CITY COUNCIL

CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION

Jointly with

COMMITTEE ON GENERAL WELFARE

And

COMMITTEE ON HEALTH

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November 15, 2018 Start: 1:13 p.m. Recess: 6:04 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Carlos Menchaca

Chairperson

Mark Levine Chairperson

Stephen T. Levin

Chairperson

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

Raluca Oncioiu Catholic Charities

Nicholas Freudenberg CUNY School of Public Health

Sienna Fontaine Make the Road New York

Bitta Mostofi Mayor's Office of Immigrant Affairs Commissioner

Grace Bonilla Administrator of HRA

Sonia Angell Deputy Commissioner at DOHMH

Miguelina Diaz Hunger-Free NYC

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

Hannah Scott Westside Campaign Against Hunger

Jerome Nathaniel City Harvest

Rachel Sabella No Kid Hungry NYC

Claudia Calhoon New York Immigration Coalition

Rose Duhan Commission Health Care Association of New York

Nyasa Hickey BDS

Hasan Shafiqullah Legal Aid Society

Paula Arboleda Bronx Legal Services

Tanya Wong Legal Services of NYC

Justine Kahn The Door

Alice Bufkin Citizens Committee for Children

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

Alisha Mohammed HIV Law Project

Marla Tepper
Planned Parenthood

Ernie Collette NYC Bar Association

Dimitri Glinski Russian-Speaking Community Council

Carlyn Cowen

Albert Cahn CAIR

Emma Cathel [sp?]

Joseph Lavelle Wilson NYLAG

Sandhya Pradhan Adhikaar

Persephone Tan
Asian American Federation

Mae Lee Chinese Progressive Association

Selvia Sikder India Home

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

Kerry Sesil
Arab-American Family Support Center

Eunhye Grace Kim Korean Community Services of Metro New York

Tasfia Rahman

Kiroko Hatanaka Japanese-American Social Services

Danny Alicea
Center for Family Representation

Faith Behum UJA

Anthony Feliciano

Mark Valinoti NMIC

2 CHAIRPERSON MENCHACA: Buenos tardes, 3 everyone. My name is Carlos Menchaca. I am the 4 Chairman of the New York City Council's Committee on 5 Immigration. I want to start by saying that some of 6 you might be here for this hearing, for the 7 Immigration, Health, and General Welfare, but if 8 you're here for the Correctional Health Hearing, Chair Powers of the Criminal Justice and -- this is a 10 joint committee with Health and Hospitals. hearing is now on the 14th Floor of City Council 250 11 12 Broadway, and you can make your way over there. 13 would like to thank the Speaker of the City Council 14 for his commitment to this issue. He'll be joining 15 us a little later today. I also want to thank our Chairs of General Welfare and the Health Committees, 16 17 Council Member Steve Levin and Mark Levine for their 18 partnership and for their commitment to protecting 19 the health and well-being of our City's immigrant 20 residents and families. I would also like to 21 recognize the members of the Immigration Committee 22 who have joined us. We have Council Member Holden 23 here and Barry Grodenchik as well from Queens, 24 Council Member from Queens is here as well. Today, 25 the Committee on Immigration along with the

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH Committees of General Welfare and Health will examine the Trump Administration's newly proposed rule to dramatically expand the standard of Public Charge. This is not just dramatic, it's draconian. This includes a list of public benefits that the Federal Government would treat as negative factors in Visa and Green Card applications. Along-- or among the public benefits included in the expanded rule that is proposed are SNAP, Housing Assistance, Medicaid, and Medicare Part D. We will hear from the members of the public, the advocates, as well as the Administration who will be able to speak on how this proposal will impact New York City and its residents. In addition to holding this joint Oversight Hearing, the Committee on Immigration is hearing two Resolutions today, Reso. 608 sponsored by the Speaker, authorizing the Speaker to submit a public comment on behalf of the Council to the Federal Register concerning the proposed change to the Public Charge Rule; and Resolution 609 sponsored by the Speaker opposing the newly proposed Public Charge Rule and urging the Federal Government not to move forward with its adoption. As Council Members of the City, it is our responsibility to protect the rights

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH and welfare of all our residents, including the 3.1 million immigrants who call this city home. immigrant community is an essential part of the City's fabric, our history, and the vibrancy that we each enjoy every single day. New York City would not be what it is without them, without our immigrant heritage. At its core, this proposed rule is an assault on immigrant communities, including our City's own immigration community and part of the Federal Government's patchwork of anti-immigrant policies. It effectively penalizes immigrants and immigrant families when they are poor, forcing immigrants to choose between their well-being and being able to stay in this country lawfully. targeting benefits that help families with food, housing, and healthcare, this proposed rule will deeply harm our communities. According to the preliminary estimate by the Mayor's Office of Immigrant Affairs, who we'll hear from today, an estimated 475,000 New Yorkers could be harmed by this Public Charge proposal. This includes 75,000 who must choose between accessing benefits they are legally entitled to or possible future adverse immigration consequences and 400,000 who are not

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 10 currently eligible to receive benefits, but would face possible future adverse immigration consequences due to their age, health, income, etcetera. Furthermore, this umber does not include the additional hundreds of thousands of immigrant New Yorkers who may dis-enroll from or forgo public benefits because of fear and confusion surrounding the proposed rule, which unfortunately we are already witnessing in New York City and across the nation. For immigrant families who rely on public benefits, but already experience barriers accessing benefits, this proposed rule would widen those existing gaps. For example, in the Asian-Pacific Islander community, which has the highest rate of poverty of all racial ethnic groups in New York City at nearly 25 percent, APIs are frequently under-enrolled in health insurance and other social safety-net programs, despite their high need due to factors including limited outreach, language access, and funding. proposed rule serves as another barrier that would prevent vulnerable immigrant communities from accessing benefits that are critical in caring for their health and well-being. However, this rule is

not final. It is not final. It is not final, and

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 11 until it is, we will continue to fight against it and with all of you. As part of this rule-making process, members of the public may submit comments to the Federal Government about this rule will impact them, their families and their neighbors. comment period ends on December 10th. The comment period ends on December 10th, and there are over 54,000 comments that have already been submitted and posted to the Federal Register, and I encourage you all to submit your comments as well to add the collective voice opposing this inhumane policy. have laptops here set up in the Chambers so you can submit your own comment, and I hope you will join us in sharing your own opposition, your own unique story to this proposed rule by submitting a comment today. And they are on that corner over there. Raise your hand, team. Thank you so much, team, for being here. We have laptops ready to submit your register. Can I just get a show of hands how many people have already submitted something on behalf of yourself or your organization? Please raise your hand. Very cool. Thank you. Please raise your hand if you will commit in public -- I don't think the cameras on you, but I'm going to take a picture, because this is the

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1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 12 2 kind of commitment that I want. How many of you will commit to putting a comment on the Federal Register? 3 Raise your hand. All of you. And I want to take 4 5 that very seriously here. Every voice should be heard in this city, in this country, and we're 6 7 already at half of the proposed -- not the proposed. We're already at half of the goal of 100,000 8 comments. If we can slow this down enough, we might 9 win this battle on Public Charge. So, I want to 10 thank my staff as well who has helped to prepare this 11 12 day today, my Senior Advisor, Caesar Vargas [sp?], my 13 Chief of Staff, Chociata Ming [sp?], my 14 Communications Director, Tony Cherioto [sp?], and the 15 whole committee staff, the Counsel, Harbani Alusia 16 [sp?], Committee Policy Analyst, Elizabeth Cronk [sp?], Finance Analyst, Jen Lee [sp?]. And with 17 18 that, I'm going to hand this over to my Co-Chair, Steve Levin. 19 20 CHAIRPERSON LEVIN: Thank you very much, Chair Menchaca. Good afternoon, everybody. I'm 21 2.2 Council Member Steve Levin, Chair of the Council's 23 Committee on General Welfare. I'm pleased to join my colleagues, Council Member Carlos Menchaca, the Chair 24

of the Immigration Committee, and Council Member Mark

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 13 Levine, Chair of the Health Committee to this very important hearing on a very serious matter, the Federal proposed Public Charge Rule. The Federal Administration's proposed rule newly includes public benefits like Supplemental Nutrition Assistance Program, SNAP, as an assessment of whether lawfully present immigrants deserve to stay in the country. SNAP is the cornerstone of the nation's safety net. The Nutrition Assistance Programs, providing assistance to millions of families to be able to provide food for their loved ones. In New York City alone over 1.6 million residents depend on SNAP benefits to care for their family's well-being. impact this would have on our City's communities cannot be overstated. SNAP helps lift families out of poverty and provides economic benefit for communities. Every SNAP dollar spent by recipients generates one dollar and 79 cents in economic activity, and every one billion dollars of SNAP benefits creates 9,000 full-time jobs. The economic impact of this proposed rule on New York City would be devastating, potentially up to 25,000 full-time jobs. When we talk about the Amazon issue, that's how many jobs could be lost by this proposed rule

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 14 alone. More importantly, we are concerned about the chilling effect this could have on New York City. look forward to talking with the Administration about what we can do to mitigate this. The proposed rule and leaked versions have already caused significant fear and confusion and could lead to hundreds of thousands of immigrant New Yorkers dropping out of benefit programs or not accessing services that they are eligible for, including those beyond the scope of the proposed rule. The Supplemental Nutrition Program for Women, Infant and Children, otherwise known as WIC, was included in earlier leaked drafts of the proposed rule change, but were not included in the final proposed rule. However, Public Health Solutions, which runs the largest community-based WIC program in New York State has already seen large drops in enrollment in their WIC program following the leaked rule. Low-income women, including immigrant women are disproportionately the primary or sole income earner in their households. The impact this would have on New York's families is alarming. This rule also comes at a time when the need for food assistance programs is greater than ever. According to the American Public Health Association, household

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 15 food insecurity has jumped 17.8 percent among immigrant families living in United States in 2017 from 9.9 percent in 2007. How alarming is that? percent to 17.8 percent in just 10 years. We need to be expanding access to social services and food assistance, not making it harder for people to access basic programs. As SNAP and WIC enrollment decline, the capacity of food pantries is also likely to be strained. HRA, through the Emergency Food Assistance Program, EFAP, administers funding and coordinates the distribution of shelf-stable food to more than 1,000 food pantries and community kitchens citywide, reaching a total of 1.4 million New Yorkers. And the need is increasing. Hunger-Free America found that New York City's food pantries and soup kitchens fed six percent more people in 2017 than the previous year. This proposed Public Charge Rule would likely further increase this demand. I want to thank Barry Grodenchik who has been our champion here at the City Council over the last several years on expanding EFAP, and we've been successful in that endeavor. want to thank the Speaker as well. Today, we seek to learn how the proposed Public Charge Rule could

potentially impact immigrant New Yorkers and their

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CHAIRPERSON MENCHACA: Thank you, and our Chair for the Health Committee, Council Member Mark Levine.

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2 CHAIRPERSON LEVINE: Thank you, Chair Thank you, Chair Levin. I'm happy to be 3 Menchaca. together in this very important fight. Immigrants 4 5 are under assault in the Trump era on many, many fronts, and this hearing is focused on the latest 6 7 line of attack. The Public Charge policy unfortunately is not getting the attention it 8 deserves, and today is in part about shining a light 9 on this and mobilizing the people of the City to push 10 back. The truth is that this policy change is no 11 12 less serious of a threat than the assaults on DACA, 13 and certainly more imminent a threat than the 14 President's absurd and outrageous idea of revoking 15 Birthright Citizenship or his bizarre obsession with 16 building the wall. This is a threat which is imminent 17 and serious and must be confronted head-on. And let me be clear about what's at stake in this Public 18 Charge Rule change. If this goes through it will 19 20 bring about nothing short of a public health crisis for this city and for this country. This rule change 21 2.2 will mean reduced participation in Medicaid, reduced 23 participation in SNAP and housing assistance, and much, much more as my colleagues have detailed. 24

means that families in this city will forgo neonatal

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 18 They will forgo annual check-ups and vaccinations and preventive healthcare in general. This rule change would exacerbate a frightening trend already underway in the Trump era, of immigrants documented and otherwise showing greater and greater reluctance to go to see a doctor until they land in medical crisis, forcing them into the emergency room. This is already having alarming medical consequences. As we for example in the resurgence of tuberculosis in New York City after decades of decline, a change that can almost exclusively be attributed to the reluctance of immigrants who are most vulnerable to contract this disease from seeking medical care because of the climate of fear created by the Trump Administration. And the truth is that TB and all microbes, they don't care what your party registration is or what your documentation status is. They affect every segment of the population. this hearing is in part about making it clear that what would perhaps seem like an obscure bureaucratic change in policy, in fact, would have deadly real world consequences for immigrants, for their families, for all of us, and this City is going to do

everything in our power to stop this threat, to

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 19 embrace and support the immigrants who make this city the greatest city in the world, and we're going to protect our people in this era of attacks from a hostile Administration in Washington. And as my colleagues have mentioned, every single person who is watching this hearing, who is taking part of this hearing in person or online can and should make their voice heard. And as the Chairman mentioned, if you're here in person you'll have a chance to do that by offering a comment on one of the computers that we have available. If you're watching at home or following us online, you can, too. It's a very simple URL you can visit: Protectingimmigrantfamilies.org, which gives you a very simple user-friendly way to speak out in your own words about why you see this as a threat to the well-being of this country. I look forward to discussing with the Administration about their plans to educate, to inform, and to mobilize, and of course, hearing from our many important advocates for the immigrant community, and people who themselves will be affected in our discussion today. Thank you

again, Mr. Chair, and back to you.

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CHAIRPERSON MENCHACA: Thank you, Chair
Levine, and we are joined here by Council Members
Gjonaj, Powers, Ayala, Salamanca, and Adams, and
Dromm and Grodenchik. Thank you, and we are going to
call our first panel, and this is our community
panel, Catholic Charities, Riluca okay, we'll get
your name. Okay, first, that's Catholic Charities.
Second one is CUNY Urban Food Policy, Professor
Nicholas Frodenberg [sp?], and the last one is Make
the Road New York, Sienna Fontane [sp?]. Collect
testimony over here. We want to give you each three
minutes. We're going to be putting a clock on our
testimony. We have many folks that want to testify
today. We want to hear from everyone. I appreciate
if you can if you can use your testimony as an
opportunity to focus on things that have not been
spoken to as we kind of go through the larger
discussions and really kind of focus on some of the
things that we need to think about as a committee
with members here present to listen. We've also been
joined by Council Member Alicka Ampry-Samuel. You
can please start. Make sure that the light is red on

the--

2 CHAIRPERSON MENCHACA: Perfect.

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RALUCA ONCIOIU: Thank you. Good afternoon. My name is Raluca Oncioiu. I am the Director of Immigration Legal Services and the Immigration Hotline of Catholic Charities Community Services, and I'm here today to testify both on behalf of our Division of Immigrant and Refugee Services and of our Case Management Department about the effect that we're already seeing on the ground in our communities, even though at this point this rule is just a proposal and not a final rule. already been said, what these proposed federal regulations do is significantly alter who will be granted a Green Card, who will get the extended visas, and who will get to change their status. it also, stokes confusion and uncertainty even among the people who would not be affected by it. I would like to tell you a little bit about the Immigration Hotline and the role that it's played so far in confronting this crisis of confusion. The hotline is a state-funded hotline. It's available toll-free, and it's mission is two-fold. It seeks to provide basic information, correct information to those who have immigration questions, not legal advice, just

released. As part of this response, we organize a

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 24 concerned about the effect of their taking of public benefits would have on their ability to successfully petition for family members. Ten percent of them, of the calls, were people who had pending applications or who are intending and had a possibility of applying for a green card, and now they were worried that they wouldn't be able to do so because their family members had been receiving benefits. percent of the calls were about benefits that would not even factor into a determination on Public So, the benefits that were mentioned before, Charge. WIC, for example. Thirteen percent of the callers reported taking Medicaid; 10 percent reported taking SNAP, and five percent subsidized housing. addition to these calls that came from the phone bank, the hotline also answered another 337 calls during October. This brings the total of calls about Public Charge that we answered to 1,107-- I'm sorry-to 1,174 calls in the month of October. That's 36 percent of the total number of calls we received. you compare this to September, in September we only had 34 calls about Public Charge. That was two percent of the calls that we received in September.

