVILÉS: Yeah, thank you.
5	Merci, thank you. Can you state your name for the
6	record?
7	TRANSLATOR: [speaking other language]
8	FATIMATA DIALLO: Fatimata [inaudible]
9	Diallo.
10	TRANSLATOR: Yes, my name if Fatimata
11	[inaudible] Diallo.
12	CHAIRPERSON AVILÉS: Merci.
13	FANTA DOUMIBA: [speaking other language]
14	TRANSLATOR: My name is Fanta Doumbia
15	[sic]. I run from my country.
16	FANTA DOUMIBA: [speaking other language]
17	TRANSLATOR: So, we run all over and then
18	from all these countries to come to the United States
19	because I didn't want them to circumcise my daughter.
20	FANTA DOUMIBA: [speaking other language]
21	TRANSLATOR: So, since we here, we run
22	with a lot of difficulties, so such like the working
23	permit, and we also have a problem at the shelters.
24	FANTA DOUMIBA: [speaking other language]

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 230

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TRANSLATOR: So, we really need to work so that we could help the country, too.

FANTA DOUMIBA: [speaking other language]

TRANSLATOR: So, it's that [sic].

CHAIRPERSON AVILÉS: Thank you. Thank you so much.

TRANSLATOR: [speaking other language]

AMADOU DIALLO: Good afternoon. So my name is Amadou Diallo. I came from Guinea Conakry. So, I'm here to try to speak this language English to show you, so everything is possible. In my country the time I go to school. Since that time, so I have to try-- I can try to speak this language, English. That's why, because since I was here I see the importance given the way I came, the language can't help me too much. So before I waste your time here, let me try my best. Okay, so my [inaudible] me I'm very happy and I know many people from outside, when they had the way you can talk from here, they will be happy. Because you say the very important things from here. Me I was up here. So, the reason-accept you say we have to come and tell you some-explain our problem. That's why even the time I read my name here, I tell him to write English and French.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
                                                  231
I'm able to speak French really, but this language,
English, is what I tell you. You see I can try.
Even this time I'm going to the school for the
[inaudible]. For this country, since I was here, you
talk about Adama [inaudible]. We are very happy
about Adama.
              That [inaudible] very good important
[inaudible] for the West African people. And another
person come here, he talk about the mosque, for the
people who stay at the mosque. That also is
[inaudible] because I am in Bronx [sic], I know. So,
you see all here why, because we, the people from
West Africa, if you some -- if you were from another
place, it's not necessary to say anything here.
you can say many things here. It is true.
see like five people here just like me, I'm a
Guinean. You can see Senegal here. You can see
Mauritanian, and you can see other tribes, the other
tribes [inaudible] like me, Guinean and Senegali, the
other people. Just like we are not the same.
African people can speak English and we can try.
understand? So by that way, you have to do that
favor for us very well, because you tell them-- you
give them [inaudible] from here. I'm very happy for
that, really. So people also, we are very happy for
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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 232 So, our problem from here, they say all-- our problem is about the working, the work. This is a big problem for us. Just like me, I have one wife, four children. So, since I was here, I do my asylum, but I don't have lawyer. So I have appointment in July. This is a big problem for me. You see? this is the first problem. The second, so when it is possible to help us about this working permit it's very important for us, because many, many, many people-- you are not able to see all. But really, no we suffer. Really we suffer about food. We suffer We are suffering about many things. about work. since I was this-- I worked with this schools the Massey [sic] Center, it is for 149 [sic] across from Langone Hospital. This organization, they are very good. Because I see different type from there, Senegali, Guinean, Mauritanian, they will help them about the asylum. Even me, I have seven months. never do the asylum. They are the one who help me about asylum. Since maybe yesterday or day before yesterday, maybe they don't bring it, you see? try. Oh, I don't have it. So, that's why I have a big problem, and many, many, many people have the likes of me. So why I try to speak this language, I

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 233 want to assure you we are able to do, because me [inaudible]. So I speak French very well since I was here. And I try-- I know I can try my best. I do my best.

CHAIRPERSON AVILÉS: Mr. Amadou, you do amazing. Unfortunately, we are out of time and we have many, many other people who want to testify.

AMADOU DIALLO: yes.

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CHAIRPERSON AVILÉS: So, I thank you for
- I know you are capable, much better than I, of

learning another language, and I thank you for your

patience and being here. I think if you would like

to submit further testimony, we'd be happy to receive

it, but I thank you for all the work that you've done

and for telling us and sharing-- for all of the

panelists for sharing your experience here.

AMADOU DIALLO: Okay.

CHAIRPERSON AVILÉS: We want to be a welcoming beautiful New York.

AMADOU DIALLO: So, I'm ready. Just like me, my problem and the other people is about the lawyer, because I have appointment in July. So that's why I came. When we have-- when I have the opportunity it's very important for me and the other

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                                                       234
2
    people, many, many, many people, about the food,
3
    about [inaudible] just like these people can say it
4
     [inaudible]. It is very difficult to [inaudible] you.
    You ask these people who move from there right now,
    you ask them two questions, very important. Really,
6
7
    I was there. I'm very happy about you. God bless
8
    you. God bless America. Really, I [inaudible]
    because you give them a real question. They answer,
    but it is not the answer. Yeah. Thank you so much.
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11
                CHAIRPERSON AVILÉS: Thank you.
12
    you. We're going to call the next panel.
                                                Thank you
13
    so much. We're going to call the next panel. Thierno
    Sandior [sic] Diallo? Abdourahame Diallo?
14
15
    sorry. Mamadou Diallo? Mamadou Bello Bah?
16
    Johnson, Melissa. I thought we called -- and Julio
17
    Herrera. Okay, thank you. Melissa would you like to
18
    start? Or we'll start on this side. Thank you.
19
                ABDOURAHAME DIALLO: As Salaam Alaikum.
                TRANSLATOR: As-salaam Alaikum.
20
21
                ABDOURAHAME DIALLO: [speaking other
2.2
    language]
23
                             I say hi to everyone, each
                TRANSLATOR:
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of you here, and I really need more help.

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 235
2	ABDOURAHAME DIALLO: [speaking other
3	language]
4	TRANSLATOR: So, my fellows came here to
5	speak and I just want to add a little more about the
6	help that we need.
7	ABDOURAHAME DIALLO: [speaking other
8	language]
9	TRANSLATOR: My name is Abdourahame [sic]
10	Diallo.
11	ABDOURAHAME DIALLO: [speaking other
12	language]
13	TRANSLATOR: And I am from Guinea
14	Conakry.
15	ABDOURAHAME DIALLO: [speaking other
16	language]
17	CHAIRPERSON AVILÉS: What is his name?
18	TRANSLATOR: Abdourahame Diallo.
19	ABDOURAHAME DIALLO: Abdourahame Diallo.
20	TRANSLATOR: Abdourahame Diallo.
21	ABDOURAHAME DIALLO: [speaking other
22	language]
23	TRANSLATOR: I am here with my wife and
24	my daughter who is five years old.

lot of the issues were apparent. No notice of

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 238 vacancies, harassment by NYPD, no communication whatsoever from shelter staff, no real outreach from case workers, and enormous language barrier. It seems to -- and from my time speaking with some of the folk over at Earth Church right by the East Village, who in January 2024 took in a lot of people almost freezing to death form the cold in the dead of an American winter in flip-flops and short sleeve tshirts, they told me those stories and a lot of them overlapped with neglect, lack of representation, lack of clear communication and interpretation, and just lack of oversight overall. And I also just want to take the time to extend my thanks to Afrikana, to ABISA, to UndocuBlack, all the other groups that stretch themselves thin just to do-- just to make sure that thousands of people don't slip through the cracks. And my real recommendation is that the City take effective steps to make sure these people continue to do their work. They've clearly demonstrated their interest and ability to do this work, and I think it's best that we give them the resources to continue to do so. Thank you.