So, from two percent to 36 percent. People are

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with his wife and three U.S. citizen children.

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2 family couples together income from various employment services, much of which is seasonal and 3 4 unpredictable. After much encouragement, the wife applied for SNAP for the children. Upon learning 5 about the proposed change in the Public Charge Rule, 6 7 Manuel closed the case. All I want to do is work and take care of my family by myself. I'm a good worker. 8 I can get another job. Manuel already works two 9 When his case manager reminded him that he can 10 access food at our local food pantry and that there 11 12 are no consequences under the proposed Public Charge 13 rules for getting food from a food pantry, Manuel 14 respectfully declined. One last story: Roberto is a 15 9/11 responder. He developed a debilitating chronic illness as a result of his participation in the 16 17 clean-up effort. He receives regular medical care at 18 a local hospital, and he's described as a hardworker, kindly man, and someone who is very rule 19 20 abiding. Roberto is in the process of fixing his immigration status. However, he does not currently 21 2.2 have work authorization. During most of the time in 23 the U.S., Roberto lived with his brother who supported him throughout this process, but last year 24 his brother's failing health prompted him to relocate 25

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CHAIRPERSON MENCHACA: Can you give us the number of this hotline, please?

RALUCA ONCIOIU: I'm sorry, I should do that. I should know it by heart. It is 800-566-7636, 800-566-7636, and it operates Monday through Friday from 9:00 a.m. to 8:00 p.m. It's toll-free and we speak up to 200 languages through an interpreter service. Our operators speak eight languages.

CHAIRPERSON MENCHACA: Thank you. And I just want to say, we're going to try to keep it to time, but I think what was really important is the data and the stories that are behind the fear that we're trying to understand right now. So thank you so much for the fullness of your testimony today. Professor?

 $\label{eq:nicholas} \mbox{ NICHOLAS FREUDENBERG: Good afternoon.}$ Thank you.

CHAIRPERSON MENCHACA: Make sure your mic is on. Yeah.

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Because

of immigration rules, and a concerted campaign to

raise the level of fear among immigrants.

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each of these changes has the potential to exacerbate the negative impact of the others, in my testimony today, I'm going to discuss the cumulative consequences of the cascade of proposed changes rather than only focus on the public charge rule. And I think the study that Chairman Levin quoted before, released this week by the American Public Health Association, provides the first scientific evidence of the fact that this proposed change is already having an impact, and that reinforces the anecdotal impressions that I think many of us in the room already have. Why is food insecurity and food security important in New York City? A robust body of public health evidence demonstrates the negative consequences of food insecurity and hunger on children, families and communities. Compared to food secure individuals, those experiencing food insecurity are at higher risk of behavioral and cognitive problems, coronary heart disease, diabetes, hypertension, depression, physical inactivity and poor health status. Food insecure learners of all ages, from preschool to college, are less likely to achieve academic success than their food-secure peers, and our studies at CUNY have identified about

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 31 60,000 food insecure students at the City University of New York, many of whom are immigrants. Food insecurity is also associated with overweight and obesity, since those with inadequate resources for food are more likely to choose the less-expensive, calorie-dense but nutrient poor foods. A study that we published--

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CHAIRPERSON MENCHACA: [interposing]

Professor, I'm going to ask you to pause here. Can
you skip over to the policy recommendations and
options that you have?

NICHOLAS FREUDENBERG: Yes. Thank you.

And I think the key challenge for the City Council and for all of us in the room is to say, "What are we going to do about this?" And in the coming weeks, our institute in consultation and in partnership with several food security and immigrant service organizations will propose a set of policy and funding recommendations that will enable an immediate response to the threat of growing food insecurity, and we welcome your feedback and the participation and partnership of other groups. So, here are a few of the ideas that we're proposing. That we add incentives or discounts for healthy food to IDNYC,

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

2 | the New York City Municipal Identification Card.

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3 There are already some food benefits. City Council

4 funding for more would put healthy food in reach. We

5 propose increasing the number of trusted community

6 sites, churches, schools, community agencies where

7 immigrants and other food insecure families can pick

8 up food. The notion of being able to trust the place

9 where you get food is something we heard repeatedly

10 | in our interviews and survey. Third, we propose

11 | expanding support for emergency food programs to use

12 | mobile technology to schedule visits or deliver food

13 | to user's homes to allay immigrants' concerns about

14 | frequenting public places. Fourth, we propose

15 strengthening in the infrastructure for distributing

16 and storing healthy food in programs that are already

17 serving food to vulnerable populations. Many

18 | frontline groups report difficulties in serving the

19 people who come to them because of inadequate

20 | infrastructure and staffing. We propose enabling

21 community organizations to expand outreach and

22 | education to ensure that food insecure individuals,

23 whatever their immigration status are welcome, and to

24 lead campaigns against stigma. And finally, we

support providers serving immigrant populations to

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supplement federally supported benefits for noncitizen family members such as summer meals for
parents and older siblings of school children
eligible for federal program, to use city and state
funding's to supplement those federal programs to
provide additional food. As the City's immigrant
populations become more vulnerable and afraid of
using public benefits, city and state officials can
also strengthen and enforce vigorously other policies
that support their economic well-being, from
enforcement of wage laws and minimum wage to access
to affordable housing. And this puts more money in
the pockets of immigrants and allows them to get more
food. Ultimately—

CHAIRPERSON MENCHACA: [interposing]

Professor, I'll pause you there. I want to go to the next panel, and know that we have your written statements, and we want to work with you to develop these concepts and ideas, and so I hope that you can work with us and the committees to further that.

NICHOLAS FREUDENBERG: We're committed to doing that. Thank you.

CHAIRPERSON MENCHACA: Awesome. Thank you so much.

2	SIENNA FONTAINE: Good afternoon. Thank
3	you, Council Members, the Committee on Immigration,
4	General Welfare and Health. My name is Sienna
5	Fontaine I'm the Co-Legal Director at Make the Road
6	New York. Thank you for the opportunity to speak to
7	you today regarding this proposed rule. As we've
8	already heard and as we'll hear throughout the rest
9	of the day, the proposal has already begun to have
10	the impact that we can agree it was intentionally
11	designed to have, striking fear in the hearts and
12	minds of immigrant communities. This is a direct
13	attack as was said, mentioned earlier. As you know,
14	Make the Road New York is a nonprofit community-based
15	membership organization with over 23,000 low-income
16	members dedicated to building the power of immigrant
17	and working class communities to achieve dignity and
18	justice through organizing, policy innovation,
19	transformative education, and survival services. We
20	operate five community centers in Brooklyn, Queens,
21	Staten Island, Long Island, and now West Chester.
22	CHAIRPERSON MENCHACA: So I'm going to
23	pause you there and ask you to go right to

SIENNA FONTAINE: Sure.

2 CHAIRPERSON MENCHACA: your

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recommendations, please.

SIENNA FONTAINE: Sure. So, as you can see, we have a story in our testimony. I think the important thing here is the information that needs to be put out and the campaign that we need to really engage in to inform our communities. We have seen hundreds of folks coming into our offices just recently, and you know, wanting to know about what they should do, that they're planning to dis-enroll, and for the most part there are many people who are eligible and will not be impacted by this rule. so the information campaign that the City has already begun to engage in with Make the Road, with other providers in this room, is going to be critical. Another piece that is not mentioned in the testimony, but is the information that private attorneys in the private bar and immigration attorneys are sharing with their clients and encouraging them to get off benefits when they shouldn't be, and so I think it's going to be critical to figure out resources in ways to really get to the bar, and private attorneys that are not necessarily engaged in some of the work that folks here are, to make sure that they are not giving

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incorrect recommendations to their clients, and it's striking fear in doing that. And so that's something that we hope that the City Council will really engage in and work with us on in terms of this intense kind of campaign to make sure that the information is out there. We list, you know, the other policy recommendations, working with community-based organizations to supplement the services that we know that they will need as they dis-enroll despite the campaign of information that we hope to engage in. Increasing those immigration legal services and legal services for benefits providers who are going to be on the front lines and doing screenings. And lastly, we really encourage the City, which I know will be discussed later, but to submit comments strongly opposing this and really highlighting the introduction of heavily weighted negative factors and its discriminatory attempt, and so we hope that the City will take that into consideration. Thank you.

CHAIRPERSON MENCHACA: Thank you. So, I want to thank all of you for really helping set the tone for the different areas of impact, and each and every one of you are going to be part of our kind of collective city work to further not just the outreach

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SPEAKER JOHNSON: Thank you, Chair As the Chair said, my name is Corey Menchaca. Johnson. I'm Speaker of the New York City Council, and I want to thank the Chairs of the Immigration, General Welfare, and Health Committees, Council Members Carlos Menchaca, Steve Levin, and Mark Levine for spearheading the Council's effort to holding our government accountable to the City's immigrant

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

1 38 2 residents and their families. We are proudly a sanctuary city. In this mind-boggling time when our 3 4 military, our proud service members that we honored over the weekend, are deployed to bar entry to a 5 6 group of asylum seekers in a brazen political stunt 7 that serves no legitimate purpose. During these times we want New York City to stand as a beacon on a 8 hill showing a different way and path forward. Ever 9 since the first link of a Public Charge Rule in 10 February of 2018, we have been preparing for this 11 12 hearing, especially Chair Menchaca, and the work that 13 still remains to establish a path forward for all immigrant New Yorkers that does not undermine our 14 15 city's policy making authority for our residents and 16 does not result in a public health crisis that I hear 17 is looming on the horizon because of this inhumane 18 proposal. While some form of a Public Charge Rule has been part of U.S. Immigration Law for more than a 19 hundred years, the Federal Government, as you've 20 heard in the opening statements and in the first 21 2.2 panel, and I want to thank those panelists for being

here, the Federal Government is now proposing a rule

number of people eligible for a green card or a visa.

that would drastically, dramatically reduce the

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This includes significantly expanding the list of public benefits that are subject to a public charge determination such as SNAP, non-emergency Medicaid, Medicare Part D, and federally funded housing assistance. Forcing individuals to forgo accessing critical benefits that they are eligible for, mothers, children, the elderly is cruel and is un-American. This is not a surprise, sadly, from a man who came to the White House promising to build a wall-- I saw on CNN when I walking after he was meeting with Republican Senators right now to continue talking about the wall -- to build a wall to divide us, and it has ramped up a war on immigrants with cruel policy after cruel policy. It is not a surprise, but it is certainly a total disgrace, and one that we will not let pass by without putting up a fight. Today, I am sponsoring two resolutions that are being heard by these committees. Resolution 609 calls on the Federal Government to reconsider its proposed Public Charge Rule. The underlying assumption of Public Charge is that individuals only have value if they are 100 percent self-sufficient from birth to grave. It doesn't take an expert to realize the logical fallacy in such a crazy

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 40 assumption. Sometimes people need a little help. There's really no shame in that. People say people need to be pulled up by their boot straps. If you don't have boot straps, how you going to get pulled up? My own family struggled when I was a child. lived in public housing when I was nine years old until I graduated high school at 18 years old, and thank God we had it. I am now Speaker of the New York City Council, serving the city that I love as best as I can, and I wouldn't have got here today if it wasn't for the help that's been provided to me. What this policy is doing is making it so that people who need some help, food, food stamps, or Medicaid, or housing assistance like my family had, they are now being told they're not welcome here in our country. That is absurd. Our immigrant neighbors and friends contribute every day so much to this city and to this country. Like many native-born Americans, they sometimes need a helping hand. There is nothing wrong with that. Let's not penalize them for it. And if you look at the big picture, we are not just penalizing them. Our society as a whole will suffer. Across the nation we're already seeing

a drop in enrollment for benefit programs included

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 41 and excluded from the rule because of the fear this has incited. If families, if children lose access to SNAP, housing assistance, Medicaid, and Medicare Part D, we will invariably see rises in homelessness, taxed food pantries, and higher rates of reliance on emergency rooms and hospitals across this city and across the country. I don't think anyone wants that or in any way thinks it is helpful to our city or to our country. I look forward to hearing from this Administration who has been a great partner on all of the work we've done on immigration. I want to thank the MOIA Commissioner for being here, for her steadfast and consistent leadership. I look forward to hearing from them about any changes in enrollment that they are seeing and ways in which they are planning to respond programmatically to the heightened need of New Yorkers resulting from this proposed rule, and I hope that we come away from today with an accurate picture of the proposed Public Charge Rule and a renewed promise to immigrant New Yorkers and their families that the City of New York not only values its foreign-born residents, but is also committed to their success by offering cityfunded benefits and programs unaffected by this

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 42 proposed rule. And I also want to talk briefly about Resolution 608 which authorizes myself, the Speaker of the City Council to submit a public comment as part of this process on behalf of the entire City Council calling on the Federal Government to reconsider its proposed rule regarding the Public Charge. As part of the federal rule-making process, all members of the public are invited to submit a comment concerning the real life impact this rule might have should it go into effect. While this resolution would authorize me to submit a public comment on behalf of the City Council, on behalf of the municipal legislature in the City of New York, I know that the most valuable comments are honestly not They are from those made by members of the from me. public who will be directly affected by this rule, whether that be in your families, your neighborhoods, or your jobs. We have laptops set up for the public who is here today to complete a comment before you leave, or you can submit a comment on your own time by going to regulations.gov. The comment period will close December 10th, 2018 at 11:59 p.m. I am proud, so proud, to serve in such a diverse city, and I have no intention of standing by idly by. None of us do

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 43 in this council. As this Federal Administration targets our residents and immigrants across this country. I hope you will join me in sharing your own dissatisfaction and disgust with this new rule by submitting a public comment. Again, I want to thank Chairs Menchaca, Levin and Levine for your commitment to this issue. I especially want to thank my dear friend Carlos Menchaca who has been an incredible leader on all issues related to immigrants and immigration in our city, never stopping to-- stopping the drum on behalf of immigrants who are affected, and I really am grateful we're having this hearing today. You know, there is something so wrong and despicable with the assault and cruel and inhumane measures that are being proposed every single day by Steven Miller and other racist, xenophobic folks inside of the White House, and at every opportunity that we have as a body we will stand up. fight back. We will publicly fight back because we know what is at stake here. We know what history is teaching us when segments of society are targeted and targeted and scapegoated, and it becomes, I guess, a bit of a daily nightmare, and it's not of course as traumatic for me as it is for folks who have to go

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 44 through living under this fear and cloud, but this weighs on all of us psychologically to have to be able to see what's going on, and I believe when history looks back they will ask who spoke up and who didn't speak up, and when history is written they will see that this City Council stood up and spoke Thank you, Chair Menchaca.

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up.

CHAIRPERSON MENCHACA: Thank you, Speaker Johnson, for your words and your encouragement and that leadership that we're going to need every single day as we fight not just on Public Charge, but really everything that is in an onslaught impacting our immigrant families. With that, we are going to hear from our Administration, and we have here leading the Administration's testimony Commissioner Bitta Mostofi. We have also Grace Bonilla from the New York City Human Resources Administration, HRA, and Sonia [sp?] the Deputy Commissioner at DOHMH, Angen? [sic] Angell, Angell. We are going to swear you in Thank you so much for being here today, and if you can all raise your right hand our counsel will swear you in.

COMMITTEE COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth

2 in your testimony before this committee and to 3 respond honestly to Council Member questions?

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COMMISSIONER MOSTOFI: I do.

COMMITTEE COUNSEL: Thank you.

COMMISSIONER MOSTOFI: Thank you to the Speaker, to Chair Levin, Chair Levine, and Chair Menchaca, members of the Committees on General Welfare, Health, and Immigration. My name is Bitta Mostofi. I'm the Commissioner for the New York City Mayor's Office of Immigrant Affairs. I'm joined today by my colleagues from the Department of Health and Mental Hygiene and the Department of Social Services. Thank you very much for calling a hearing on this important topic. The foundation of a fair and just society is the moral responsibility we carry to help those in need. That responsibility underlies the work that city agencies do every day, whether we are providing medical care to pregnant women, helping families get the food they need, or assisting tenants to afford their rent. Ultimately, we are doing this because we understand that helping those in need is the right thing to do. The Trump Administration's proposed rule on inadmissibility on Public Charge grounds by contrast is an un-American, immoral attack

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also called food stamps, non-emergency Medicaid, low-

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 48 income subsidies for Medicare Part D for prescription drugs, and public housing and Section 8 vouchers, and rental assistance. In addition, the proposed rule would change the way immigration authorities considered the likelihood that someone will become a public charge. Under current law and policy, the government weighs various factors such as age, health and income to determine whether someone will become a Public Charge, but someone who presents and affidavit of support from a friend or family member, for example, is generally not considered likely to become a Public Charge regardless of these other factors. By contrast, the proposed rule would require each factor to be considered separately. This would make it much more probable that immigrants would be considered likely to be a Public Charge even if they have never been eligible for benefits or received benefits, and even if they have an affidavit of support. Taken together, this proposed rule represents a dramatic departure from existing federal policies that will harm low and income immigrant families. Because of the great degree of misinformation and anxiety that has surrounded this proposal, I want to address a number of things that

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considered as a negative factor concerning an

application. Last, the proposed rule exempts many

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

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50 categories of immigrants from its scope based on immigration law. Public Charge inadmissibility does not apply to green card holders and applicants for citizenship. The rule also excludes refugees and asylees [sic], applicants and re-registrants from temporary protected status, special immigrant juveniles, self-petitioners under the Violence Against Women Act, U-visa holders, and others. The proposed rule has not gone into effect, but if finalized, the proposed rule would harm hundreds of thousands of New Yorkers. As written, the proposed rule would force many immigrants to choose between access to crucial public benefits and regularizing their immigration status. This impossible choice has already created anxiety and confusion that existing federal policy, as I noted, was meant to prevent. have heard disturbing reports as we did from the panel previously about immigrants withdrawing from or considering withdrawal from public services due to this confusion. We are deeply concerned about these reports, and we're committed to monitoring and combatting this fear. These harms are not unintended side effects. This proposed rule appears to be

designed to hurt hardworking immigrant families in

education, reemployment history, or income and assets

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among other factors. We fear that hundreds of thousands more New Yorkers, including U.S. citizens and immigrants who are not subject to the proposed rule may withdraw from benefits or forgo benefits for which they are eligible. We are already working to combat this large-scale chilling effect. Lastly, the proposed rule would hurt the City's economy. finalized, we estimate that the City's economy would lose at least 420 million dollars annually in public benefits support and economic activity. I want to emphasize for New Yorkers that this proposed rule has not gone into effect. It remains possible that the proposed rule will never go into effect. Moreover, even if the rule were to go into effect, it would not change eligibility requirements for public benefits programs. The proposal is exactly that, a proposal that must face public scrutiny and comment. public can weigh in on the proposed rule until December 10th, and I encourage interested New Yorkers to make their voices heard by submitting comments as you can do here today. Turning to the City's response to the proposal. The City has tracked this issue closely since the first days of the Trump Administration when a leaked draft Executive Order

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revealed that the Administration intended to target immigrant youth of public benefits. Our focus throughout this process has been ensuring that the community and stakeholders have information they needed. We're encouraging individuals to make their voices heard about the potential proposal and providing avenues for New Yorkers to get more information and the help that they need. Once the leaked draft regulations appeared in the media in early 2018, MOIA immediately began working with our sister agencies. We work to ensure that New York City's immigrant communities and other cities were well-informed about the issue. We briefed agency heads and city leadership in the spring, and dedicated a section to this issue at the Cities for Action Conference in May. After the Department of Homeland Security posted the draft language of the rule, we immediately began working to analyze the proposal and formulate a response. Shortly after, we produced talking points for agency staff and a public facing information flyer in all of the City's local law languages. Through interagency collaboration with DOHMH, DSS, New York City Health + Hospitals and other agencies, we were able to distribute

The Administration also hosted a community and ethnic

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Borough Presidents, poverty advocates, faith leaders,

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With the historic investment in legal services form

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 57 the Mayor and the City Council, MOIA has been able to work with other city agencies, legal services provider community and community partners to provide high-quality immigration legal services and help for community providers build their own capacity. ActionNYC providers have already been trained on Public Charge and are ready and able to provide individual guidance to immigrant New Yorkers. We have also worked, as noted, with the Office for New Americans hotline operated by Catholic Charities to ensure community members can reach reliable information and get referrals. I want to thank the Committee Chairs for calling this important hearing and for the work that you are doing to make sure communities have good information at this time. trump Administration's proposed rule on Public Charge is a hateful and draconian attack on immigrants working to make ends meet and keep food on the table, and it is vitally important for us to share accurate information and make sure that all New Yorkers know how to make their voices heard. We are gravely concerned both by the anti-immigrant sentiment behind the proposed rule and by the havoc it will wreak on

our neighbors, family members, and communities.

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de Blasio Administration knows that the contributions of immigrant New Yorkers are a central part of what makes the City and country great. I am proud to stand alongside my colleagues across the Administration in the City Council and in our provider community to fight this proposed rule and work to ensure that all New Yorkers feel safe and welcomed getting the help that they need. Thank you.

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CHAIRPERSON MENCHACA: Thank you, Commissioner, and to your team here, and for answering questions. I'm going to ask a first question and then hand it over to the Speaker and anyone else who has questions on the Chair-- for the Chairs. And really, when I'm thinking about the first panel and thinking about the hotline and what we're seeing already in the shifts in the hotline and the questions and the data that was presented, the stories about families who aren't even impacted by the Public Charge proposal or even Public Charge at all are having an impact, the healthcare crisis that we're already seeing and the food access issues. What is the most important thing, the single most important thing that you think this city, this Administration should be focused on right now?

2 is-- out of all those things that are being presented

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4 single-most important thing that you think we should

5 be focusing on and how are you putting resources

6 towards that goal?

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COMMISSIONER MOSTOFI: So, I'll say a couple of things. I think top line as you heard throughout the testimony, we think the most important thing is to fight back, ensuring that there isn't a final rule that ever goes into effect that would in fact inflict this harm on our communities. We feel as though there's something to be celebrated even if a small sliver of hope in the work that advocates, cities, other leaders did to push back against the broad leaked draft, in narrowing the scope of what was ultimately proposed, but there's still work to be done and we are centrally focused on ensuring that we're doing everything in our means to push back against a rule ever being finalized. I thinks secondarily we know that that chilling effect is already real and well underway. It's not, you know, rocket science to say that we need to do everything in our power in all of the different channels at our disposal to saturate good information and connect

committees on immigration, general welfare, and health 60 people to resources and services. We've done that in many of the ways that we articulated, but our focus is really in that campaign to ensure that communities know that this is not a final rule, that they know that there are resources immediately available to them to get good information on what their individual impact might look like, and then for us to continue to work with our agencies to monitor what the impact is on the ground in terms of benefit utilization.

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CHAIRPERSON MENCHACA: And very technically speaking, and really thinking about worst case scenario, if we do not win this battle at the federal level on Public Charge and that the Public Charge even with our 100,000 unique stories that should be enough to change the Federal Government, that we have a very specific problem in front of us. And it's not just impacted directly folks that will be impacted by Public Charge, but it's essentially a larger group of folks, even non-immigrants in our neighborhoods and the healthcare issue. So, what we're really speaking about here is increasing the access to services and really ensuring that no barrier exists and that the City understand the need there. In some ways we kind of do know some of that

need. A lot of it is information and confusion, but essentially what we're saying is that the City's going to have to then provide and the state. So, I kind of want to hear from you on that. What essentially worst case scenario are we doing to rev up for that, and what is the Administration doing to be ready to say we're going to take care of our New Yorkers, and here's the plan?

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COMMISSIONER MOSTOFI: You know, so I'll say, we are singularly focused at this moment on mitigating the chilling effect and pushing back against the rule. We are in parallel working on the drafting of comment that we will submit, and in doing that work we are assessing with our sister agencies what they're seeing and what they're hearing in terms of what the real impact looks like. We have talked to organizations and others and had our own internal conversations around what would happen if this went into effect, and how could the City look at addressing the real concerns we have around access. So, those are conversations that we have begun in parallel to the work that we're doing. As I noted, we welcome feedback, the recommendations and ongoign conversations around what would look like the right

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 62
2 approach and ensuring that that access is not chilled

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[sic].

CHAIRPERSON MENCHACA: Okay, I'm going to hand this over to Speaker Corey Johnson.

SPEAKER JOHNSON: Thank you,

Commissioner. Thank you all for being here today,

for everything you're doing. Thank you for your

detailed testimony and for the proactive coordinated

approach that you all have taken since this first

leaked. I really, really appreciate it. I have a

couple of questions. Of course, we hope this rule is

not enacted, but if for some reason it is, and the

way it's been proposed, what do you think will be the

immediate short term and long term needs of the

impacted populations.

COMMISSIONER MOSTOFI: Thank you for the question. So, we did release the preliminary analysis that we spoke to in the testimony, and we are looking even further at understanding what the impact would look like beyond that, as a way of kind of taking the methodology that we already put forward on an impact analysis and going even deeper in understanding what we think the ramifications will be. In doing that, we are also, as I noted, in

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parallel working with agencies who are in direct communication with frontline staff. Having both shared information on resources with them, but also receiving information from staff on impact, and I can turn to my colleagues to add to that. I think, you know, we have consistently in response to these federal proposals from the proposal determining DACA to TPS and others really focused on making sure that we are engaged with the community and with providers and partners so that we can be adequately responsive. We have been monitoring closely the calls that are coming into our ActionNYC hotline to understand are we, you know, do we need more resources there? Are we at capacity? Are we able to connect people with the resources that they need immediately? And we're going to continue to do that work kind of across all

SPEAKER JOHNSON: And where do you see gaps in existing services as we have to prepare for the worst? Where do you think those gaps exist right now?

benefits utilization that the City administers.

ADMINISTRATOR BONILLA: So, as we look at what we're doing at HRA, one of the things that has been wonderful about the partnership that we have

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 64 with the City is that we have in our short history seen that we've been able to fight back what the federal administration has put forward. year was a perfect example. I believe Commissioner Banks was in the middle of a budget testimony wondering what we do about HEAP when it was said that it would be taken off -- the Federal Government would no longer fund HEAP. That did not happen. believe that what the Commissioner is saying is exactly true. We have recent history that says that if we all work together, there are certain things that will not happen that we can push back with the Federal Government. While we are having conversations about what we would need to do to mitigate any damages, we are singularly focused on making sure that we're responding to this rule, and that we could mitigate those damages. For example, SNAP is something that is new. It wasn't in the regulation before. We're hoping that we can push that back. have not seen an impact where we could say that our numbers have changed because of this rule. are, again, looking at everything that you're pointing to, Speaker, but we have not seen anything that points to the fact that we should start having

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 65 those conversations without really fighting back this rule.

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Angell, I wanted to ask you about health impact. Of course we know that SNAP, Medicaid, Medicare Part D, housing assistance benefits, more than just an individual, that they're receiving. It also has indirect impacts or direct impacts on other members of the household that are living with someone who may qualify for these benefits, and some of those folks are folks who likely are U.S. citizens. As you work to quantify the impact of the new rule, how are you thinking about the health impacts on New York City households, and if the rule is enacted, how do you propose to ensure that we continue to strengthen the health and well-being of people who are affected?

DEPUTY COMMISSIONER ANGELL: Yeah, this is of considerable concern, obviously, because as you mentioned it's not just the individual; it is the family, and I would also say the community at large is impacted by that experience. As an agency we maintain a very high level of technical understanding of the impact. For example, people not seeking treatment for an infectious disease which then might

have a knock [sic] effect in terms of others in the community who might then contract it. We worry very much about, for example, if people don't seek services for TB treatment as a result of this, don't go to our sexual health clinics as a result of this. Based upon our understanding of treatment, we can then understand the larger impact that it has. are in a position that we can model the broader impact of it, but I will echo what my colleagues here are saying is the most important thing at this time is that we mitigate the impact of this chilling effect right now because we remain and have always been open to services regardless of immigration status. We don't ask about immigration status when we provide our services. And so the most important thing is that we ensure people that they can continue to seek safely the services that they need now to keep themselves and their community healthy.

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COMMISSIONER MOSTOFI: I'll just add one more thing to that which is to say that we-- one of the things that we did is we cross-trained city outreach workers including the public engagement unit that does get covered and speaks to individuals around health access. So, they have been trained on

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other needs.

2 what this is. They know how to be responsive and direct people to additional questions or individual 3 questions that they might have, and a part of that, of course, is at this time using kind of everything 5 at our disposal and assessing if there are additional 6 7 gaps and making sure people have that information and know what they can access in terms of health and 8

SPEAKER JOHNSON: Commissioner, how many people work at MOIA? What's your headcount?

COMMISSIONER MOSTOFI: So, MOIA, our headcount, I'll have to get back to you exactly on. We work in partnership with other agencies including HRA, DSS, and DCAS, and have about 70 individuals who work across these agencies that focus on this work including outreach work.