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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 239
2	CHAIRPERSON AVILÉS: Thank you so much,
3	and wholeheartedly agree with that. Do you need
4	interpretation?
5	MAMADOU BELLO BAH: [speaking other
6	language]
7	MAMADOU BELLO BAH: [speaking French]
8	TRANSLATOR: I want to thank you for this
9	opportunity to be here. The very fact that we're
10	able to hear to be here and present our views is
11	meaningful that we have somebody that we have the
12	right to express what's happening to us and to
13	participate in the process. It's very meaningful.
14	MAMADOU BELLO BAH: [speaking French]
15	TRANSLATOR: The majority of the people
16	here in our community is from West Africa.
17	MAMADOU BELLO BAH: [speaking French]
18	TRANSLATOR: I'm from Guinea.
19	MAMADOU BELLO BAH: [speaking French]
20	TRANSLATOR: I have a diploma in Finance.
21	MAMADOU BELLO BAH: [speaking French]
22	TRANSLATOR: But I only speak Fulani and
23	French, so it's a problem for me.
24	MAMADOU BELLO BAH: [speaking French]

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 240
2	TRANSLATOR: we have huge problems in my
3	country.
4	MAMADOU BELLO BAH: [speaking French]
5	TRANSLATOR: I was
6	MAMADOU BELLO BAH: [speaking French]
7	TRANSLATOR: So, we have ethnic problems,
8	where one ethnicity punishes the other, and if you
9	are Fulani you are constantly abused and victimized.
10	MAMADOU BELLO BAH: [speaking French]
11	TRANSLATOR: I went to Polytechnic
12	Institute and I have dual degrees in Finance and
13	Business.
14	MAMADOU BELLO BAH: [speaking French]
15	TRANSLATOR: And we have a candidate,
16	Diallo, who won election three times without ever
17	being allowed to assume the presidency.
18	CHAIRPERSON AVILÉS: Silence in the
19	Chambers, please.
20	MAMADOU BELLO BAH: [speaking French]
21	TRANSLATOR: So, I was injured severely
22	after my candidate won election but was not allowed
23	to take office.
24	MAMADOU BELLO BAH: [speaking French]

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 241

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TRANSLATOR: So, even if you are severely injured, as many of us were, you couldn't afford to go to the hospital because they were working for the government, and often you would be killed off there purposely.

MAMADOU BELLO BAH: [speaking French]

TRANSLATOR: And one of the brothers who put me through school and sustained me through all of this is the reason that was I able to alive [sic]. He wasn't-- he didn't die on the spot, but he died soon after as a result of his injuries.

CHAIRPERSON AVILÉS: Can you ask-- can you state your name for the record, and if you would begin to wrap up your comments. We can receive your testimony afterwards, because we have many more and we don't have the room for very long.

MAMADOU BELLO BAH: Mamadou Bello Bah. [speaking French]

TRANSLATOR: So, I have no-- and like so many other people here, I have been unable to find shelter. I have been-- I can't find legal representation until the 17th of May, and my wife is stuck in Senegal, and I can't find a way to bring her over.

DIALLO: [speaking other language]

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 243

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TRANSLATOR: But if we could ask for only one thing it would be for a work permit, because we ask for nothing more than to be able to earn an honest living and contribute to the economy.

DIALLO: [speaking other language]

TRANSLATOR: Okay, thank you very much.

MELISSA JOHNSON: Thank you to the Committee on Immigration and the Committee on Hospital, the Committees, for holding this public hearing to address the experiences of Black migrants in New York City. My name is Melissa Johnson, New York organizer for the Black Alliance for Just Immigration. I'm testifying on behalf of BAJI to speak to the expansion of policing, private security and surveillance and its impact on newly arrived Black asylum-seekers within the asylum shelter system through the use of NYPD and the subcontracting of private companies, including but not limited to DocGo, Arrow Security, Medrite and BH Rags Home Corps who are primarily providing private security and surveillance and are not equipped to provide culturally-competent trauma-informed care, case management, and community navigation support, all needed for the inclusion of asylum-seekers into our

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 244 communities and their stable transition into full and autonomous livelihoods, whether here in New York or outside of the state. Over the course of the last year through the guidance of Afrikana, Africa is Everywhere, and African Communities Together, our mutual aid work has been to support the Stockton Respite Center located in District 36, Bed-Stuy Brooklyn, and the Hall Street Shelter located in District 35, Quinton [sp?] Hill. Today, we will speak to what we have witnessed there, the use of NYPD and private companies does not support the vulnerability of Black asylum-seekers, especially those who are African, Haitian, or Black LGBTQ migrants who arrive fleeing war, conflict, political violence, or threat of life due to a combination of factors. In the absence of culturally-competent, trauma-informed care Black asylum-seekers including women and children are subject to increased racial targeting, harassment, and discriminatory practices which make them vulnerable to arrest, incarceration, and migrant detention, negatively effecting or subsequently ending their process to seek asylum. Police, private security and surveillance in these shelters do not and cannot provide culturally-competent, trauma

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 245 informed care, such as health and mental health services, case management, including Afro indigenous language translation interpretation, and community navigation support for social services providing particularly NYC ID cards, health insurance, and vouchers for housing, SNAP, WIC, and MTA Fair Fare programs which are all accessible and eligible for asylum-seekers. However, through subcontracts, police enforcement and surveillance documented by Black migrant asylum-seekers, Black migrant organizations, mutual aid groups, and Legal Aid show that both police and private security have participated in physically violent, xenophobic, retaliatory, and extreme anti-Black practices that abuse and discriminate against Black asylum-seekers, mirroring conditions already found within the NYC shelter system and within our state carceral system. the use of increased policing and the absence of culturally-competent trauma-informed care through the Black migrant direct service providers reinforces detention-like conditions that undoubtedly harms already vulnerable Black asylum-seekers. BAJI has witnessed the Adams' Administration create an inhumane asylum shelter system. Therefore, we ask

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that City-- and we call on City Council to strengthen shelter and respite center stay policies, but also remove contracts for NYPD and private companies that police and surveil and do not provide culturally-competent trauma-informed care. We also call on the Council to review and-- we call on the Council to approve bill Intro 0739 and its focus on reporting of asylum-seeker demographics and active contracts to help provide increased transparency and accountability to address abuses of discrimination-- abuses and discrimination faced by Black asylum-seekers. Thank you.

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CHAIRPERSON AVILÉS: Thank you so much.

I want to thank BAJI in particular and call on someone who recently passed away, Carl, who introduced me to BAJI many years ago, and the work that you've done on the front lines. So thank you so much for your work and your testimony and your support in helping pull this hearing together. We have more— so much work to do on this front, and we know that the intersection of the police and surveillance and carceral systems of Black communities does not work. And we want to build a system of compassionate care, what people deserve.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 247

So thank you so much. And I think with that, we're going to move to the next panel. Lauren Wyatt,

Sandra Dieudonné, Zeinats Eyega, Mamadou Saliou

Diallo-- I'm so sorry-- and LC Saint Louis. And

Damian Harris-Hernandez. Great, if you'd like to start. If you could start with your name for the record, and please start.

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SANDRA DIEUDONNÉ: Good afternoon. My name is Sandra Dieudonné. I am the Supervising Attorney at Catholic Charities. I work with the Haitian Response Initiative Project. We service-excuse me. We help all the Haitian immigration immigrants that come in through Catholic Charities and assist them with their legal services. We have screened approximately 1,002 Haitian immigrants. filed 1,011 immigration applications, and 114 cases for full representation. As everyone here has explained, there is access to language that is definitely an issue. However, what's unique with the Haitian Response Initiative Program, the entire staff speaks Creole, and we understand the cultural nuances that are essential in helping the Haitian immigrants get the services that they need. One major issue that we've noticed is that we have seen several cases

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 248 where immigration judges have refused to terminate removal proceedings for Haitians with TPS. one Haitian couple that was ordered removed despite presenting their TPS approvals to the judge and requesting termination. In each of these cases, the respondents did not have any criminal or other histories that were explained for them to decline terminating removal proceedings. Catholic Charities has not encountered this with other TPS recipients from other countries, whose cases the judge has routinely terminated. Through HRI, the Haitian migrants often face significant challenges in obtaining benefits and services to which they are entitled. For example, healthcare professionals generally do not provide documents in Haitian-Creole, and we have frequently seen cases where Haitians were provided medical information and records written only in English and Spanish. Haitians with TPS who are entitled to work authorization and social security numbers are often turned away from the social security offices because staff did not wish to call interpreters to assist, and this also happened in the Medicaid and the City's IDNYC offices.

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1 COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 249

CHAIRPERSON AVILÉS: Thank you for your testimony and I hope you will submit it.

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CHAIRPERSON NARCISSE: So, the Haitian-I mean, when they go to get services, so because of
the language barrier, so they turn them away?

SANDRA DIEUDONNÉ: Yes, we had several that were turned away.

CHAIRPERSON NARCISSE: Alright. Are you keeping a data of that? So, because numbers make a lot of sense for us, because when we talking to those folks we can say exactly where it's coming from.

Now, if I say they probably say, ah. But if you can collect data, that will be very helpful to us so we can hold people accountable. That's what we do.

SANDRA DIEUDONNÉ: Yes, we did collect data. We reported to MOIA. So they assisted us with those family members to get them the IDNYC. That was like in the beginning. So, a lot of the families we were able to assist, but that was a major issue. They refused to call Language Line. They turned them away and so we had to rely on MOIA to help us be a liaison for the families.