SPEAKER JOHNSON: But approximately, how many people just work in your agency?

COMMISSIONER MOSTOFI: Approximately seven just in the agency.

SPEAKER JOHNSON: Well, you didn't expect this question and it wasn't planted by you to me, but given everything that you have had to grapple with as a small agency, I'm glad we're having budget hearings

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for your agency now that the Chair conducted this past budget cycle, and we're going to continue. think part of the conversation that we have to have, even though you have these great sister agencies with folks who are working on this, like the two amazing folks that you're seated in between, I think everything that you're having to deal with we need to have a conversation about what other infrastructure MOIA needs to be able to continue this coordination work, the proactive work, the advocacy that you're getting support that you need. I think it's a very important conversation to have, and I look forward to understanding what those potential needs are before the budget process begins so that we can continue to support the great work that you've done. I just have two more quick things. Allowing for privacy concerns, does the Administration have a sense of the numbers of public housing residents in New York City who may face adverse consequences pursuant to this new rule should it go into effect?

COMMISSIONER MOSTOFI: No, I think what's important to emphasize here is that individuals who are actually eligible for those kinds of services are not immediately impacted by this, right? You know,

one of the sort of false narratives that spun is that immigrants, particularly undocumented or other immigrants, are reaping benefit utilization, and that's absolutely not true. And so what we're more concerned about in those contexts is just that broader chilling effect and confusion around people not necessarily readily understanding that it doesn't apply to them, and making sure that through all of our agencies we're sharing the message so that they can address individual questions or concerns from

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residents.

SPEAKER JOHNSON: And what efforts in how many languages and with what frequency has the Administration attempted to explain the proposed rule change with potentially affected individuals?

COMMISSIONER MOSTOFI: So a number of things to date, though more to do certainly. One was a community and ethnic media roundtable where we had media from sort of a very diverse set of outlets representing various languages, of course. We translated our public facing flyer into the Local Law 30 languages, so the top 10 languages, and have distributed that widely and as needed. We obviously did the phone banking in the Spanish language. We're

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2 looking at doing something similar in other 3 languages. We've set up community-based forums and provided interpretation in the language that the 4 community or provider has requested. We've done that 5 now at a few different locations and we'll continue 6 7 to do that work. The hotline that we also have available in addition to the hotline, the ActionNYC 8 team has access to interpretation services in up to 9 200 languages, as do our legal service providers. 10 So, we are always, you know, wanting to hear are we 11 12 missing something? Do we need to translate into 13 another language? Do we need to provide 14 interpretation or workshops in a different language? 15 And doing that we're working currently with 16 community-based providers on Know Your Rights 17 curriculum that includes this. And so for that we 18 also provide translation and interpretation services. 19

SPEAKER JOHNSON: And are there any concerns that the proposed rule change could lead to fewer applicants for Section 8 vouchers?

COMMISSIONER MOSTOFI: You know, I think readily and the analysis that we're doing now is going to look deeper at this. Our concern is it could, yeah. You know, just understanding and

recognizing what we've heard anecdotally and what we've engaged in in community conversations with individuals on that confusion. People who are, themselves, legal permanent residents and don't recognize— or don't know rather, that this does not impact them and would not, will be asking that question. So, it is imperative that sort of at every juncture in which they're going through their process not just in interacting with us, but faith intuitions and leaders and community—based providers, they're

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Administration is considering the broad ranging impact of the rule that you've discussed today, that all of you have discussed, has there been any engagement with the Governor's office or with State agencies on how to work together as we sort through the potential impacts?

able to get access to good information.

COMMISSIONER MOSTOFI: So, the primary thing that we have done is looking at how we can most effectively and efficiently triage questions and be

legal support you can come to us. The hotlines work together and triage in that way. It's a way for us all to be more effective and efficient in ensuring that we're reaching the broadest cross-section of New Yorkers in an effective way. We have always and will

of where you can go. If you need individualized

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conversations around utilization of benefits as we have in the past around DACA and TPS if a rule were to go into effect.

continue to be always open to engaging in

SPEAKER JOHNSON: Thank you,

Commissioner. Thank you, again, to Chair Menchaca,

to Chair Levine, and to Chair Levin, and also the

public and advocates who are here to talk about this

and to inform our thoughts and discussion about how

to be most supportive of the Administration and all

of you and the folks that you all serve. I really

appreciate all the work you've done so far. Thank you

very much.

25 | I will give you--

COMMISSIONER MOSTOFI: Thank you.

CHAIRPERSON MENCHACA: Thank you, Speaker, for being here, and the-- I'm going to hand it over to Chair Mark Levine on Health, but before that I just want to get two clarifications. You spoke-- the Speaker asked about the relationship with the state right now. Has the Mayor made a call to the Governor himself about Public Charge, and to really kind of create a line of connection and communication? Has that happened at that level of the Mayor?

COMMISSIONER MOSTOFI: I am not aware.

CHAIRPERSON MENCHACA: Okay. It'd be great to see if there's anybody in inter-gov here that can-- I just want to make sure that that's happening. And the second piece is really just kind getting a clarification about the agencies that you're working with, all the agencies that you're working with right now. Can you just list them off right now? You mentioned that there's an agency taskforce, a group. We just want to get a list of all those agencies that are going to have impacted populations.

COMMISSIONER MOSTOFI: The list is long.

been a part of the broader agency group that's been

CHAIRPERSON MENCHACA: Okay. Chair Levine.

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CHAIRPERSON LEVINE: Thank you so much, Chair Menchaca, and that last question you asked is so critical, and just to put it delicately, if there's ever an area where we need the state and the city working together it's this, because all of these benefits are just a tangle of city and state and federal funding, and almost any solution we can think of that would blunt the impact is going to require total coordination. I'm sure you know this, but important to emphasize. You alluded to one of the most really I would say morally bankrupt components of this proposal which is the notion that someone with a pre-existing health condition who is not even consuming any publicly subsidized benefit today. they're not on Medicaid. They're self-paying or not insured, but simply the presence of a pre-existing medical condition would actually prejudice their renewal of permanent residency. Is that accurate?

COMMISSIONER MOSTOFI: Yes, the Public

Charge Rule has historically had this sort of

2 totality of the circumstance analysis as a part of

3 it, but what this rule does that goes further that

4 is, as you noted one of the most dangerous parts of

5 | it, is really hones in on the way that each

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6 individual factor like a pre-existing health

7 condition would negatively affect that determination

8 of future likelihood of being a public charge.

CHAIRPERSON LEVINE: So, you would be asked to present your medical history as part of the immigration interview?

COMMISSIONER MOSTOFI: You know, that's a great question and one that I think we can't give you a definitive answer to, so much as the way that this will take effect is the training that USCIF officers will receive, the guidance that they'll receive at the highest levels on what they're supposed to ask for or look for, but these are the factors that they're supposed to take into consideration. So they could readily request that information.

CHAIRPERSON LEVINE: It's really-- it's chilling to think that the government is going to be reviewing the health records and forcing people essentially to leave the country if they have some condition deemed to be-- deemed to make them

think, was ActionNYC, which I can't imagine most

2 people would know. Probably they would say Public

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3 Charge. So, if I call and say I'm scared about the

4 Public Charge rules, are the operators then trained--

COMMISSIONER MOSTOFI: [interposing] Yes.

CHAIRPERSON LEVINE: to respond to that?

COMMISSIONER MOSTOFI: Yes, so 311 has

8 sort of two to three different paths. One is just

9 Public Charge or benefits utilization, and the other

10 | is ActionNYC if you're directly asking for legal

11 | services. So, yes, they can be directed. I will

12 say, and I think this is the credit to hopefully us,

13 | to you all, and to others, that where we're seeing

14 | the highest volume of calls is actually to our

15 ActionNYC hotline directly, and I think that has a

16 lot to do with existing, you know, work we did around

17 | outreach and engagement in advance of Public Charge

18 and have continued to do as an Administration so that

19 people-- we actually saw spikes the day that the

20 proposal was announced. So, people kind of readily

21 | knew where to call to get information, and we've

22 continued to see some spikes as the proposal went

23 \parallel into effect, and more news-- sorry, was published,

24 \parallel not went into effect-- and more news was generated.

So many New Yorkers are finding their way in the

government workers who in HRA a New Yorker could come

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benefit."

ADMINISTRATOR BONILLA: Sure.

CHAIRPERSON LEVINE: Are your staff now trained to say, "Hold on a minute, let's explain to you what the real threat is," and perhaps in that moment ease their fears so they don't un-enroll?

ADMINISTRATOR BONILLA: So what we did as soon as the draft of the rule came out was communicate with our frontline staff that nothing has changed, that they really need to emphasize that every New Yorker has a right to apply and go through the process of whether they're eligible or not. Knowing that we would have some portion of our clients walk in with that fear, what we have said to our staff is to make sure they have the flyer available if someone is asking questions about whether or not their eligibility is going to affect their immigration status. As you can imagine, this is complicated enough, and the last thing that we want is to have HI [sic] frontline staff parse out whether someone will be affected or not. So, what we hold true to is everyone has a right to apply, everyone has a right to access these benefits, and if

3 doors, they also have the right to access the

4 services that we have put so much money into to make

5 sure they have the right information.

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CHAIRPERSON LEVINE: Very good. I

7 mentioned before the tangle of funding streams now

8 that supports almost every benefit you could imagine,

9 and that makes information sharing a challenge. Now,

10 at the moment as we're assessing the threat it's

11 | important that city, state and even federal

12 | officials, -- the Fed Department not going to bargain

13 | with us on this-- can help to identify the scale of

14 | the threat, if you've done some of that. If the worse

15 \parallel comes to pass and this rule change is implemented,

16 | then I'm not sure how I feel about information

17 | sharing, because I wouldn't want the immigration

18 | interviewer perhaps to know every benefit that the

19 person interviewing is receiving. How is that a

20 | benefit that the state is providing would come to the

21 attention of an immigration agent?

22 COMMISSIONER MOSTOFI: I can speak to

23 | that, top line. So, the primary thing is that when

24 you're going through the immigration process and

you're applying to become a legal permanent resident,

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you're asked this question on your application subject to penalty of perjury.

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CHAIRPERSON LEVINE: Self-reported, right?

think that's the primary sort of initial affirmative way that people get that information. You also submit a medical exam as part of that process, and the-- you know, again, the underlying sort of factors and how the officers will be guided towards looking beyond the scope of the application is something that training and policy memoranda that USCIS will issue will tell us. That is-- that remains sort of a question mark of how far beyond the scope of the application itself that they will go. But at this time, as far as we know, there isn't that. It's self-reported.

CHAIRPERSON LEVINE: Okay. Doctor

Angell, DOHMH's very sophisticated surveillance of
countless health measures, do you know yet whether
we're seeing any reduction of doctor's visits by New
Yorkers who are fearful of this change, and whether
we're seeing any spikes in any of the health
conditions that you're monitoring, such as TB, that

2 might be attributable to New Yorkers being reluctant

3 to seek medical care?

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reflecting what was just said, we've been very proactive in training all of our frontline staff to reassure people if they raise concerns that nothing has changed, that we continue to provide services regardless of immigration status. Because of the service provide don't require asking about immigration status, we don't collect numbers on specific people who may not be seeking services or—

CHAIRPERSON LEVINE: [interposing] Right, but we certainly hear anecdotal reports that FQHCs, for example, are experiencing a reluctance of immigrant patients to come in for care.

DEPUTY COMMISSIONER ANGELL: No, fully appreciate that. Just reaffirming too that we are trying to make sure very clearly that the messaging that we have across all of our agencies is consistent and does not confuse the individuals that are seeking care. I don't have numbers for you now, specifically about whether there are vast increases or decreases. We do have this anecdotal understanding of people responding and saying yes, expressing some fear and

TB are about 86 percent of the total who are

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immigrants. So, indeed, you're correct that the burden of TB in our population is carried by immigrants, and that makes seeking and making those services available to that population absolutely critical. And so we continue to provide those services. I don't have specific numbers in immediate change in the number of people seeking care for those services at this time or spikes or numbers related to this immediate time at this moment. We continue and we can return to you with numbers, but the most important message that we continue to get out to, not only the community but to physicians and other front line individuals, is that those services are available regardless of immigration status.

CHAIRPERSON LEVINE: Right.

DEPUTY COMMISSIONER ANGELL: That should never stop somebody from seeking care for this.

CHAIRPERSON LEVINE: And I want to emphasize what I said in my opening statement, that public health is everybody's problem, and nobody is immune from deadly microbes, and people who are callous and say that because they're— they have citizenship or they have no concerns for Public Charge are not just amoral, they're also potentially

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 86 putting themselves and their own families in danger. So, public health requires collective action for that reason. I know that -- I don't think a Health + Hospitals representative is here, and I don't know to the extent you're able to speak on behalf of what could be called a sister agency, but if New Yorkers in the thousands lose health coverage and case going to their neighborhood clinic for their annual checkups and their vaccinations, they're going to start showing up at H+H emergency rooms when they're in medical crisis. Do you know the extent to which H+H has begun to prepare for this potential crisis to help mitigate the damage and to have adequate resources ready to deal with it?

DEPUTY COMMISSIONER ANGELL: I can't speak on behalf of what H+H's specific actions are. Similar to all of us throughout this messaging, though, the care, the service that we're providing are there regardless of immigration status or ability to pay.

CHAIRPERSON LEVINE: Okay, so my fellow Chairs, I think we should try and follow up with H+H, because they're going to be on the front lines.

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2 COMMISSIONER MOSTOFI: Can I-- may I add

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CHAIRPERSON LEVINE: Yes.

COMMISSIONER MOSTOFI: I'll add on two notes. One, the funding cycle last year, many of us, the Department of Health and others collectively, were advocated to ensure that there wasn't a cut in funding towards TB outreach and services, and were successful at doing that. I think that's something that continues to be on our radar and to look out for to ensure that we are continuing to seek commitments towards ensuring that the communities that need that information and service are receiving it. So, look forward to working with you on that. And I think in terms of H+H, H+H has been readily engaged at every step of this with all of us. They are also-- as I said, have given directive to their staff. they are looking at this closely, running their own sort of monitoring and evaluation and impact, and have been deeply committed at the highest level with Doctor Katz at emphasizing repeatedly that nothing about the way that H+H delivers services changes, and that people, both emergency and regular healthcare, should freely come and receive those services at H+H

2 locations. We're continuing to look at ways that we

3 can ensure that communities have access and know

4 that, and that's something that we, as a part of the

5 work that we are readily doing, but that commitment

6 is there and ongoing work.

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CHAIRPERSON LEVINE: No, well, Doctor Katz has been a very strong commitment for the system in its commitment is second to none. It's just a question of resources. We want to make sure he has the resources. I also want to mention that citysubsidized benefits are not -- you've made this clear-- are not part of the calculus, and that does open an opportunity for us. Yes, there's a cost, but one that I would argue is a good investment. We had a wonderful pilot about two years ago through the Health Department's leadership, and MOIA was very involved, Action Health NYC-- that using no federal money, it just happened to be philanthropically supported -- gave undocumented immigrants a primary care home to get their annual visits, to get their check-ups and preventative care. In a world in which even fewer immigrants in New York City can access Medicaid and Medicare, etcetera, then the need for some form of city-subsidized back-stop that at least

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gives people a primary care home is greater than

ever. I know that that Chair Menchaca cares a lot

about this as well. Have we thought about revisiting

bringing back Action Health as a permanent program in

light of what could be a more desperate need than

ever?