CHAIRPERSON NARCISSE: And what I realize being Haitian, when I get people to be online, like

1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 250
2	to be on the call on telephone, it's not the same as
3	in person, and you can be speaking their language.
4	You don't even realize, especially the seniors.
5	SANDRA DIEUDONNÉ: Right.
6	CHAIRPERSON NARCISSE: Until you said,
7	Mommy, can you understand what the person saying?
8	This is what the person saying. Oh, I didn't hear,
9	but the person is next to them. Either they have
10	hearing sometimes I realize they don't even have
11	hearing problem. They still not connecting with the
12	phone, because they're not used to it.
13	SANDRA DIEUDONNÉ: Right.
14	CHAIRPERSON NARCISSE: They like this
15	gesture because we come from a culture with a lot of
16	gesture, with a lot of, you know
17	SANDRA DIEUDONNÉ: [interposing] Facial
18	expression, exactly.
19	CHAIRPERSON NARCISSE: Yeah, expression,
20	facial expression. So, I thank you for your service,
21	and I thank you for your work in New York City, and
22	that's what we're looking for, me and my colleagues
23	are looking for, you know, to address the inequities

SANDRA DIEUDONNÉ: Thank you.

in the Black-- especially Black migrants. Thank you.

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CHAIRPERSON AVILÉS: Thank you. 2 Lauren?

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3 LAUREN WYATT: Good afternoon, everyone.

4 Thank you very much for having us today. My name is Lauren Wyatt. I'm the Managing Attorney for Access to 5 Justice Initiatives at Catholic Charities New York.

7 I oversee several programs designed to serve

8 unrepresented immigrants who are often newly-arrived

and moving through the deportation system.

them, the Haitian Response Initiative, as well as the

11 Immigration Help Desk, and Family Group Legal

Orientation Program, as well as the New York State-12

13 funded office of New Americans Program. Right now,

about 30 percent of the people that we are seeing are 14

15 recently-arrived people from African countries

16 speaking many of the languages that we've heard from

17 today. Most of the people, the overwhelming majority

18 of people that we've seen from African countries have

19 very strong asylum claims, and I'd like to talk a

20 little bit about what they're having to face when

21 they move through the immigration court system.

2.2 although the majority of people that we have seen do

2.3 have very strong immigration cases, because the legal

community here is less familiar with the things that 24

people are dealing with in the countries that they've

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 252 come from, I think that these groups of people are having difficulty finding immigration attorneys, although people do have, again, very strong cases and would likely win their cases if they found representation. In the immigration court, right now immigration court hearings are repeatedly rescheduled for African migrants due to the lack of available interpreters. The New York City Immigration Courts do not have in-person interpreters for most African languages, and telephonic interpreters are also generally unavailable. As a result, a lot of the African immigrants that we're seeing in the immigration court system are repeatedly turned away from their hearings and just told to come back on another date. There is no interpreter to tell them that information, so they're just given a new hearing It's not explained to them, and they're just told to come back later and they don't understand why or if they've done anything wrong. A lot of times they are sent to us at the Immigration Court Help Desk, the pro bono rooms for us to explain that to We have the same difficulty in securing interpreters that the court does, and so we're just trying to figure out as best as we can, often in

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 253 French, that you know, they have to come back on another day. For a lot of the people, the judge is the first person that they're speaking with to tell them about important deadlines such as the one-year filing deadline, and so they're not in many cases learning about that important deadline for something that they would likely win until after the deadline. The last thing that I would like to flag, that the programs that I mentioned through Catholic Charities today have the capacity to assist many of the people in immigration court proceedings with requesting something called prosecutorial discretion where they could close their immigration cases in court. have been available and have the capacity to do this for several months now. We have been following up with this with MOIA. I know MOIA has put the request into the City. We are only waiting for-- to be able to help these groups of people. They only need an appointment with the NYPD to get fingerprinted and we have already discussed with the court with the Department of Homeland Security for us to be able to help these people to close their cases. We could be assisting dozens and dozens of families per month with closing their cases if we could only secure

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committee on immigration with committee on Hospitals 254 fingerprinting dates from the NYPD. So I know that MOIA has made this request already, so anything that you could do to help us to secure these dates with the NYPD, we could immediately be doing this, helping these people not be in fear of deportation, and it would all be done for free. So thank you very much.

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CHAIRPERSON AVILÉS: Thank you so much.

We will certainly follow up on that and thank you for all the work that you are doing for our communities.

We really appreciate it. And I think with that,

we're going to move on to the next panel. Damian

Harris-Hernandez, are you here? Maybe not. Zeinats

Eyega from Sauti Yetu Center for African Women?

Mamadou Saliou Diallo from Guinean Community in

Brooklyn? Okay, Jamie Powlovich, Souleiman Ba,

Jennifer Jarrell, Sebastien Vante from Safe Horizons,

Henry Love, and Ninaj Raoul. Oh, we need a chair. I

think one of our interpreters, we may not-- want to

start?

SEBASTIEN VANTE: Thank you, Chair

Narcisse, Chair Avilés, and members of the

committees. My name is Sebastien Vante and I serve

as the Associate Vice President of Streetwork

Programs at Safe Horizon. I'm here today to shed

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 255 light on the plight of vulnerable population that has been overlooked and underserved, West African unaccompanied youth and minors seeking refuge in our communities. For several months our program has experienced an influx of these young individuals, many of whom arrive at our doors after being discharged from temporary placements, left adrift and without proper guidance. These youth fleeing persecution, violence, forced marriage, and female genital mutilation seek safety, community, and humanity in our programs. Despite our best efforts, we operate under-resourced and underfunded. we remain steadfast in our commitment to meet their needs. As a provider, it pains me to witness these youth being ushered through a system that fails to address their unique challenges and aspirations adequately. Many of our staff share similar identifies and histories with the youth we serve, which inviews [sic] our work with our profound sense of empathy and understanding. However, the current system characterized by bureaucratic hurdles and systemic indifference fails to honor their humanity and the struggles of their journey. Recent reports have highlighted the shortcomings in our city's

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 256 response to the educational needs of immigrant youth despite federal laws mandating their enrollment in public schools, we are witnessing egregious delays and obstacles hindering their access to education. The New York City Public Schools failure to track enrollment referrals and reluctances to provide timely and appropriate educational opportunities to these youth are deeply concerning. What should be a straightforward enrollment process has become a cumbersome ordeal, often lasting several weeks to over a month. Seat availabilities, school types, student needs and timing within the academic year contribute to this delay. One major obstacle is the lack of space in GED programs or alternative high school options. This scarcity makes securing placements for immigrant students exceedingly difficult. Prolonged delays negatively impact our youth's mental wellbeing as they feel increasingly isolated from their peers attending school. systemic failure is compounded by the challenges faced by immigrant youth in accessing stable housing and essential services. The recently legal settlement regarding shelter rules while a step in the right direction for people under 23 who may

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 257 qualify for an initial 60-day stay still leaves many vulnerable individuals without adequate support and resources. The plight of individuals who lose their jobs due to the arduous reapplication process for shelter underscores the urgent need for comprehensive reforms. We must hold the city to account for the systemic failures that marginalized immigrant youth. We demand transparency, accountability and meaningful reforms to ensure every child and young person has access to the resources and opportunities they need to thrive, regardless of their background or circumstances. I urge this committee to take decisive action to address the systemic failures in our city's response to the needs of immigrant youth. We owe it to them to provide a pathway to safety, stability and opportunity, and it is our collective responsibility to ensure that no young person is left behind and ignored. Thank you for your attention.

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CHAIRPERSON NARCISSE: Thank you.

JENNIFER JARRELL: Hello. My name is

Jennifer Jarrell. I am the Director of Cov Works

which is the employment, education and training

department at Covenant House New York which is a

homeless shelter for youth ages 18 to 21. Covenant

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 258 House New York is the nation's largest nonprofit adolescent care agency providing housing support to youth experiencing homelessness. During this past year, CHNY has served over 1,500 young people and provide over 132,000 nights of housing across our residential programs. In addition, to crisis, transitional and long-term housing our continuum of care includes services to support mental health and wellness, legal services, educational programming, workforce development, and life skills training all geared toward moving them from homelessness to housing stability and ultimately ending the cycle of homelessness in their lives. Ninety percent of our youth we serve are people of color. Nearly 40 percent are LGBTQ, and over the past year, we have served over 250 undocumented youth. That is 25 times more than we have served in the years prior to starting before the immigrant crisis. In our 60-day shelter that houses 120 youth capacity, as many as half of the population have been new immigrants that are Black immigrants in recent months. Since seeing the influx of migrants in our shelter, the demographic has shifted from the majority of immigrants that are African immigrants -- excuse me.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 259 It's shifted to the majority of youth being African immigrants from West Africa with a large concentration in Guinea. However, we do have youth in Mauritania, youth from Chad. We also have youth from Senegal and also youth from Haiti. We have had to turn away many youth due to reaching capacity, unfortunately, and out of 100 youth last month, we had 80 youth that were Black immigrants. We have-excuse me. The Black immigrant youth have not received TPS status, and we are advocating for our youth to qualify for TPS status like the Venezuelan youth that we helped previously. Our legal department has assisted in number of eligible youth in obtaining their documents and still work with our partners to determine eligibility. Our education department has also made sure that young people are able to attend the ESL GED program, and currently we have an ESL GED program on site where we're serving 14 youth that just began April 4th in it, and we have in attendance 14 youth, and we have teachers that speak French, Creole and English, and that's pretty much it. Thank you so much.

CHAIRPERSON NARCISSE: Who is supporting

that program? It's District 79?

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                JENNIFER JARRELL: It is District 79.
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                CHAIRPERSON NARCISSE:
                                      Okay.
                JENNIFER JARRELL: Supporting that
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    program.
                CHAIRPERSON NARCISSE: thank you.
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                JENNIFER JARRELL: You're welcome.
                CHAIRPERSON NARCISSE: Next is Souleiman
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    Ba?
                SOULEIMAN BA: Good afternoon.
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    start before you with my story, my journey. My name
    is Souleiman. I'm from Mauritania. I'm here with
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    [inaudible] my life. You know, I found refuge in
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    United States at Covenant House. Living in my
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    country West Africa is not a choice to me. I love my
    country, of course [sic] my family. And then the
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    life [inaudible] stay there, that's not safe for me.
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    My country [inaudible] and the journey to United
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    State I take alone. I have traveled a plane and take
    a car, and I walk. I [inaudible] but I couldn't give
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    up. When I arrive in New York, I was stay
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     [inaudible] of Brooklyn on the shelter. After that,
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    I find Covenant House, and I just come there to get a
    bed, and they offer to me to get a lawyer and
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everything. But they have a lot of young people like

me. They need lawyers. So Covenant, they only have only lawyer, so they need a lawyer. They have like only young people who need to speak English or need to get a class. So, for me, they offer me— I do it. I'm doing [inaudible] program and I'm doing GED, too. So, and we need to get a working permit to be part of something else. So, just I want to share it [inaudible] with us, and then— I speak six language for that, and we don't— I cannot use it to work if I don't have like working permit or something else. So, we all need help for us. And thank you for your time.

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CHAIRPERSON NARCISSE: Thank you. Next is Jamie Powlovich.

JAMIE POWLOVICH: Thank you. Good afternoon. My name is Jamie Powlovich. I use she/her pronouns, and I'm the Executive Director of the New York State Coalition for Homeless Youth.

Thank you to the Chairs for holding today's hearing and for the opportunities to testify. I'll be submitting longer, more detailed written testimony, but I would like to focus my verbal testimony on highlighting the needs of unaccompanied youth and minors, the vast majority of whom are coming from

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 262 African countries. CHY is not an immigration-focused organization, but for over two years we have played an active role in supporting the needs and newly arrived youth and minors, including connecting them to youth specific shelter advocating for their needs and pushing back against the often harmful, xenophobic narrative and policies that are being pushed by City Hall. Because unlike this Administration, we believe that it doesn't matter where a young person was born or when they made New York City their home. If they are homeless or in need of support, it's our job to fight for them, the same way we would do so for a young person that was born in Baltimore or the Bronx. Although we do not have concrete data because the City has failed to collect it, overwhelmingly the Department of Youth and Community Development Runaway and Homeless Youth programs are reporting that a vast majority of the newly-arrived young people that they are surviving which you've heard from the others on the panel that they're serving are Black migrants from African countries who identify as male, and despite Runaway and Homeless Youth programs are going above and beyond to support them, the City as a whole is

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 263 failing them. Specifically, as it relates to unaccompanied minors, from 2021 to 2023, the number of destitute minors and the cases that have been filed in Family Court have doubled, and those are just the numbers of unaccompanied minors where petitions are being filed in Family Court for them. We believe that the numbers are actually much higher. The Coalition has been pleading with the City to not only acknowledge but support these unaccompanied minors, but yet they have done nothing and they are They need support and the numbers are growing. Is it okay if I finish? I'd also like to highlight specifically for the Black migrants coming from African countries that are here unaccompanied and are minors, that we are hearing more frequently of unique situations that are arising regarding their documentation. Unlike people that are migrating from countries where they do not need to access a plane to get here, young people that are coming from Africa have to be 18 years old to access an exit visa to get on a plane to come to either Central America, right, or directly to the United States. And to do so for unaccompanied minors, many are accessing documentation, primarily passports that indicate that

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they are older than they are, making them 18 or 19, when in fact they are minors and all of their other documentation proves so, but then once they are here they're not being believed that they are in fact minors, and it is posing huge barriers to their access to education and also connecting them to child welfare services because overwhelmingly ACS is not believing them or stepping into support. I have a lot of other things that'll be outlined in the written testimony. Thank you.

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CHAIRPERSON NARCISSE: Thank you. Next is Ninaj Raoul. Ninaj Raoul? Henry Love?

Narcisse and Avilés for this incredibly important hearing today. My name is Doctor Henry Love and I'm the Vice President of Public Policy and Strategy at Win. We're the largest homelessness provider in the country. We operate 16 shelters across the five boroughs, and we-- about 7,000 people call Win a home every night. We also have about 350 migrant families that are in our shelters. I'm here to talk about what their experience is, and I want to be really clear, Afro descendant indigenous people are dramatically overrepresented in migrant families coming into our

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 265 city and subsequently entering shelter, whether they're from Venezuela, Haiti, Honduras, Guinea, they're overwhelmingly Black and indigenous. Our nation has systemically relegated Black immigrants, many facing unfathomable circumstances to our homelessness systems, a stark contrast to the thousands of white Ukrainian refugees. percent of our asylum-seeking families are Honduran. Most of them belong to the Afri [inaudible] Garifuna population. Many of our Garifuna populations have fled wide scale racism and persecution. One quote from a mother, and I quote directly from here about the racism that she experienced in Honduras. belong to an ethnicity called the Garifuna. of African origin and due to that we have received a lot of discrimination, and they don't want us there. It's as if we weren't a part of Honduras, even though we were born there and essentially Honduran. because our ancestors were immigrants, so because of that the government and the gangs discriminate against us and target our land." What we're seeing is that populations are not only facing discrimination in their own places of origin, but also once they get here to New York. This is not a

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committee on immigration with committee on Hospitals 266 housing justice issue, but a racial justice issue. However, we anticipate that we have a report that just is coming out that the City's approach has been expensive, ad hoc, harmful to the health of migrants—if I can just finish—and the city at large, and we're urging the Council to consider the attached report that I will pass out after I speak, and in that report that was released this morning, including ending the 30 and 60 days rules and upholding the right to shelter, expanding housing vouchers, and increasing access to employment authorization could save New York up to \$3.5 billion. It's the smart thing to do and it's the ethical thing to do.

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[inaudible] used to say, that's not around with us anymore, Lou Fiddler, about young folks, teenagers on the street of New York, we cannot afford that, so that's the same feeling that we have for all young folks. They should not be on the street, because they are at a sensitive age that we need to protect. Thank you.

CHAIRPERSON AVILÉS: Thank you all to the panelists, and we're going to call the next panel.

Rex Chen, Monica Tulchinsky, Arielle Wisbaum, Ellinor

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 267
Rutkey from The Door, and Abdulmajeed Ishag. Okay.

Are we ready to-- if you'd like to start?

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REX CHEN: My name is Rex Chen, he/him pronouns, and I'm the Immigration Director at Legal Services NYC which gives free immigration and other civil legal services. Black asylum-seekers in New York City suffer from systemic structural and societal anti-Black racism in New York City. If you go to any subway station near a HERRC shelter you'll see a group of mostly young, Black, recent arrivals standing by the turnstile hoping someone will swipe them through. They're trying to build a life here to find immigration relief, work, and a roof over their They're doing the precisely the things the Mayor is requiring them to do to avoid street homelessness, but the City doesn't give them metro cards. Meanwhile, the Adams Administration is flooding the subway with police and the Governor called in the National Guard. We know that police overwhelmingly arrest Blacks and Latinos for fare The Adams Administration is boxing in people in a way that's particularly dangerous for young black men, and we know that fare evasion and citations can have serious consequences for people's

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 268
immigration cases. The 30 day rules combined with the
over-policing of fare evasion endangers Black asylum-
seekers. And we're seeing that New York City
communities are being pitted against Black migrants,
stoking racial resentments and painting asylum-
seekers as criminals in order to further xenophobic
agendas. We heard earlier today throughout the day
about the combination of problems that Black asylum-
seekers face, including language access problems,
cultural competency issues, and a lack of immigration
legal services. I just want to add a point that when
Black asylum-seekers overcome all of those and manage
to get an immigration court hearing, the deck is
stacked against them because anti-Black bias does not
stop at the courtroom doors. We see it from bond
decisions to immigration judge rulings. We at LSNYC
have begun training our lawyers and other lawyers
around the country about ways to interrupt
immigration judges about their anti-Black bias, but
Black asylum-seekers need to get competent
immigration lawyers who have these tools to have a
chance to get the relief that they qualify for.
Thank you.