DEPUTY COMMISSIONER ANGELL: Yeah, you're speaking to the very important -- the relevance of primary care and access to primary care services as a conduit than to get specialty care and all of the benefits that come from being able to take care of your own health, the impact on yourself, on your family, and your communities at large, and we share absolutely with you the sense that this is a right, and that it's very important that we make those services readily available. Action Health NYC was a one-year demonstration project, and from it we did learn a lot about the impact that can have, including that it increases, for example, the likelihood that an individual will have a primary care home and be able to get those important services. From that, we-- those lessons learned are things that H+H has also as a partner in Action Health NYC may also just note that including MOIA and DOHMH and our community

committees on immigration, general welfare, and health 90 credibly qualifies the health centers as well as H+H were all a part of this demonstration project, and that information is information that H+H has and is using as they think forward with their services. And so as we move forward, we really did need to make sure that this population does have great access to care.

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CHAIRPERSON LEVINE: Okay, well, we're going to continue to push to bring that program back on a permanent basis. Thank you, and thank you, Mr. Chair.

CHAIRPERSON MENCHACA: Thank you, Chair Levine. Chair Levin?

Menchaca. I want to thank you all for your testimony. I'll try to keep this as brief as I can, because I know that you've been testifying for a couple of hours here, so I appreciate your time.

You're not quite the [inaudible]. Following up on Council Member Levine's last couple questions, when we refer to Public Charge, then that specifically refers to federal benefits, or benefits paid with federal dollars. So, a purely CTL, City Tax Levy, or state funded tax funded program would not be

committees on immigration, general welfare, and health 91 prohibited, or is that— or am I wrong on that? I mean, does— is that the definition of public, or does public include all public dollars?

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commissioner mostofi: So, the definition is just what's delineated in currently as the cash assistance and long-term institutional care, and in a proposal as the ones that are articulated. So, SNAP, non-emergency Medicaid, Section 8, and subsidized housing, and Medicare Part D.

CHAIRPERSON LEVIN: So, then it wouldn't be interpreted then, or it couldn't be interpreted by a case officer to include any other benefit if we were to figure out some way in a long term to circumvent that?

COMMISSIONER MOSTOFI: As the proposal has stated, that's correct. The benefits that they're going to look at are the ones that are specifically delineated.

CHAIRPERSON LEVIN: Let's see. I might skip around a little bit, and I apologize for that in advance. Has our data analytics team been able to look at identifying where there are drop-offs, in particular benefits, for example, WIC or SNAP benefits, and whether we can do proactive outreach to

obviously incredibly important to be able to receive

calls, but to do proactive outreach as well.

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COMMISSIONER MOSTOFI: So, thanks for the question. So, a couple of things. The way that we've sort of looked at understanding the impact, we have— I think, bear in mind that it's just been one month since the proposed rule has been published in the Federal Register. So, it's slightly premature for us to have a much grander sort of understanding of disenrollment or that we would see dramatic numbers or changes. We haven't. I'll allow Administer Bonilla to speak more to that. What we have been doing and are doing even further is using the data that we do have available, our own methodology and kind of going deeper in understanding

what real impact would look like. That doesn't give you the particular household, because again, slightly premature for that. We're add up-- we're just a month shy into the proposal even being published.

So, I think the Administrator can speak to what

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broadly.

7 they're seeing in terms of kind of enrollment on SNAP

administrator Bonilla: Sure. On SNAP it's important to note that we are constantly reaching out to cohorts of communities that we think are eligible regardless of other immigration status, right? And I believe this council has also funded programs to reach out to the elderly or reach out to underserved communities. So that work continues regardless of whether there's a Public Charge rule or not. What I can say is the trends that we've seen, and we monitor our data pretty closely, do not show an impact because of the Public Charge Rule on our staff enrollment. Again, I agree with the Commissioner. It's really too early to tell, but so far we have not seen an impact.

CHAIRPERSON LEVIN: Is there a potential that if you were to see something that, you know, you see as a correlation that you could do proactive

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2 outreach, particularly on people that are dis-

3 enrolling, not just people that are eligible that

4 | haven't enrolled before--

ADMINISTRATOR BONILLA: [interposing]

6 Sure.

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CHAIRPERSON LEVIN: but people that are dropping off.

ADMINISTRATOR BONILLA: So, the reality is we don't know why people may dis-enroll, right?

Our caseloads are complicated.

CHAIRPERSON LEVIN: Right, they go--

ADMINISTRATOR BONILLA: [interposing] What we do know is—yep. We do know is that the economy definitely has an impact. Do we have the capacity to outreach? We definitely have the infrastructure to outreach. We would need further analysis to do outreach on this particular issue.

CHAIRPERSON LEVIN: Jumping back here, just to the big picture. Can you provide a-- kind of a big picture context to how this proposed rule fits into the long-term narrative of Public Charge as it relates to immigration law? So, you said in your testimony the Speaker mentioned that Public Charge has been an element of immigration law for a hundred

years. However, I think we all agree that this is a major departure. This is a radical—this is a radical shift in policy from any Administration,

Democrat, Republican, Progressive, Conservative, you know, Reagan Administration, Obama Administration.

We haven't seen this type of action be forced. Could you maybe put that into some kind of context? What is this—like, how far outside of the kind of societal norms that we—and governmental norms that we've been working under for a century, how far outside of that framework or paradigm are we with this proposed law?

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won't go back a century. I mean, we can talk about sort of the history of immigration more broadly and how at different junctures it has been focused on exclusion and Public Charge has been a part of that narrative. So, that's true. I think what you're referring to really is the more recent history, and regardless of kind of party in terms of what we've looked at on Public Charge. As I noted in my testimony, the most recent shift we saw was in the 90s, and in the 90s in response to massive immigration reform that was in many ways more

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limiting in terms of immigration as well as welfare reform, there was a concern, rampant confusion amongst immigrant communities and families that the Public Charge analysis would be negative towards that, and that there is some public record and analysis of help impact at that time, and people choosing to even dis-enroll their U.S. citizen children from receipt of Medicaid and other health services because of the fear that was generated by those reforms and by the Administration's application of the rule. As a direct response to that, the Attorney General at the time issued guidance that narrowed and limited the application of Public Charge to what is current date application, which is that simply the cash assistance and long-term institutional care with the ability to bring in an affidavit of support to overcome some of your-- some of the potential future challenges.

CHAIRPERSON LEVIN: During the Clinton Administration?

COMMISSIONER MOSTOFI: Correct. So, since then, that has been the standard application with no shift regardless of Republican or Democratic Administration.

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CHAIRPERSON LEVIN: There has been no

COMMISSIONER MOSTOFI: I think that's

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attempt to shift. So the George W. Bush

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Administration didn't attempt to shift Public Charge

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or there was no rumblings of that during that

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Administration.

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8 right, and I think what's notable here is, you know,

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this federal administration, as everybody has rightly

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noted, has taken a largely xenophobic approach

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towards immigration more broadly. We're moving from

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the mission statement of the U.S. Citizenship and

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Immigration Services, the words "nation of all

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immigrants," and that is, you know, a direct

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historical erasure of the reality of what plays out in our country. And while, you know, one can debate

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the application of Public Charge period in

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Immigration Law, I think the reality is that the

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reason you haven't gone more stringent, the reason

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you haven't seen a more draconian application like we

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are today is myriad. One, it's because there was a

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recognition in the late 90s that doing that can lead

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to a public health crisis, can lead to people who

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should not and would not be impacted choosing to disenroll from programs that we want them to be enrolled

in for the public health and safety of not just those individuals and their families, though that's the right thing to do, but of us as a society as a whole, and on top of that, you know, we know that, you know, we should take pride in the face that we do work to engage residents that are eligible for benefits to enroll in those benefits. That is something that we believe we ought to be doing, and we know that immigrants are not readily accessing benefits at greater rates than native-born Americans. We know that, in fact, newer immigrants to our country might access benefits to get on their feet, but that second generation immigrants actually contribute more economically in return to our country than nativeborn children. So, you know, the sort of history and understanding of why you wouldn't choose to do such a draconian application of Public Charge in the immigration context really speaks to why you haven't seen a shift across Administration and that this is a significant departure from common sense and rationale around what you would do here.

CHAIRPERSON LEVIN: And bipartisan policy for at least the last 20 years.

COMMISSIONER MOSTOFI: Yep.

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CHAIRPERSON LEVIN: Do we-- are we-- have we reached out to the Department of Veterans Affairs to see if this would also be impacting veterans?

COMMISSIONER MOSTOFI: The Department of

Veterans Affairs has been engaged in our conversations, and obviously what's noteworthy, of course again here, this does not impact legal permanent residents. It does not impact individuals that are seeking to renew that residence or apply for citizenship. So, you know, we just wanted to ensure that people know that it doesn't impact them, that the department itself is able to share out that information with folks that they work for and with, but we have engaged them in this conversation.

CHAIRPERSON LEVIN: it was asked by the Speaker, but do we have a sense of how many current public housing New York City NYCHA residents might be affected by this?

COMMISSIONER MOSTOFI: It's again worth noting here that if you are not, you know, already having stabilized immigration status, you're not eligible largely for Section 8 and other housing.

So, what we're mostly concerned in those context with is that broader chilling effect and ensuring that

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 100 people have good information in knowing that they're not going to be impacted by this rule. 3

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CHAIRPERSON LEVIN: So, we don't have a sense, though, of current-- those currently living in public housing, how many would be affected if the rule were to go into effect.

COMMISSIONER MOSTOFI: So, what I'm noting is that, in fact, those who are eligible for those benefits are not the ones that would be readily impacted by this rule.

CHAIRPERSON LEVIN: Oh, I see.

COMMISSIONER MOSTOFI: Yeah.

CHAIRPERSON LEVIN: Have we reached out to our Congress-- New York City Congressional Delegation to see what the incoming Democratic House, what measures they can take, or are there-- I mean, just on the mechanics of this, this is a proposed What role does Congress have in this process rule. or does it have any role whatsoever?

COMMISSIONER MOSTOFI: So, notably one of the reasons, probably the primary reason that even the proposed rule lays out a series of individuals who are exempted from a rule should it go into effect like asslyees [sic] and refugees and BOWA [sic]

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 101 2 recipients and so forth is because that the Executive cannot change that. That's by statute, and so I 3 think that speaks to the ability for Congress to be able to take a different point of view here and to regulate beyond what they already have in this area 6 7 to prevent something like this from going into effect. We've been committed in ensuring that not 8 just us as a city but cities across the country are 9 able to advocate effectively on this. 10 In doing regular kind of conversations in a training that we 11 12 did last May with our cities across the country, 13 we've engaged on many issues that have impacted our 14 communities with our Congressional delegation, 15 including a briefing on Public Charge that we did. 16 So, we will remain in conversation and committed to 17 raising this, and certainly there is a role for 18 Congress to play here. 19 CHAIRPERSON LEVIN: Have you got any feedback from members of the Congressional delegation 20 of action that they are contemplating taking? 2.1 COMMISSIONER MOSTOFI: Not at this time. 2.2 23 CHAIRPERSON LEVIN: That's something that

we can follow up with, particularly after January.

Okay, please keep us informed of anything that we can

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do to continue that advocacy with our Congressional delegations. And then, if— sorry. Question about family members. One of the prior panelists mentioned that people are concerned that if they are receiving benefits they won't be able to help additional family members. They might be prevented from helping additional family members come to the United States. Is that something that you're seeing? Is that a concern? Is that something that— how would we, you

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COMMISSIONER MOSTOFI: I just want to make sure I understood the question correctly, that they would be concerned that they couldn't bring additional families?

know, appropriately deal with that?

CHAIRPERSON LEVIN: I think that's what we heard from the prior panel.

COMMISSIONER MOSTOFI: Yeah. So, it's important to note that the Public Charge Rule application applies differently for those who are currently in the United States and those who are entering the United States from abroad. The actual application through the consulate offices has already changed under this Administration. They already have broader guidance on looking at the totality, if you

2 will, of circumstances and looking at those

3 individualized factors. It is not written nor as

4 draconian as what was proposed here for application

5 administration from inside the United States, but if

6 anybody is looking to apply for a family member

7 abroad, we recommend that they immediately speak to a

8 | trusted immigration legal service provider and ensure

9 that they have good information and are able to make

10 the right decisions for themselves and their

11 families.

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Administrator Bonilla. Are we examining whether this would impact people that are currently homeless residing in the New York City shelter system in terms of whether they may be eligible then to receive housing assistance that has—you know, that we've been relying on to help people move out of the shelter system. So, vouchers that draw down on federal ballots.

ADMINISTRATOR BONILLA: So, to emphasize what the Commissioner has said, we are really looking at the plain language of the rule, and nothing in the rule points to that being an issue. We-- the last we want to do is give any further ideas to the Federal

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 104
Government. So we are responding to what is in the proposed rule.

CHAIRPERSON LEVIN: The rule does not-the rule makes reference to housing.

ADMINISTRATOR BONILLA: It makes a specific reference, I believe, to Section 8. It does not make a reference to a larger housing to my knowledge.

CHAIRPERSON LEVIN: It says Section 8 and rental assistance, but is that--

ADMINISTRATOR BONILLA: So, we are interpreting that as federal rental assistance.

CHAIRPERSON LEVIN: Okay. And then I guess my last question, and then I'll turn it back to Chair Menchaca. Is it possible that if this were to come to pass— I mean, trying to examine different creative ways that the City could ensure that people are maintaining, that people aren't dis—enrolling from benefits. Is it a possibility that the City could assume financial sponsor of people in order to— when they're applying or re—applying for permanent resident status? Is that something that is— been examined, or is that an option in the future?

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COMMISSIONER MOSTOFI: So, the current process as it stands provides for an individual applicant to be able to submit what's called an Affidavit of Support from a family member, a friend, or somebody who's willing to support them in that process. So that exists and that's largely what individuals can use to overcome a negative consideration on public charge. What the plain language, though, of this proposal seems to articulate is that that Affidavit of Support in and of itself would not be enough to overcome the receipt of one of those benefits. That was outlined. So, I think that answers your question.

CHAIRPERSON LEVIN: That isn't-- that's in also a radical departure from status quo, right?

COMMISSIONER MOSTOFI: That's correct.

CHAIRPERSON LEVIN: Now, has there ever-I'm just curious, has there ever been-- has it ever
been examined whether institutions can play that role
and not individuals' family members and so on?

COMMISSIONER MOSTOFI: I don't--

CHAIRPERSON LEVIN: [interposing] IN other words, has a foundation ever submitted an Affidavit of Support?

COMMISSIONER MOSTOFI: I don't readily have the answer to that. I know by way of practice that the individual that's providing the Affidavit of Support process is essentially entering into a contract with the individual applicant, right, saying that I will be responsible for this individual, and they're required to provide their own income taxes and so forth and income and assets in that process.

I've never utilized a non-individual actor. I don't know if the regulation or statute imagines that. I'm sure some of the legal service providers in the room might know, but we're happy to get back to you.

CHAIRPERSON LEVIN: Okay, because the

City could— I mean, it's— obviously the benefit

that we receive in, you know, economic activity for

the overall economy it's, I think, worth— we should

examine what that impact would be putting up there

for City Tax Levy dollars in order to supplant those

federal dollars. And then just— I'm sorry, one last

question. Just, you made reference in your

testimony, but just to speak a little bit more about

the change in the overall determination of people's—

whether somebody would be seen as self—sufficient.

So, there's— the part of this action is of this

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 107 proposed rule significantly alters the people's-- how it's determined whether the likelihood of somebody potentially becoming a Public Charge, and so that is-- that's proposed to be shifted significantly. you speak a little bit more about what that would Who might get drawn into now being seen as disqualified just based on things like education, status, or age, or health status, things that we as a society, I think, you would find a very large majority of Americans would, I think, abhor, you know, factoring in somebody's pre-existing condition, if you will, on a health status on whether or not they could be a permanent resident here? COMMISSIONER MOSTOFI: Sure. reiterate the-- one aspect of the proposed rule builds on the determination around the totality of an individuals' circumstances. It takes into consideration individual factors like health, age, income, education and so forth, and employment history and so forth. The radical departure here is that it is not this totality of the circumstances to

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others, including that you're under the age of 16 or

These individual factors are looked at

separately. Some are weighted more heavily than

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 108 over the age of 60 could readily be used against you. Your income level might be a determinant to-determinative factor in and of itself of pre-existing condition and so forth. So, that is very different than what currently happens, and it is one of the areas where the letter of the proposed rule is unclear in terms of what actually will happen once something gets -- if something ever gets finalized, and what the instruction will be to individual immigration officers and how they are to proceed in the application of that part of this proposal. And I think as we, in the back and forth with Council Member Levine that we had, one thing that I didn't note that is notable is that USCIS has an investigative arm. So, you know, if they think that maybe you're not disclosing something accurately, could they use investigators is something we don't know in terms of what they'll do here.

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CHAIRPERSON LEVIN: I mean, I think, just I think this hearing is important because I think that—— I'm not sure if this is the first public hearing on this issue in any municipality in the country, but I think that it is vitally important that Americans across this country understand how

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 109 radical this is and how truly disturbing this is, and that it's seemingly small things like this that are frankly the departure points towards fascistic governmental actions in governmental frameworks, and so this is-- it hasn't gotten a tremendous amount of attention, but just so everybody understands, what we're saying here is that if -- this potentially could mean that just by the virtue of you being under the age of 16 or over the age of 60 or having a certain education level, or a certain employment history, or a pre-existing condition health-wise could mean that you -- based on those measures individually, it could be determinative in rejecting an application for permanent immigration status in this country. think that is amazingly disturbing, and I want to make sure that we all understand, public understands, this is what's at stake here. So, I want to thank you so much for all the work you continue to do. You have a partner here in this Council and we look forward to working with you to make sure that this rule never gets implemented. Thank you.

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CHAIRPERSON MENCHACA: Thank you, Chair Levin, and I want to continue that thought, make a

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 110 quick remark and then hand it over to Council Member Miller for some questions, and then I'm going to end with some questions as well. But that, the nature of this is not only real, but it points to the deportation machine that is already in full effect and has been impacting our needs on the legal side, and so this is not just about an application getting rejected, this is also about an application getting rejected, someone falling out of status and then being ready for deportation. And so I have no -- I truly believe this is -- we are David and Goliath in so many ways. We're going to do everything we can, which is why I'm going to remind everyone, before you leave, if you were planning to testify-- and it's already late, I know-- and are leaving, please do not hesitate to stop and fill out your testimony, especially if there's a story here that you want to emphasize. And so those-- the team is back there to the-- to my right. Council Member Miller? COUNCIL MEMBER MILLER: Thank you, Chair Menchaca, and let me say to your co-Chairs, thank you for collaborating on such an important and thoughtful concern of all of ours, and to the Administration,

thanks for the work that you're in advance. So, in

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committees on immigration, general welfare, and health 111 completion of your data reports, and I know it's still under review. Have we identified certain target of communities, and if so— or an uptick in certain communities— and if so, how have we addressed that, and what agencies have been charged, and/or CBOs that are doing the work, and how can members in communities support that effort?

COMMISSIONER MOSTOFI: SO, I wouldn't say that we have identified anything, any community in particular on Public Charge specifically, but as a part of what we do generally is looking at understanding what communities are accessing services who aren't where we have providers that are able to-in communities -- provide services, and where we don't that's a part of what we generally do. much of the outreach work that we focus on is engaging communities that have had less access to services, and so that's something that we're continuing to do in particular around where we will be focusing on making sure we can provide Know Your Rights workshops where we'll be in schools in terms of larger student body populations that -- and their parents who might not readily have access to things.

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great idea. In fact, it's-- you know, just in general, Know Your Rights and immigration services, that's a great starting point in what we do on a pretty regular, and I think it should be expanded in this point. I know we talked about-- it was also discussed whether the sharing of benefit information and applications, the city, state, and Federal Government, if that happens, and if so, what is the impact that-- what are the unintended consequences of that?

COMMISSIONER MOSTOFI: Sure, I'll start top lines and then ask my colleagues to jump in. but top line, the City has very strong and broad confidentiality policies in partnership with the Council expanded upon last year, and legislated, and so we-- my office works very closely with the City Chief Privacy Officer who works with General Counsels across all agencies to ensure that they have robust privacy and confidentiality policies, and not just somebody's immigration status, but more broadly information on all New Yorkers is protected to the maximum extent possible under the law, but in terms

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 113 of specific benefits Administration, I'm going to turn it over to my colleague.

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ADMINISTRATOR BONILLA: Generally, on the public benefits front, we have very, very tight confidentiality laws mainly administered by the state, but also locally. So, it would be very difficult to get to some of our information.

then finally, I know it was— the question was asked a few times about NYCHA and how those who were— who would qualify for housing benefits that generally would not be at risk here, but have we identified extend family in those housing situations. We all have those relatives that we take in, and certainly, you know, and they're attempting to access benefits as well. Have we looked at that, and you know, how do we reach that audience?

COMMISSIONER MOSTOFI: I would reiterate that the proposed rule does not provide that if somebody in your household, for example, were to receive that benefit that that would be used against you. So, for us, the number one thing here is to make sure that all of the residents know that there wouldn't be an impact on— there isn't an impact on

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 114 them now, and there wasn't likely to be an impact on them if there were to be a final rule.

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COUNCIL MEMBER MILLER: Thank you, and thank you to our Chairs, again. Once again, very thoughtful and necessary.

COMMISSIONER MOSTOFI: Thank you.

Member Miller, and we were joined by Council Member Yeger, Reynoso, Barron, Council Member Miller and Gjonaj here today. And I'm going to ask some final questions about the analysis that was presented in the— the economic impact analysis that was provided in the press release and that you re—mentioned in your testimony. And really just letting the folks know at home that you are— well, actually, how are you arriving to those? And this is a simulation that you are— can you just walk through what the simulation is, how you have arrived at the economic impact, and thinking about the health cost, homeless and hunger factors, and how they kind of separate into individual areas of need?

COMMISSIONER MOSTOFI: Sure. So our preliminary analysis in partnership with the Office of Economic Opportunities and the Department of

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 115 Social Services looked at a couple of different things. One, we modeled using census data. number of New Yorkers who could and could immediately, directly be impacted by the rule, and by that I don't mean that the rule is in effect, but that there are individuals who are currently eligible for a benefit who have not yet become legal permanent residents. That's about 75,000, and so we overlayed individuals currently eligible for the benefit that have not yet become a legal permanent resident and that had lower income rates and were enrolled in one of the articulated benefits. So, that's 75,000. That 400,000 additional number speaks to a number of New Yorkers who are here who are not eligible for benefits but who might meet one of those factors that are articulated in the test, so might have a lower income, might have a health condition, so forth. additionally looked at data from the state that was provided on current enrollment in some benefits including SNAP that DSS looked at, and in that data, what was available was the number of non-citizens that are currently enrolled in those programs, and that was about 220,000 or so, I believe, non-

citizens, and so the reason that we did that was,

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committees on immigration, general welfare, and health 116 again, not because all of those individuals would be impacted by the proposed rule if it were to be final, but because we know based on anecdote historical record, conversations with providers and communities, that that chilling effect on individuals who are noncitizens is something that's of great concern to us. And so that number speaks to the individuals who could themselves believe that they would be impacted and choose to dis-enroll.

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CHAIRPERSON MENCHACA: Thank you. really important to kind of understand the nuance to that, and really, we want to just let everyone know, and this is a question that I think I know the answer to but I want to ask it because I want everyone to know that we're going to be working in partnership, but that you will continue to provide information and conversation, connection, to strategy as we work together to figure out what the Speaker was pointing to which is funding, funding for the Administration to do education, to do outreach, to think about ways of creating universal access just like our IDNYC program, and that's all going to have a budget impact, and we want to be able to be ready for that. Some of us are members of the BNT. We're ready to

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 117 start thinking about this today as well, which is why I asked whether or not the Mayor has called directly to, and in fact, the question has been answered, we like to hear that, whether he's called the Governor himself, and that will tell us if this is a priority. And so, again, if that could come back to us right now, that would be great. But this is why we're trying to understand the fuller need about what the possibilities are. I will say that only four comments have been filled out in the back. So, and I know there are many more of you that have not yet filled it out. So, please, while we're in conversation, I implore you. I will give you the final tally of the folks that have sent their comments. It's really, really important that that happens. And then finally, we're going to be in a very-- in some ways I think we're there now, making a decision about how we communicate when the rule, whatever version of it, be it slimmed down even further or at its current draft, you will have to be making a choice as a city agency about how you communicate to people, and this is a choice between dis-enrolling, or staying connected to services , which is why we're putting so much emphasis on trying

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to figure out how we create programs that are okay, that are funded by the City, that are funded by the State. And so are you preparing that moment? And I'm not asking you to make a decision now, but that comes later after we figure out the proposal, but what's the strategy today as you think about that moment that is going to come within the next six to

It's coming.

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seven months?

COMMISSIONER MOSTOFI: So, I'll say a couple of things. One, I hope it never comes. think that the focus, of course, is on, as we noted, pushing back, ensuring that we're not just kind of raising our voices now, but through the comment process, and thereafter in advocacy and activating other stakeholders and using all the tools at our disposal to prevent something like this from ever going into effect. I think what you articulated in terms of a timeline is the earliest possible really imagined timeline. I would note, again, as much as and as frequently as often, this is not a final rule. Even if there were to be a final rule there's a 60 day grace period articulated in the proposal that would have to take place before the rule would become effective. So, it's still important that we not

and what makes sense in terms of ensuring that our

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 120 staff has messaging-wise if there is a final rule in effect.

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CHAIRPERSON MENCHACA: Okay. Again, I hear your hope, and in so many ways I'm meeting that hope, and I have hope every day for some things, and I think so much of that hope comes in ways that are life changing in our communities when immigrants are voting in participatory budgeting and they're still voting right now, and they're applying for IDNYC, and there's hope in us that I have in this city. what I don't have hope for at all, and I do not want to bank this entire conversation around Public Charge, is that the Federal Government is in any way going to give us any leniency at all. And so we need to be prepared for that. The 60-day window of opportunity that we're going to have when the soonest moment comes is not a lot of time, and that's going to require a lot of funding and resources that we need to be able to anticipate and plan for, and this is one of those things we cannot be tripping along the way, and I keep on hearing that this is just about hope that's not going to happen; we're going to do everything we can. No doubt, but in a very parallel kind of way we need to be ready to figure out what

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 121 we're going to do, what things need to shift, and get ready to plug in those deep gaps of funding that are going to be connected to food and housing and healthcare and the massive education campaign that is going to require a lot of funding, and rethinking how we do things. So I'm sounding -- we are sounding an alarm right now, and so I just hope that very quickly we can see some focus on that as well. December 10^{th} is coming, and we're going to do all our work to that, but December 11th, we're going to get down and say here's the plan, this is what it's going to cost, and we're going to be ready to do that. And it's going to come from the Governor and from the legislative body in Albany, and it's going to come from the City Council and the Mayor, and that we have -- that we have our immigrant community's back, not just those technically connected to this, but all the other people that are going to get swept up in this confusion and what is the whitening of this country through this immigration/deportation machine that is Trump and his people, and that is just the absolute truth, and I think the advocates are going to talk to that. So I'm going to stop talking there and say thank you again for your partnership, for

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COMMISSIONER MOSTOFI: Thank you.

CHAIRPERSON MENCHACA: Thank you. With that, I'm going to bring up the next panel for discussion, and again, I'm going to ask you to fill out your comment before you leave, and encourage your friends and family to submit their comment. Comments have to be filled out in English as well, which is incredibly unfortunate, but we will do that, and if you need support, we have support in the back. next panel will be Rose Duhon [sp?], Miguelina Diaz from Hunger Free America, Hannah Scott, Westside Campaign Against Hunger, the citywide organization fighting hunger and poverty and equality, Jerome Nathaniel from City Harvest, Rachel Sabella, No Kid Goes Hungry-- or No Kid Hungry NY, Claudia Calhoon from the New York Immigration Coalition. Okay, and that's it. I think we're going to have a full panel So, I'm really hoping that we can-- we're going to hear as many folks as possible, and I'm really happy that you're all here listening to the Commissioner and this dialogue, and I'm hoping that

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we can use your time here and not necessarily read
from the testimony, but really add to the
conversation so that we can get through the panel,
ask questions, and then make sure that we can get as
many people as possible to testify. The clock will
be at three minutes, and so watch the clock, please.
And if you need to leave before you can testify and
you prepared testimony, hand it over to the Sergeant
of Arms. They will stamp it, and we will take it,
and we will read it, and we will analyze it. Your—
the commitment is real. We want to know what the
need is and what it's going to cost us to do the

right thing here for our immigrant communities.

Claudia, can you go first?

CLAUDIA CALHOON: Good afternoon. Thank

you so much for convening this panel. Sorry, not

just the panel, the entire hearing. It's been a real

pleasure to work with Committee Chair Menchaca and

Committee Chair Levin and Committee Chair Levine.

So, I really appreciate all of the talk about sort of

the anonymous and malevolence of the Federal

Administration. I really appreciate all of the

technical details that have been shared about what's

in the rule, what's not in the rule, what it means.