CHAIRPERSON AVILÉS: Thank you.

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2 MONICA TULCHINSKY: Chair Avilés, Council 3 Members and staff, good afternoon and thank you for 4 the opportunity to speak to the Immigration and Hospitals Committee. My name is Monica Tulchinsky and I'm a Senior Staff Attorney at the Legal Health 6 7 Division of New York Legal Assistance Group. I want 8 to first thank the Council for their support of legal representation for immigrants through the Immigrant Opportunities Initiative and Immigrant Health 10 11 Initiative. We do not presume to testify to the 12 Black migrant experience. We humbly defer to Black 13 migrants themselves and our esteemed colleagues on previous panels to that end. Legal Health is the 14 15 largest medical legal partnership is the United 16 States. We serve 38 hospitals across New York City 17 including the entire Health + Hospitals system. 18 have seen firsthand the landscape of health 19 challenges and related legal issues that immigrant 20 New Yorkers face, and the need for funding for both 21 health and legal services. Having operated our 2.2 medical legal partnership for over 20 years, we 2.3 understand the nexus between health and legal issues and its impact on the social determinants of health. 24 25 Social determinants of health are the non-medical

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 270 circumstances that directly affect ones health as well as access to healthcare, and these include income, racism, access to home care, housing, immigration status and health insurance coverage. Racism as a social determinant of health affects Black people in the United States most significantly. Due to historical, structural and medical racism, Black Americans suffer from significantly worse health outcome and higher mortality rates, and Black immigrants are particularly vulnerable due to the intersectional impact of racism and immigration status on health. Many immigrants have serious or chronic illnesses for which legal interventions are required, and legal interventions are required because lack of immigration status prevents access to many forms of health insurance, healthcare, and ultimately detrimentally impacts their health outcomes. We urge the Council to pass Introduction 852024A. this bill would provide the needed information to understand the full range of health and social needs of immigrants in New York, and if I may finish-- and considering immigrants' long-term health needs, the Council should not forget social needs, including legal services that often impact

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 271 heath and provide funding required at this absolutely critical point in surveying the immigrant population of New York City, especially with recent drastic cuts in funding for immigrant services with more attention on the horizon. Thank you very much for your time.

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CHAIRPERSON AVILÉS: Thank you.

ELLINOR RUTKEY: Good afternoon. My name is Elli Rutkey, and I'm a lawyer with The Door's Legal Services Center. The Door is a comprehensive youth development organization and our legal services center specializes in serving young people in their immigration cases. In my written testimony, I detail the myriad of challenges that newly-arrived Black youth face. Today, I will share the anonymized stories of two particular Black youth. M grew up in a Muslim household in Senegal. He attended school until he was about nine or ten years old, at which point his father removed M from school so that M could perform physical labor on the family's farm. was afraid of his father who was abusive toward everyone in the household, and his father routinely beat and whipped M, once breaking a bone. M knew he had to leave for his own safety, so when M was 17 he began his journey through eight countries to the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 272 United States. When M arrived at the US/Mexico border, cartel members stole the only money he had. M spent his 18th birthday on a flight from the border to New York City where he didn't know a single person. He now lives with hundreds of adults in a HERRC where hardly anyone speaks his native language and where he reports receiving barely any food during Ramadan. T was born in Sudan. When he was three years old, his entire village was burned to the ground during the Darfur genocide. When he was nine years old, he was shot in the leg. Less than a year ago, rebel forces broke into T's family's home. then raped T's 16-year-old sister and beat T's brother to death in front of T and his family. eventually escaped the rebels and fled to the US where he now lives in an adult shelter. Despite constant outreach to legal services organizations, T's been unable to find a lawyer to represent him in his case. He hopes he'll find one within the next nine months, before he turns 21 and becomes ineligible for special immigrant juvenile status. These are just two of the hundreds of Black new New Yorkers we have met at The Door who needs the City's

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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    support. I urge you to provide that support. Thank
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    you.
                CHAIRPERSON AVILÉS: Is Deborah Lee here?
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    Oh, yes, okay. Okay, great. You're the interpreter.
                ABDULMAJEED ISHAG: [speaking other
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    language]
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                TRANSLATOR: Good day everyone. My name
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    is Abdulmajeed Ishag. Good day everyone. My name is
    Abdulmajeed [inaudible] and--
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                ABDULMAJEED ISHAG: [speaking other
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    language]
                TRANSLATOR: I'm 32 years old. My name
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    is Abdulmajeed Harom [sic].
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                ABDULMAJEED ISHAG: [speaking other
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    language]
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                TRANSLATOR: I entered the United States
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    on April 2023.
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                ABDULMAJEED ISHAG: [speaking other
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    language]
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                TRANSLATOR: And I arrived in the City of
    New York in June 2023.
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                ABDULMAJEED ISHAG: [speaking other
    language]
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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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                TRANSLATOR: I settled in New York in
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    Brooklyn, in Brooklyn, New York in a shelter.
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                ABDULMAJEED ISHAG: [speaking other
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     language]
                TRANSLATOR: I came to New York-- I came
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    to the United States because I am-- in my home
    country I face genocide.
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                ABDULMAJEED ISHAG: [speaking other
     language]
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                TRANSLATOR: At this moment I live in a
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     shelter, and the shelter system is very harsh for me.
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     Every month they move me from one shelter to another.
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                ABDULMAJEED ISHAG: [speaking other
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     language]
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                TRANSLATOR: And the procedure to be
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    moved from one shelter to the other could take a week
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    or up to 10 days.
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                ABDULMAJEED ISHAG: [speaking other
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     language]
                TRANSLATOR: What I heard from the
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     shelter that two, three months from now, the shelter
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    will be only for the family with children.
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                ABDULMAJEED ISHAG: [speaking other
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language]

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 275 TRANSLATOR: Another experience, the city 2 3 employees of the shelter, they treat us differently. They treat the Spanish-speakers much better than they 4 5 treat us. ABDULMAJEED ISHAG: [speaking other 6 7 language] TRANSLATOR: I lived in five different 8 9 shelters, and one of them one of the employees spoke 10 Arabic. ABDULMAJEED ISHAG: [speaking other 11 12 languagel TRANSLATOR: And because I suffer from a 13 14 very bad stomach, I cannot eat spicy food, I cannot 15 eat-- I can eat only small numbers of food, and I just cannot find these in the shelter. 16 17 CHAIRPERSON AVILÉS: Can you let him know 18 thank you for the testimony and if we could wrap up 19 just because we have--20 ABDULMAJEED ISHAG: [speaking other 21 language] TRANSLATOR: And I don't have any 2.2 23 paperworks or work permits in order for me to go to work, and the work-- the newcomers six or seven days 24

a week for \$1,300 for the whole month.

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 276

2 CHAIRPERSON AVILÉS: Thank you so much.

ABDULMAJEED ISHAG: [speaking other

language]

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TRANSLATOR: Thank you.

CHAIRPERSON AVILÉS: So, we're going to have to go on to the next panel. Thank you to all the panelists today for coming. Syed Ahmed, Connie Ticho, Sergio Uzurin, Mariel Acosta, Iesha Sekou, and Seidu Hamaidu. Thank you so much. Would you like to start?

SEIDU HAMAIDU: Thank you Chairwoman and to the rest of the Council Members for allowing us to speak on this panel. My name is Seidu Hamaidu. I'm from Ghana, West Africa, a member of La Colmena, a Staten Island organization that support Black and Brown immigrants like myself. La Colmena provide [inaudible] and service to empower our community and foster a more inclusive society for all. As someone that is seeking asylum, it can be difficult to find organization like La Colmena that not only assist with navigating and complex immigration system, but always provide a sense of belonging and support during this difficult time. I am grateful for the [inaudible] and community that La Colmena offers,

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 277 allowing me to feel more secure and hopeful about this country in future. Through the workshop and service I was able to learn skills and [inaudible] work support that has been instrumental in navigation that asylum process in my search for a fresh start. La Colmena supports and empowerment have been light-has been like a quiding light in the darkness helping me to find a way towards a brightness future. dedication to help individual like myself burden their life, and it's true inspiring and has made all the difference in my journey towards stability and security. Continue to support organizations like La Colmena. God bless America. God bless New York City. God bless all the panel members. Thank you for giving me time.

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CHAIRPERSON AVILÉS: Thank you. We love La Colmena, and we're glad you found La Colmena.

SYED AHMED: [speaking another language]
Good afternoon city leaders and As-Salaam Alaikum to
our beloved community listening in. My name is Syed
Ahmed, and many people know me as Mahdi. I am the
Manager of New York Operations for halal food
certification body call Halal Food Standards Alliance
of America. All of the asylum-seekers that have come

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 278 to the United States arrived to expect a better life and many to escape religious oppression. About half, if not more, of the asylum-seekers in many shelters are Muslim and must eat Halal food. The month of Ramadan where Muslims fast and the [inaudible] holiday has just passed, and it has to come to light that the asylum-seekers are currently not being served halal food and meat at all, outside of vegetarian diets. In the Quran, chapter six verse 121 God say, "Do not eat that meat over which the name of God has not been pronounced. This is surely a sin." The meat has raised concerns and doubts which caused many to protest and many to avoid eating and looking elsewhere to find free halal food such as mosque and charity distributions. There are people faced with the thought, "Do I sustain my health or do I stay true to my religion?" as declared by the one of the asylum-seekers. Many of the community and mosque volunteers that have worked with the migrants have attested to the struggles they are facing regarding this matter and work hard to feed the starving stomachs of our brothers and sisters. to the severity of the issue and rising need for a solution, they requested help from our organization.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 279 The City has a large allocated budget for food, and being that many aren't even able to eat the food, it's a complete misuse of funds. It is a constitutional right for religious freedom and freedom of speech, and our migrants who are accepted in by the states are being penalized for speaking up on this subject matter in the shelters. completely unacceptable. Getting halal food is an emergency right now due to the heavy Muslim population of migrants. We need to allocate the budget towards the right direction to bring in food through the right means. Halal food cannot simply be claimed as halal like it was from a doctor at NYC Health + Hospitals, or how it's currently being done. There are many issues with meat and crosscontamination procedures that would need a reliable halal monitoring agency to get involved to ensure that halal food is being served. The Prophet Mohammad-- peace be upon him-- said, "He who avoids doubtful matters clears himself in regard to his religion and his honor, but he who falls into doubtful matters eventually falls into that which is unlawful." Reference Buhadi [sic]. We need halal food with the standards of being slaughtered in the

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 280 proper manner by the hand of a Muslim and being monitored with the correct meats processes with zero risks of cross-contamination. The correct way to achieve this is by going through the right course of action and involving a halal monitoring agency such as Halal Food Standards Alliance of America or Halal Monitoring Services who are frequently doing their due diligence to ensure that the right things are being served. We from Halal Food Standards Alliance of America are here with a proposal letting you know that we are willing to work with the City in helping with this emergency situation. Right now, there are likely no meats being served to migrants that are considered halal according to the correct handslaughter halal standard that it should be. can also be heavy risk of cross-contamination during processing and cooking. We are a prominent and trusted nonprofit organization in New York and throughout the nation as we implement the standard of halal that inclusive to the vast majority of Muslims. This ensures that Muslims can eat reliable halal food at a time of heavy corruption in the food industry. Similar to health inspectors, we have our halal inspectors and team who monitor, communicate, and

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 281 oversee the food services provided by the enterprises that we work with. We are nationally-based and we work with businesses, universities, medical facilities, halal distributors, halal suppliers, as well as other halal-certifying bodies worldwide to strive and build a trust with the community so our Muslims can eat what they rightfully should. We're available to discuss more on this and I can share our information after to get a start on this as soon as possible. I appreciate you all for listening to my testimony, and I like other community members and asylum-seekers hope that a change can be implemented as soon as possible for the benefit of the community and to instill the dignity of the Muslims here in New York. Thank you everyone for listening.

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CHAIRPERSON AVILÉS: Thank you.

SERGIO UZURIN: Ready? Great. Sergio

Uzurin here, spokesperson for NYC ICE Watch, part of
the Migrant Mutual Aid Coalition. We are a nonhierarchal, unofficial, unincorporated-- nor should
we be, frankly to be compensated for the work that
we've been doing. I know this because a few years
ago in my role as a sole proprietor, video production
guy, I have gotten city checks that I've picked up on

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 282 Sixth Avenue for work that I've done. So when Manny Castro was talking about oh, we're working with organizations, but they're still working on the 501C3 incorporation, he's full of nonsense, and he's making excuses for his abject failure. And so is Molly Schaeffer, who I made sure to use Google translate to tell the migrants that she's the inventor of the 30/60 day rule, and you should have seen the looks of disgust on their faces when I told them that. A couple of examples of the inefficiencies we've had. In the fall of 2022, the Mutual Aid Coalition had an event at a church in Washington Heights. On a budget of less than a thousand dollars, we saw a physician was able to see between 70 and 120 migrants. At the same time, the Red Cross which I think was opening their center in midtown on a budget of I think it was \$81 million dollars, their metric was 100 physician visits a week. That's one, one hundred thousandth of the budget. We, New York City ICE Watch and our partners in the Mutual Aid Coalition, we are the ones feeding the people at line at the re-ticketing center at St. Bridget's which we found out this morning there's a line there again. We are the ones that have received

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 283 calls from so-called community partners that work with MOIA and the Mayor's Clergy Round table. shouting out Pastor Monrose here who have received-not shouting out, I'm calling him out, because I'm getting calls from pastors that run hotels and shelters asking me for free labor to do asylum and TPS paperwork. Why is the City asking-- telling people to ask for free labor when DocGo and Medrite are getting their contracts renewed to the tune of half a billion dollars? I don't know. I have gotten calls from people that have gotten on flights that were paid for by Catholic Charities and they didn't have metro cards or were not given money to have their luggage on the flight. We have literally found migrants walking on the New Jersey turnpike trying to walk from Newark to Manhattan, and this is what these large nongovernmental organizations do. They're On top of that we've got people that inefficient. are trying to work as delivery drivers. You go to the Red Hook impound, there's millions of dollars of mopeds there right now, thousands of mopeds. On every step and every level of the way, our compas [sic] -we call them compas, the migrants -- they're facing hurdles and the people that are trying to help them

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 284 which is us are facing hurdles. We've been kicked out of homeless shelters. When the supervisors found out we were there providing translation services, we're not allowed anywhere near HERRCs. We have the cops called on us constantly for feeding people, including feeding halal meals, 400 people a day on weekends. We have migrants who have moved to other shelters and even move to Long Island who come back to 47 Hall Street to help organize the giving out of food and clothing, because the City has failed adjectively. I'll end with this. The only thing that I'm applauding the Council for is overriding Eric Adams' veto of the FEPS voucher system. That FEPS voucher process is what is going to save and unite New Yorkers, because everybody is seeking a solution to their individual housing crisis, and that includes parents who are separated from their children in ICE detention in Texas who cannot get their children out of ICE detention in Texas, because they do not have a stable -- what is considered a stable address for the authorities here. And we know that Eric Adams' game plan is separate African-American and Puerto Rican and long-term Latino residents from incoming migrants. We all saw the shooting on the G Train the

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 285 other day. That was a black man attacking a Latino couple for claiming that they were stealing his money. That is the Laurie Cumbo playbook. It is the Kathy Hochul playbook. It is the Vickie Paladino playbook, and I'm urging people to sign everybody up for FEPS vouchers.

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CHAIRPERSON NARCISSE: Refrain from calling any more names.

SERGIO UZURIN: My apologies. But it's serious business. We hope that we can have translators to sign everybody up for FEPS. Thank you.

MARIEL ACOSTA: Thank you, Chair Avilés for opening up this forum to listen to us. My name is Mariel Acosta. I'm here today as a member of the broader mutual aid coalition from around the city that has been taken several direct action measures to support our new neighbors. I also speak to you as a Black immigrant, a community member, and as a parent. April is National Bilingual/Multilingual Learner Advocacy Month and affecting all asylum-seekers as we've heard today from many people and migrants, especially at the intersection of race. There are issues of language access or the lack thereof due to

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 286 the absence of qualified translators and interpreters in migrant shelters and respite centers. instance, migrants often receive mistranslated materials or even mistranslations in the citywide designated languages, French, Arabic, Spanish, or materials not translated at all. This stands in direct violation of various sections and implementation plans described in Local Law 30 of 2017. The lack of access to information due to insufficient or absent translation and interpretation in turn limits migrants abilities to access the social services they need towards applying for their asylum ID, TPS, insurance and other important documentation and services. This deliberate lack of adequate language access leaves under resourced mutual aid groups like us scrambling to pick up the slack of the companies that get paid millions of dollars to provide the services. I'd also like to highlight reproductive issues, especially as today is the second-to-last day of the Annual Black Maternal Health Week. This is week is between April 11th to April 17th, and it is a week when advocates highlight Black maternal health and the disproportionate threat of Black maternal mortality Black women face.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 287 US Black women are dying three to four times the rate of white women during and after childbirth regardless of income and level of education, mainly due to racist medical practices. To this, add the variables of Black asylum-seekers' immigration status, language barriers, the trauma of experiencing displacements form their countries of origin, of having to traverse several countries on foot while pregnant to then get to the US and be re-traumatized and re-victimized by racism and xenophobia at the hands of the institutions that are supposed to be providing services to them. As a mother and activist I started working with professional birth workers to organize and facilitate workshops out of my university. graduate student at CUNY, and the workshops are directed to pregnant migrant women to offer them guidance and material and emotional support. mutual aid work, I think that I've been doing since last year with migrant families, I noticed that pregnant women lacked access and information to key services pertaining to perinatal care.