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I really appreciate all of the discussion of the population, the health impacts. One thing I would say about infectious disease is I'm-- of course, I'm concerned about infectious disease and I think that's really powerful frame, but I also am really concerned about chronic disease and the long-term, life-term effects, not of New Yorkers in general, the long-term life effects on immigrants that suffer through food insecurity now or suffer through housing and security now, or delay healthcare because -- and so I think if we're going to talk about public health impacts of the rule, we always want to talk about chronic disease and the public health impacts for the people that are living through this time and affected by the I think there's a real consensus in this policy. room around the value of people being able to go to-children being able to go to school, you know, with a full meal, pregnant women being able to seek prenatal The things that the Council can do-- I mean, that was sort of how I prepared, was what you all as a group can do. There's obviously a whole set of things that have been discussed, really interesting and innovative ways to respond that I'm very excited about for the whole city to respond. I hope that

actually all the Council Members will submit comments individually in their capacity as private citizens,

4 and I really appreciate the nudging for people today.

need for accurate information, who's in, who's out,

I think it's really, really wonderful. I think the

7 who's technically affected, all of that's been said

8 really, really eloquently. That's going to be really

9 key. We're very concerned about the ability of-- the

10 capacity of legal services to meet the needs if the

11 | rule goes into effect. How are-- because I think

12 everyone in this room gets families are going to have

13 to make some really wrenching choices, and they're

14 really going to need a specific sort of-- some very

15 specific technical guidance from the legal service

16 provider that understands public benefits. And then

17 I think the policy solutions are really critical. I

18 | think it's been really exciting to hear the

19 possibility that have been discussed, and we stand

20 ready to work with Council and Administration

21 partners. Thank you.

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CHAIRPERSON MENCHACA: And Claudia, I

want to say thank you so much. You and your team

along with so many other nonprofits and the town

25 halls that are happening right now in discussion.

2 The one tonight in Sunset Park will be cancelled

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3 because of weather. I'm watching the snow come down,

4 so we're going to cancel tonight's Brooklyn town

5 | hall, but we're going to be rescheduling that.

MIGUELINA DIAZ: Hi, good afternoon. I'm Miguelina Diaz. I am the Director of Benefit Access at Hunger-Free New York City, which is a division of Hunger-Free America. Our CO, Joe Burg [sp?], who's passionate about this issue, and he's so sorry he couldn't make it today. So, just some points I want to make. Make no mistake about it, if this proposal is implemented as proposed, it will increase poverty, and the worst symptom of poverty such as hunger, homelessness, and early death in New York City and nationwide. While new immigrants have higher rates of poverty and lower median incomes than native-born Americans. Immigrants who have become naturalized citizens have lower rates of poverty and higher median incomes than native-born Americans. I'll just repeat that one more time. While new immigrants have higher rates of poverty and lower median incomes than native-born Americans, immigrants who have become naturalized citizens have lower rates of poverty than higher median incomes in native-born Americans.

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 127 2 Therefore, making it harder for new immigrants to attain the temporary benefits they need to lift 3 themselves out of poverty as they work will only 4 5 hamper their ability to enter the economic mainstreams of society. So, President Trump's 6 Administration has implied that if the rule is implemented, nonprofit groups such as the oen that I 8 work for, Hunger Free America, and many others that 9 are sitting here next to me won't be able to pick up 10 the slack. That's nonsense. Many Americans, 11 12 particularly middle and low-income already donate and 13 that's still not enough. So, this nation is historically welcoming immigrants. Now it is our job 14 15 to ensure that we continue to welcome and seek 16 safety, health and freedom. Thank you very much. 17 JEROME NATHANIEL: Hello. Hey, so thank you so much. I just want to thank the Committee on 18 Health, General Welfare and Immigration in the 19 20 Council for having us here to draw attention to a really vicious and fear-mongering proposal that's 21 2.2 coming from Washington. My name is Jerome Nathaniel. 23 I'm the Senior Program Manager at City Harvest. City Harvest is one of the nation's oldest and largest 24

food rescue operations. So we donate or distribute

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some 61 million pounds of donated food to emergency food programs, including pantries, soup kitchens, shelters, and also NYCHA facilities that directly service 1.2 million New Yorkers in need who don't know how or where they're going to get their next meal. Like it was just mentioned from Hunger Free America, even with that we cannot pick up the slack that does. In fact, for every meal that a food bank will distribute, SNAP can offer 12 meals for the card holder. So even with those relationships that a lot of our pantries and soup kitchen directors have with immigrant communities and really New Yorkers of all walks of life. Unfortunately, they simply cannot pick up the slack that SNAP does, and that's why we're very concerned. And we're voicing our support and aligning with some 1,100 different organizations across the nation that signed on with Protecting Immigrant Families Coalitions, and we're also activating our network of 500 different pantries, soup kitchens and shelter directors to participate this Monday in Fracks [sic] National Comment day. So, I'm very thankful that you guys have the laptop here, but as often and as much as the opportunity presents itself, we're really urging people to

New York. So, SNAP is lifting them out of poverty.

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2 HANNAH SCOTT: Hi, good afternoon. 3 name is Hannah Scott. I'm a Social Service Counselor and SNAP Enroller at the Westside Campaign Against 4 I'm here today to represent our community of 5 Hunger. almost 12,000 families. I want to thank the City 6 7 Council for this opportunity. The Westside Campaign Against Hunger was founded in 1979 and we are the 8 country's first supermarket-style or choice model, 9 multiservice food pantry and one of the largest 10 emergency food providers in New York City. In the 11 12 last year, we provided 1.5 million pounds of food 13 which included over 400,000 pounds of fresh fruits 14 and vegetables to nearly 12,000 households. We offer 15 our services to all New Yorkers regardless of 16 immigration status and we continue to strongly stand 17 with immigration communities throughout these 18 continued attacks from the Trump Administration. What I'm really here to say to you all is as a SNAP 19 20 enroller, as a social service counselor, one of the many SNAP enrollers at Westside Campaign Against 21 2.2 Hunger, we have list, a list running of families, the 23 date they've come to our organization and their family size, and the benefit that they have either 24

chose to dis-enroll from or not enroll on because of

we are going to do to further support the immigrants

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 132 of this country and specifically of New York City.

SO, thank you.

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Service on not just the work that you're doing at Westside, but in general for being here today. And a general question for the panel— we're going to keep going— not necessarily for now, but understanding that data and aggregate, not identifiable data, is it going to be important for us. And really kind of building a larger budget request from all of you as you start anticipating and extrapolating from that need that you're seeing now. So, that, as soon as we can get that, that'd be great. Again, we're on the budget negotiating team. We can start developing some of these needs. Okay, that's a general— those are two general items. Thank you. Next?

ROSE DUHAN: Good afternoon. My name is
Rose Duhan. I'm-- thank you for the opportunity to
testify on behalf of the Community Health Care
Association of New York State. The Community Health
care Association of New York State represents
community health centers or FQHCs as they're often
known. Here in New York City we have 39 community
health centers that operate 430-- over 430 sites. We

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serve 1.2 million patients a year. As other panel members have indicated, we are very concerned about the impact on the population that we serve of the proposed rule. We have been collecting data. been serving our health centers to get really specific information. Anecdotally, we have seen that a decrease in early prenatal care. One of our health centers has documented that there's been a decrease in women coming in for early prenatal care and concern about individuals with HIV, not getting their medications. So we're already beginning to see that impact. Again, we do think that funding is really important. Estimates that we've seen say that up to 20 percent of Medicaid recipients may dis-enroll. So, in New York City that could be up to 50,000 patients that we see at our health centers that we anticipate could be without health insurance, and then there will be a, you know, certainly a financial impact. We would be concerned about health. think, we're-- because of that we are concerned that individuals being afraid to sign up individually, and so that being able to provide support directly to providers such as some of the panel members, where

individuals don't have to identify themselves.

think that that's very important. So we would ask for that kind of consideration. And we also ask that the panel consider CHCANYS as a resource and to promote community health centers as a source where patients can continue to get primary care, behavioral healthcare services, dental services regardless of their income or their insurance status, and that we are available and a trusted resource in the community. Thank you.

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RACHEL SABELLA: Sorry. My name is Rachel Sabella. I am the Director of No Kid Hungry New York, which is a campaign of Share Our Strength. We're a national organization working to end childhood hunger, and I have the honor and privilege of taking that work here across New York State. Before I came down, I was sitting up in the balcony because I was thrilled to see how packed this room I actually check the Council website because I was having a little bit of déjà vu. In March 15th's 2017, you Chair Menchaca hosted a hearing here by the Immigration Committee on the impact of new immigration enforcement tactics and what that could mean for New York City, and we sat here less than two years ago talked about things like this and talked

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about what this fear could do, and it saddens and hurts me and everyone here knowing that that is becoming a reality. But I also want to commend the Council for knowing that this was to come and for bringing it to the attention then. I have my written testimony here. Again, I came down late. So we'll make sure you get that. Nothing I am going to say is a surprise to anyone here. If this rule, these rules changes were to happen, we would see increased hunger among children and families, and I think the word that I've continued to hear today which is so striking is fear, because we know that anything that drives people into the shadows increases those hardships, and I think this Council in particular has put so much attention on school meal programs, and while school meals is not included in this language, we've heard a lot of rumors and we know what fear And when more than 900,000 children are eating does. meals-- 900,000 meals are served each day in New York City public schools, what would that do because of people's fears? So, I'm going to be brief, because we want more people to testify and we want everyone to get home before the snow. All I can do is say thank you and encourage everybody to raise your

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

2 voices. We are doing that. We've also engaged our

3 chef community led by Chef Jose Andres [sp?], who

4 have encouraged everyone to put their voices to get

5 | up on the record and make their voices heard on why

6 this is terrible. So, we look forward to working

7 | with you. Thank you.

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know your testimonies have recommendations, and so we're going to be looking towards that, and potentially most likely contacting you later about budgets and need so that we can get that in early.

Thank you. Next panel we have from the Brooklyn Defender Services, Mrs. Hickey, the Legal Aid Society, Hasan Shafiqullah, the Bronx Legal Services, Paula Arboleda, the Legal Services of NYC, Ms. Tonya Wong, the Director of Government Bench-- what is-- what was that?

TANYA WONG: Government Benefits.

CHAIRPERSON MENCHACA: Benefits, there you go. And then Justine Kahn from The Door. I think I have everyone here. Okay, great. I think that's it for this panel.

NYASA HICKEY: Hi, my name is Nyasa Hickey and I'm Immigration Counsel at Brooklyn

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 137 Defender Services. We call on the City Council to pass these resolutions and submit a comment on the Federal Register and also continue to urge New Yorkers to submit individual comments, as you have been doing today. We strongly oppose the proposed rule on Public Charge. We echo what has already been said, that the proposed rule directly discriminates against and excludes middle income, low income, poor and immigrant families from being able to seek longterm, stable status in the United States. The rule change sends the message that low income immigrants are not valuable community members and they're not welcome in the United States. We represent thousands of New York, non-citizen New Yorkers every day. Most-- many of them live in mixed status households of U.S. citizens, LPRs, green card holders, visa holders, and people without documents. living together, working together, and supporting one another. Many of them will be affected if the proposed rule goes into effect. In our written testimony we-- excuse me. In our written testimony we specified some of the categories of people who will be affected by the proposed rule. At BDS we've already seen how the mere proposal of this rule has

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made immigrant families afraid to seek out programs and benefits that support their basic needs. We've been inundated with questions from our clients, many of whom would not even be affected by the proposed rule, but are terrified none the less. Some clients are also refusing to apply for certain benefits even after we advise them that the rule change will not affect them. Under this atmosphere of fear and xenophobia, they're not assured by our analysis and our advice. Furthermore, many of our clients are being told by other people, agencies, unscrupulous lawyers, and the media that they are ineligible to apply for certain benefits and should withdraw from benefits immediately or face deportation. This is inaccurate and unnecessarily spreads fear. So, we have two recommendations. First, we ask the City to improve training for city benefits navigators and other city staff who interact with and advise immigrant New Yorkers. Our immigrant clients seeking to enroll in benefits have already been mistakenly told by navigators that they do not qualify for benefits because they are non-citizens. This is not necessarily related to the Public Charge proposed rule, but is a continuing problem. They have also

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interrogated our clients about the basis of their employment authorization when they're trying to enroll in benefits, asking them why their social security numbers haven't been processed yet and asking other interrogatory questions that are-- that create more of a fear and a disincentive for people to enroll. In many of these cases, the navigators are simply uniformed about all the complexities of immigration law, but BDS then has to use our staff resources to advocate with the benefits navigators to enroll our clients in the benefits that they are entitled to, and this has further deterred some of our clients from seeking the benefits they are entitled to and made them afraid of interacting with city agencies. We also ask the City to continue to funding and supporting organizations like BDS that provide direct legal services advice to immigrant New Immigration analysis and risk advisals Yorkers. [sic] has become increasingly complex. They require a lot of time, investing in an individuals' immigration history and applying the constantly changing and more stringent federal immigration policies. Applications that were previously considered to be simple are no longer simple. Each

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH application requires an enormous amount of time and resources. They are subject to delays, require follow-ups in the forms of request for evidence, and if they're denied under this Administration, an individual faces the risk of deportation under the new referral of notice to appear policy. As we've also heard, the time and resources required to give people the advice and counsel about the Public Charge Rule, the proposed rule, how it might go into effect are very intense and require a lot of resources. I thank the City Council for supporting these resolutions as one of the ways that the City is reassuring immigrants that they are welcomed and valued members of the New York City community.

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CHAIRPERSON MENCHACA: Thank you. And Hasan, before you go, the -- I think some of the bigger questions that you've made mem think about for folks as they focus their testimony are the kind of ways that legal needs are changing, the kind of applications that you're filing, are we talking more habeas corpus stuff that I know we're already seeing? That kind of texture would be great, and how you're tracking a kind of Public Charge impact in terms of budget increases and need. Those are the kinds of

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 141 things that would be great to hear from this panel.

Thank you.

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HASAN SHAFIOULLAH: Good afternoon. I'm Hasan Shafiqullah, attorney in charge of the Immigration Unit at the legal Aid Society. I wanted to start by just answering two of the questions that had been posed to Commissioner Mostofi, and she said maybe legal service providers could answer them. So, I'd like to take a stab at that. So, one was whether an organization or an agency could serve as the affidavit of support sponsor or the-- excuse me, on an affidavit of support, which is a great idea and is exciting to hear that the Council is considering things along those lines which is creative. Unfortunately, under the Immigration Nationality Act, Section 213A, paragraph F, it has to be an individual citizen or a green card holder who is 18 or older and lives here. So, it can't be an agency, so that's unfortunate. The second thing was a question about whether medical records need to be submitted as part of immigration applications. Generally, no. if it's an application where you're seeking to show that hardship would-- you yourself as the applicant would be seeking some sort of hardship, which some of them

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 142 allow, you might need to provide medical records, but as part of this Public Charge proposed regulation there's a pernicious new form that they're proposing which was posted on the regulation's website which is called a 944 Declaration of Self-Sufficiency, and on this form you have to list all kinds of things about yourself including your work history, your credit report, or why you don't have a credit report, and you give a letter saying that you don't have one, any waiver you've ever asked for from Immigration and why, and any past use of benefits ever, and I want to get back to that in a moment, because I think it implicates the City and the State in terms of a burden, but at the very end it asks about reasonable accommodations. Are you going to need a reasonable accommodation for whatever it is that you're seeking? So if I'm filling out a citizenship application, it makes sense to ask about that. Will I need some sort of interpretation or something? But this declaration of self-sufficiency, for them to ask me about reasonable accommodations on this form seems like a backdoor where you're trying to get at my medical situation. Like, will I actually become a Public Charge because I don't need an accommodation for X

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 143 sort of condition, and so that is worrisome. terms of the past use of any benefits, an applicant who is subject to Public Charge like anyone who's trying to get their green card through a family member not only would need an affidavit of support, but complete this form and list any benefits they've had in the past, and show when it started, what it was, when you started, when it stopped. The burden on HRA and on the State level on DSS is going to tremendous. So in terms of city and state government doing comments and pushing back against this, I think that administrative burden is considerable. I only have 23 seconds left. So, we have a couple of recommendations. I'll just stand on my written

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testimony for those.