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CHAIRPERSON AVILÉS: Mariel, could you-
I'm so sorry to do this, but we're past our time, and
we have a good number of people. We have to exit the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 288 room and I want everyone who's been patiently waiting. Could you--

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MARIEL ACOSTA: [interposing] Okay. wrap up real quick. So through this work we've also found out that pregnant women are malnourished and their children as well. Shelters [inaudible] notice when we try to distribute warm meals, they kick us out and they send security and cops to us when we're standing in the public sidewalk, and them claiming this is private property, you know, their hotel shelters. And yeah, while proposing your bills today, especially Intro 739, and when discussing the experiences of Black migrants in New York City, I hope you will also consider and propose a plan to hold accountable the Adams Administration and the public and private entities responsible for the management of the shelter where this already vulnerable population continues to be re-victimized and be traumatized. I'll leave it there. Thank you.

CHAIRPERSON AVILÉS: Thank you. I appreciate. I know you have more to say, I really do. I think with that I'm going to call the next panel. Thank you to all of you for your work. I know you are doing the people's work. Next, we are going

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 289
to have Iesha Sekou. I don't know if she's still
here. Arielle Wisbaum? Maybe not. Connie Ticho?
Moira Shoush. Moira? Olivya Veazey? Thaerou Barry?
And Bangaly Camara? Bangaly Camara? Thank you.

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MELISSA JOHNSON: I'll be speaking on behalf of Moira's behalf. Moira is a student organizer at Columbia University, and also interning with BAJI. So, she's testifying on how the city's failure to provide meaningful language access for migrants speaking indigenous Afro-diasporic languages contributed to the inability to access services or to effectively communicate with city agencies. The City's current language access laws only require city agencies to provide language access services for designated citywide languages, a group of 10 languages that currently only includes one indigenous Afro-diasporic language, Haitian Creole. The policy is a harmful departure from the City's previous language access law 2003 that required city agencies to provide language access assistance and individuals with primary language defined by the law as the language in which an LEP individual chooses to communicate with the others. Today, she speaks to the easily preventable obstacles that a friend who is

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 290 a Senagli as asylum-seekers, Chike Vay [sic], due to the lack of meaningful language access laws in the city. She was asked to translate on behalf of Chike for an experience that he had with NYPD. He's a 25year-old migrants who arrived in New York City last His primary language is Wolof, but he also speaks very limited French and very limited English. He had an incident or a run-in with NYPD where the officer explained that he violated a law requiring commercial cyclists to wear helmets. He was given a criminal summons. When he asked for explanation as to what the summons was and why the situation occurred or how he violated the law, she was called on his behalf via cellphone to translate. However, during the experience with the police officer, he was trying to indicate that he works as an Uber Eats cyclist and uses the app to document his time when he's on-cycle and when he is off. He relayed the information to the officer and to Moira who translated on his behalf, but the NYPD officer refused to take that into consideration. He was sent straight to court where the court translators did not have Wolof translation, nor did they have a French translator who could provide translation and

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interpretation services for limited proficiency for French. She's advocating that you avoid this issue by providing meaningful language access to African migrants in their primary language as indicated in previous laws that the City adopted. Thank you.

CHAIRPERSON AVILÉS: Thank you. Thank

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you.

THAEROU BARRY: My name is Thaerou Barry. I came from Guinea. Well I was born in Monrovia [sic]. Attend school there and graduated from high school. After that, my parent decide to for me to do a forced marriage to old person that [inaudible] my condition. I'm disabled. So they want to decide to [inaudible] my rights. I decide to run away and [inaudible] Guinea. I [inaudible] to one of my friends, and instead she brought me a ticket so I need to come to [inaudible] to ask for help. I need to further my education. I don't want old man [inaudible] 72 years [inaudible] and some children. I decide that my parents cannot force me traditional wedding to what I now want. I decide to follow my education because I'm a disabled -- what able can do, I can never do that. So I decide to come. parents said they will force to marry [inaudible].

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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    After I graduated from high school from 12 years,
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    after then I want to know my education. They said
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    no. I decide to marry. I said I don't want to marry
    because I saw most of my friends, they got married
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     [inaudible] okay. I'm looking at my condition. I
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    need help. So I decide to [inaudible] to my friend.
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    She told me that run away [inaudible] guinea.
    said the border is open. I can help you to pass
    through [inaudible] to enter, but I faced some
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    difficulty on the road. Since 2012 I've been
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    suffering. I don't have-- even I'm talking with my
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    family. They said they can't listen to me, because
    my parents forced to marry to [inaudible] I not want
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    to marry.
                CHAIRPERSON AVILÉS: Thank you so much.
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    I'm sorry. Thank you.
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                THAEROU BARRY: So I need help. I need
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    support. I don't have lawyer. Even if I [inaudible]
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    train or the bus, I don't have metro card. Last time
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    I was sick I went to the hospital. The nurses was
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    asking me for money. I told them I came from the
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    border. I don't have money. I'm not working. I'm a
    high school graduate, and also one of my friends she
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helped me. I went to airline [sic] school. I have my

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 293

AAA [sic] degree. I told her that I have my document.

I brought my document with me, but if I apply for a job, they can say if you don't have social security or working permit, you cannot have job. I enter since January 11, but I've been going to [inaudible].

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CHAIRPERSON AVILÉS: Ma'am--

THAEROU BARRY: I've been going to-[inaudible] one of my friends, she told me that
[inaudible] is not good for you. I am Muslim. The
food that they give [inaudible] is not good. It's not
healthful for you. [inaudible] you can find
solution. If the government can help you so you can
[inaudible] for life. I said, okay, thank you.

CHAIRPERSON AVILÉS: Thank you, Ms.

Barry, and thank you for your testimony. Moira? Are
you Moira?

OLIVYA VEAZEY: Olivya. Thank you for hosting this opportunity to testify today. My name is Olivya Veazey. I'm a community organizer with Urban Librarians Unite, as well as an oral history teacher at LaGuardia Community College. I spend a lot of time volunteering with African migrants. I promised some of my friends that I'll share testimony translated from French on their behalf. These are

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 294 from two asylum-seekers. I'm going to leave their names out. The first comes from a young Senegalese man. He told me, "Life in the shelter is not a life. I wouldn't advise anyone to live in such conditions. If you go out to look for work and you miss a meal, then you have to go find food. But if you can't find any work, how are you supposed to buy food. In the place where you sleep there's so much noise, and you worry about your cellphone and shoes being stolen, and you hear people arguing all the time. you've been there for 30 days, they'll kick you out in the middle of the night in the cold. They just don't respect us. To work, you need a permit and social security number. You're always told to go find a lawyer so that they can help you file your case, but that's too slow and they're too busy, and anyways, you can't go find a lawyer to help you file your case, because you don't work, you don't have any money to pay a lawyer to help you file your case. So now you'll stay like that until the day of your hearing before the judge when you haven't even filed your case. This life is really pitiful and complicated." The second testimony is from a migrant "My first night at Hall Street, I from Mauritania.

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 295 asked myself if I was in a psychiatric hospital or in a place of refuge. I saw quards who had no notion of humanity. It seemed they were just there to yell. asked myself if I was really in the United States. You meet staff at the shelters who would rather clean their fingernails than answer a question. Sometimes you ask a question, and strangely you get many different answers." This is me now. While helping people with asylum applications, I've translated the stories of dozens of Black migrants, and I can tell you that the people I've worked with are fleeing violence, torture, unjust imprisonment and persecution. They face retribution for organizing against slavery, fighting against political and ethnic oppression for their sexuality and for their religious choices. To wrap up quickly I'll just say in my capacity working with librarians, I know that many, many services for African migrants occur in the basements of libraries. I tell Black migrants almost every day that they can go to libraries for free, even just to charge their phones, and this is news to many of them. Library workers are extremely good at community engagement and resource distribution, and they also tell me that they would love to serve this

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 296 migrant community more. They're often being barred from shelters, and it takes them months to be able to get into just the family shelters to do story times. They currently rely mostly on the help of the mutual aid groups to facilitate this connection. We should have translations and translators in all public libraries which are already community spaces to allow everyone access to the resources available there. don't have to separate out our community resources into ones that are for asylum seekers, and ones that are for the rest of the people. This also creates social barriers between the two groups. It's much better if there are also places where people can come together. The community leaders also speaking earlier mentioned job fairs and job training multiple Librarians put on job fairs and connect times. people to career development resources all the time. So I just urge the City Council to think about that. Thank you very much for your time.

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CHAIRPERSON AVILÉS: Thank you all.

Thank you for your testimony. And now we will move to three virtual testimonies. Also, for anyone left in the room, if you were here to testify and have not done so, please fill out a witness slip with the

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 297 Sergeant at Arms. Now as we move to the virtual 2 3 panelists, please wait for the Sergeant at Arms to 4 announce that you may begin before starting your testimony. 5 SERGEANT AT ARMS: You may begin. 6 CHAIRPERSON AVILÉS: Mbacke Thiam? 7 8 SERGEANT AT ARMS: You may begin. 9 MBACKE THIAM: Hello? Hi everyone. [inaudible] 10 11 CHAIRPERSON AVILÉS: We hear you and see you. 12 13 MBACKE THIAM: Okay, thank you. My name 14 is Mbacke Thiam. I'm the Housing and Health 15 Community Organizer at Center for the Independence of the Disabled in New York. I'm also African immigrant 16 here in Harlem, and it seem like there is a urge on 17 18 myself [inaudible] not just on behalf of African 19 immigrants, but also on behalf of the impact that 20 will have on people with disabilities here. So, I think my most concern is for the lack of-- why we 21 didn't see Health + Hospitals in this room today. 2.2 2.3 think they are urged to come here and be able to tell

us how they are seeing the impact of the healthy

survey and how that provided an assessment to better

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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     cater to the needs of the immigrants [inaudible]
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    paying attention on the impact on hospitals that are
     closing like Beth Israel, like downstate -- SUNY
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     Downstate which is in Brooklyn, and all this may have
     on impact on the people with disabilities, but also
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    people with chronic disease. But in addition, as a
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    migrant as I know, there is a language barrier
     [inaudible] of finding in order to help people be
     understood when they are sick, when they're not
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     feeling well, and not always to rely on the language
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     line which was problematic earlier as we were saying
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    that. Language line may not communicate -- help
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    people communicate in their own language when they
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    have to speak Wolof or Haitian Creole or other
     languages, and they were offered French from France,
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     it's going to be different, [inaudible]. Also,
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     another problem in the health disparities for these
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               I'm writing written testimony--
    migrants.
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                SERGEANT AT ARMS: [interposing] Your time
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     is expired.
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                MBACKE THIAM: Yeah, I'm writing a
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    written testimony.
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CHAIRPERSON AVILÉS: Thiam, you can

submit-- you can submit your testimony.

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2 MBACKE THIAM: Yes.

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CHAIRPERSON AVILÉS: And we look forward to receiving it. So thank you so much.

MBACKE THIAM: Okay, thank you.

CHAIRPERSON AVILÉS: Next we will have Tanesha Grant.

SERGEANT AT ARMS: You may begin.

TANESHA GRANT: Hello. My name is Tanesha Grant. I am the Executive Director of Parents supporting Parents and Moms United for Black Lives, New York City. We are-- our focus our work is in Harlem. For the last three years, Parents Supporting Parents New York has been supporting our Black migrants who work very closely with Manhattan Adult Center. Chair, I suggest that you come to visit. This is a hub for Black immigrants, but the prob-and Black migrants, but the problem is they don't Language access is a real barrier have resources. for our Black migrants. I heard someone earlier testify about Wolof, the language that a lot of our African-speaking family speak, and we have big, big problems in Harlem and Washington Heights where we are not supporting migrants. I would be great if community-based organizations such as PSPNY could get

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
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    the funds to hire our own interpreters so that we can
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     include all of our community, and that our Black
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    migrants can stop being treater other than other.
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     The base of the migrant situation is a Spanish-
     speaking space, and that is not right. We have many
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    migrants of many different countries, especially in
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    Africa that cannot get the resources that they
    deserve. So I hope that this committee, you know,
     thinks about that and really start working with
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    community-based organizations, none of which I heard
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    today who have come to testify about the need for
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     support for our Black migrants and asylum-seekers.
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     Thank you for letting me testify, and thank you for
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    this hearing.
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                CHAIRPERSON AVILÉS:
                                     Thank you, Ms.
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     Grant. Always wonderful to see you. Thank you for
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    the work you do. And lastly, we will have Peter
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     Taron [sic].
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                SERGEANT AT ARMS: You may begin.
                CHAIRPERSON AVILÉS: Mr. Taron? And Mr.
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     Tarson, apologies.
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                SERGEANT AT ARMS: You may begin.
                CHAIRPERSON AVILÉS: Mr. Tarson, if
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you're speaking we can't hear you. Mr. Tarson, it

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 301 looks like your microphone is not working. It seems that you are unmuted, but we cannot hear you. Unfortunately, we are going to have to move on. we can't fix the microphone situation, but we welcome your testimony. You can submit it up to 72 hours post-hearing. Okay, Mr. Tarson. I'm so sorry, we can't get the technology fixed. Okay, so we have now heard from everyone who has signed up to testify. we have inadvertently missed anyone who would like to testify in-person, please visit the Sergeant at Arms table can complete the witness slip now. If we have inadvertently missed anyone who would like to testify virtually, please use the raise hand function in the Zoom, and a member of our staff will call on you in order of the hands raised. Okay, so we're going to call Taina Wagnac on Zoom.

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SERGEANT AT ARMS: You may begin.

TAINA WAGNAC: Good afternoon. My name is Taina Wagnac. I'm Senior Manager of State and Local Policy at the New York Immigration Coalition. Thank you to Chair Narcisse and Avilés for holding this historic hearing on the experiences of Black immigrants living in New York City. I also would like to take the opportunity to submit testimony and

COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 302 support of the prosed legislation Introduction 84 and 85 sponsored by Council Member Rivera. legislation supports the creation of humane policy by collecting data on the employment obstacles that recent arrival including [inaudible] including their chronic health needs. I'm deeply honored to submit testimony today shedding light on the experiences of Black immigrants living in New York. Living as a Haitian immigrant in New York City has been a very unique experience with its triumphs and challenges. For a start, you lie in a city that seems to celebrate Black culture where there are several different types of enclaves like Little Haiti, Little Senegal, and aided by also the fact that immigrants are job-creators and innovators. Yet, Black and African immigrants seem to be missing from the public consciousness in overall immigration conversation. And the reason community-- in fact, community-led initiative and grassroots organizations such as African Communities together have been playing a pivotal role in providing immediate support for Black asylum-seekers arriving in the city. Moreover, I just want to jump into our recommendation to the Council. We are grateful and happy to hear that MOIA

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 1 303 is aware of the community interpreter bank as well as 2 3 the language access worker cooperative. We thank 4 City Council for being a champion for language access 5 and for restoring in the budget \$3.8 million to continue the work that the language access 6 7 collaborative has started in expanding access to and 8 improving language services --9 SERGEANT AT ARMS: [interposing] Your time is expired. 10 11 TANESHA GRANT: [inaudible] communities. And we also call for City Council to baseline \$5 12 million in this City budget to continue this work, 13 14 and also call for the Council to implement CityFEPS 15 legislation and allocated resources to combat housing discrimination [inaudible]. 16 17 CHAIRPERSON AVILÉS: Thank you. Thank 18 you so much, Taina, thank you. So, just in terms of 19 last call for those who have registered but were not 20 present, we're going to make a last call? Yosmin 21 Badie? Peter Tarson? 2.2 SERGEANT AT ARMS: [interposing] You may 2.3 begin. CHAIRPERSON AVILÉS: Peter Tarson, if you 24

could try to unmute on Zoom. If you are speaking, we

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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS
                                                  304
cannot hear you.
                I'm sorry, Mr. Tarson, we still
cannot hear you. Porez Luxama?
                                 Yamina Kezadri?
Hildalyn Colon Hernandez? Michael Magazine? Damarc
Durce Barlatier? Porez Luxama? Melissa McCloskey?
Thierno Diallo? Zeinats Eyega? Mamadou Saliou
Diallo? Elsie Saint -- Damian Harris-Hernandez? Ninaj
Raoul? Arielle Wisbaum? Michael Magazine? Ronnie
James? Connie Ticho? Iesha Sekou? Bangaly Camara
and Peter M. Tarson? Seeing no one else, I would
like again to note that written testimony will be
reviewed in full by committee staff and may be
submitted up to a record of up to 72 hours after the
close of this hearing by emailing it to
testimony@council.nyc.gov. And with that, I want to
thank everyone for coming out today to offer
testimony, especially our service providers, our
mutual aid groups, our community members, and all of
those who have come out to share with us their
firsthand experiences. In the note of a beautiful
song, [speaking Spanish], means the beautiful faces
of my Black community. We see you. We will do
better by you. All people deserve dignity. Thank
you so much. And with that, I want to thank my co-
chair Council Member Narcisse for her tireless
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1	COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 305
2	advocacy as Chair of the Health Committee on behalf
3	of migrants. Thank you, and with that, we close.
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COMMITTEE ON IMMIGRATION WITH COMMITTEE ON HOSPITALS 307

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 13, 2024