TANYA WONG: Good afternoon. My name is

Tanya Wong and I'm the Director of Government

Benefits at Legal Services NYC. I'd like to thank

the Council for calling this oversight hearing into

this important issue. Legal Services NYC is the

largest civil legal services provider in New York

City and is dedicated to fighting for racial, social

and economic justice for all New Yorkers. I am going

to skip some of the stats of the number of people we

Thank you.

fiscal policies institutes simulations in which they

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estimate the impact on New York City's economy and the number of people who will be impacted by this rule in New York City. they estimate that this rule will have a chilling impact on over 2.8 million people in New York's -- in New York State, and you know, -- oh, I'm sorry, I just misstated that. They estimate that the chilling effect of the rule will impact 2.1 million people and 680,000 children in households that include one non-citizen who are receiving one of the newly defined public benefits for the purposes of Public Charge under this new rule. And the recommendation that I want to point out to you is -- and I'll be very brief. We believe that the New York City HRA needs to proactively take steps to protect the identities of ineligible noncitizens who have US citizen children who are eligible for SNAP and Medicaid. The Chair of the Health Committee Levin mentioned that we need to be on the same page with the State. A lot of this data is in a state database, and we believe it will mitigate the chilling impact if we are sure that that information will remain confidential. Likewise, Council Member Miller mentioned and asked about other city and state housing subsidies which are indeed not

3 proposed rule. However, in New York it does, the

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4 rule does talk about ongoign income maintenance

5 programs and list that as a public benefit. So, our

6 recommendation is that -- our second recommendation is

7 that the City needs to really de-couple and separate

8 its housing subsidies from-- that are not public

9 benefits under this new rule and separate it from

10 | income maintenance cash programs, because a lot of

11 | these housing subsidies in the city, they have this

12 requirement of having an open public assistance case,

and I think it behooves the agents to really separate

14 and decouple the housing-- our unique city and state

15 housing subsidies from ongoing general maintenance

16 cash programs which do count as income maintenance.

17 And I'll turn it over to Paula.

PAULA ARBOLEDA: So, my name is Paula

Arboleda. I'm the Deputy Director of public benefits

in LGBTQ units at Bronx Legal Services. So, Legal

Services NYC assists hundreds of HIV-positive

individuals to access benefits, including Medicaid

and other public health insurance programs. As it's

already been mentioned, one of the heavily-weighted

factors is related to medical conditions and use of

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 147 subsidized healthcare. We believe that the inclusion in the-- as heavily-weighted factors will result in adverse effects in general public health including potentially an increase in new HIV diagnoses, and two, it's sort of a back door to a defacto reinstatement of the HIV entry ban. While the rate of new HIV diagnoses among the general population has remained steady, medical services providers have noted that the rate of new diagnoses for Latinx men who have sex with men rose by 13 percent from 2010 to Fear of deportation contributed to this trend by deterring people from getting tested or accessing These proposed changes come at a time when advocates and public health officials are working together to implement the Governor's Ending the Epidemic initiative, a three-point plan to move New York State closer to a decrease in HIV prevalence. It also undermines efforts to restructure the state's healthcare delivery system with the primary goal of reducing avoidable hospital use. Both efforts would be significantly undermined if the current proposal is passed, because of the effect that it's going to have on healthcare cost because non-citizens will be using the emergency room to get treatment instead of

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 148 accessing preventive care, ongoign care for chronic conditions through our traditional Medicaid-funded provider. As I mentioned, the proposed new regulations could operate as a defecto ban on admission via a visa or adjustment of status to permanent residency of HIV-positive immigrants to the U.S. because of the medical condition/health component of the proposal. It's estimated that roughly 40 percent of HIV-positive individuals in the U.S. are treated by Medicaid, and 87 percent live beneath 400 percent of the federal poverty limit, the bassline criteria for subsidies under the Affordable Care Act. Government spending on healthcare has been pivotal in managing HIV/AIS along with other federal, state and local protections to fight discrimination and limitations -- and limiting access to individuals who are HIV-positive. It would be difficult for an HIV-positive person who is a non-citizen to stand-withstand the proposed new regulations. As such, we recommend that New York City distinguish all benefits, services, including housing assistance, case management services, and health insurance based on HIV status from ongoing income maintenance program

Thank you.

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already referred to by Tanya.

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2 JUSTINE KAHN: Hi. Thank you so much for 3 being here and for all the work that you've guys have already done and will continue to do. My name is 4 Justine Kahn, and I'm here on behalf of The Door, a 5 center of alternatives. The Door stands with many of 6 7 our colleagues across the City in opposition to the proposed changes to this Public Charge rule. So, a 8 little bit about or organization. For 40 years The 9 Door has served as an invaluable resource for New 10 York City's youth, including those facing 11 12 homelessness, unemployment, poverty, and deportation. 13 Our mission is to empower young people to reach their 14 full potential by providing comprehensive youth 15 development services in a diverse and caring 16 environment. Each year we engage with nearly 11,000 young people, ages 12 to 24, many of whom face 17 18 serious barriers which impact their ability to thrive. Comprehensive services are offered free of 19 20 charge to adolescents, including career and education, food and nutrition, legal immigration, 21 2.2 primary and behavioral healthcare, creative arts 23 programing and supportive housing. So this proposed Public Charge rule is particularly infuriating for us 24

at The Door because of this variety of perspectives

Through I Care, we seek to ensure legal

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Must we really tell them to choose to

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effect?

committees on immigration, general welfare, and health 152 accessing food, housing, and healthcare, and putting their entire immigrant status in jeopardy? I will stop there. Thank you.

CHAIRPERSON MENCHACA: I have one question for this team. There are teams that we have already kind of pulled together around NYFUP for detention and unaccompanied minors. Is there a group forming right now around Public Charge? Is that something that's happening in organizing itself?

: So there's been a coalition of groups including Legal Aid and the New York Immigration

Coalition and many of the folks here who have been working together on developing outward facing materials, client advisories, screening tools. Legal Aid, the Empire Justice Center and Make the Road New York are hopefully this week finally releasing our screening tool that caseworkers can use if they have a non-citizen sitting in front of them to see is it safe for them to receive benefits or not. So, there's a lot of coordinated advocacy going on around the City and around the State.

CHAIRPERSON MENCHACA: And are you working with the Bar, the Bars, the Bar?

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2 : Yes, we're working with both the New
3 York City Bar Association and the State Bar
4 Association.
5 CHAIRPERSON MENCHACA: Okay, cool. I

CHAIRPERSON MENCHACA: Okay, cool. I think maybe they're here--

: [interposing] Immigration [inaudible]

CHAIRPERSON MENCHACA: and they're going

to testify later. Great, thank you.

PAULA ARBOLEDA: And with Bronx Legal
Services we've been working with the Bronx
Immigration Partnership to hold community events.
Our general legal services hotline that clients can call to get individualized screenings as to whether
Public Charge applies to them even if it were to pass, and it's available Monday through Friday, 10:00 to 4:00.

: I'll also say they've developed a fantastic screening tool, too, that we can share with the Council.

CHAIRPERSON MENCHACA: Awesome. Keep working together and let's keep talking about needs and things that are changing on the ground. Thank you so much for your testimony today. Make sure you submit it if you haven't. And you probably already

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 154 filled out your comment, but fill out your comment before you leave, please, please, please, please. How many comments have we had so far? Four, we're still at four. Please, please just walk over there and make a comment. It's just so important. We had 17 done in the Bronx when we had our Town Hall earlier this week. Let's at least reach 17, please. Okay, next panel we have: The Citizens Committee for Children of New York, Alice Bufkin. we have the HIV Law Project, Alisha Mohammed, this is part of Housing Works, Public Health Solutions, Marla Tepper, Planned Parenthood, Larissa Vasquez, Chelsea Goldinger, the LGBT Community Center, please come on. Raise your hand if you're waiting to testify? Great, thank you. Please, please hold. We're going to try to get through as many as possible. And remember, please go out to the back and fill out your comment as you're here listening to testimony. You can-- want to

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CHELSEA GOLDINGER: Hello, my name is

Chelsea Goldinger. I'm the Government Relations

Manager at the Lesbian, Gay, Bisexual, and

Transgender Community Center, commonly known as The

Center. We offer a lot of different services

start? Go for it. Just make sure it's red.

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that last-- they're coming back for what?

CHAIRPERSON MENCHACA: Can you repeat

2 CHELSEA GOLDINGER: Yeah, sure. Sorry?

3 CHAIRPERSON MENCHACA: They're coming

back? They're coming back again?

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CHELSEA GOLDINGER: They're asking if they could dis-enroll. So we're in the enrollment period right now, of course, and that's been really alarming, and we've also seen -- I mean, we don't have the final numbers since we're still in enrollment, but we've definitely seen a decline compared to what we usually see this time of year. And then, I think, one little anecdote that we just thought was especially was against pieces of misinformation we're hearing from this community. We did hear from a woman who it wasn't even speaking to the healthcare. It was about SNAP benefits, and her son was in the process of applying for citizenship who was already a legal permanent resident. She was so terrified. dis-enrolled in all of her benefits and came up to us looking just for food pantries because she no longer wanted to receive SNAP benefits, and again, proposed rule wouldn't impact her. so I think from our perspective, one of the biggest things we're seeing is just overwhelming misinformation, and we would love to sort of just help kind of clarify that and

kind of for these communities who are so isolated and marginalized already, making sure that they feel safe and comfortable. So, definitely excited about the work Empire State Justice and the others are doing to kind of help provide that and definitely support the Council taking action as a body against these proposed changes.

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OPEN QUESTION MENCHACA: Thank you. And an open question if you can incorporate that into your testimony is any factors that you're seeing that's a positive and constructive change of heart as you're seeing the fear. It'd be great to just kind of get any texture on who is it that needs to talk to them to land the message that they can stay enrolled right now. It'd be good to hear.

think the biggest issue we have, and someone else spoke to this in their testimony as well, is misinformation from some attorneys who are coming—they're coming to us and they're saying, "I was told don't enroll this year. This is going to affect your status in a month." So it's really hard. We actually don't have any attorneys on our staff. Our staff is counselors and psychologists and support providers,

and so it's hard for them to respond in a way that's convincing. So, I think something from government is always helpful, because that's of course another authority in that space, but I think--

CHAIRPERSON MENCHACA: [interposing]
Great.

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CHELSEA GOLDINGER: that's our challenge.

CHAIRPERSON MENCHACA: If anyone else can just speak to that, too. What— has it been a government official? Has it been one of us? Has it been one of you that has really changed or turned the corner around that bad, confused information to productive understanding?

afternoon. My name is Alice Bufkin, and I'm the Director of Policy for Child and Adolescent Health for Citizens' Committee for Children of New York.

We're an independent, multi-issue, children's advocacy organization committed to making sure every New York child is healthy, housed, educated, and safe. Thank you very much for having this hearing.

It's really critical. You've heard extensively today already about the devastating impact of the Public Charge Rule. There's more information in my public

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH comments with some of the data points that you may be familiar with, but it's very clear that, you know, in large part because of the chilling effect. We will see more women avoiding critical prenatal care. We'll see impacts in the overall health of families. We know that cutting back on household's nutritional resources will mean more children will face food insecurity, and we know that in a city where we already have one in ten students who are homeless, we're going to see even more impacts on homelessness in New York. So, it's critically important that the Trump Administration hear form as many people as possible in opposition. So we're very grateful to all the efforts the City Council is doing in that in that way. We strongly support both resolutions today, and we do believe there's some additional steps that the City can take to address the potential impacts of this rule change. First, we support the City's ongoign efforts to educate the public that the rule hasn't yet been finalized, to educate about who would and wouldn't be impacted, and to combat the chilling effect of families dropping out of services that aren't included in the rule. But it's clear from much of the testimony today and many other areas

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 160 that many immigrants will continue to view it as unsafe to access public programs, even if they're not directly referenced in the rule. New York City can combat this by supporting city-led programs that provide supplements to crucial federal health, housing, and nutritional support. So we already heard earlier about the importance of programs like EFAB [sic]. You know, I know many members of this council are supportive of Action Health NYC. So while that was privately funded, it is sort of an example of ways to specifically target immigrant communities and get them resources that they need. And we also want to emphasize the importance of supporting existing universal programs that are available regardless of immigration status, so things like the Universal School Lunch. I know you know that this, you know, provides school lunch to all students regardless of income or immigration status; however, more work could be done to publicize the availability of school lunch and ensure that there's robust communication and promotion of this program and others like it. You know, we think at this time it's more important than ever to make sure that the

programs we do have that are available get the kind

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LARISSA VASQUEZ: Good afternoon. My name is Larissa Vasquez, and I'm the Associate Director of Community Engagement at Planned Parenthood of New

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 162 2 York City. I would like to thank Committee Chair Council Members Steven Levin, Carlos Menchaca and 3 Mark Levine for holding this important oversight 4 5 hearing on the impact proposed changes to the Public Charge Rule will have on New Yorkers as well as your 6 7 commitment to supporting immigrant New Yorkers' access to healthcare. Planned Parenthood of New York 8 City has been a leading provider of sexual and 9 reproductive health services in New York City for 10 over 100 years, reaching approximately 85,000 New 11 12 Yorkers annually through our clinical and education 13 At PPNYC I oversee our Promotores de Salud program. 14 The Promotores de Salud are trained peer 15 advocates and educators who aim to increase access to 16 sexual and reproductive health services for Spanish-17 dominant Latinx in New York City, integrating 18 information about health topics and the healthcare system into their community's culture, language and 19 20 value system. Over the summer of 2018 while providing medical interpretation on our mobile 21 2.2 medical unit, our staff saw a patient who was very 23 hesitant to be referred to the public hospital system for cancer follow-up because of what she had seen on 24

the news about the Public Charge Rule. The patient

immigrant New Yorkers, including legal permanent

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New Yorkers face and realizing safe and healthy
lives. Thank you.

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MARLA TEPPER: Good afternoon, I'm Marla Tepper, General Counsel and Vice President of Legal Affairs at Public Health Solutions. Thank you so much for inviting us to testify today and for your commitment and strength in opposing this horrendous rule. I want to talk a little bit about Public Health Solutions and then address some of the specific questions that came up today. We're one of the City's largest nonprofits and we support vulnerable New York City families and the communities that surround them in achieving optimal health and building pathways to reach their full potential. focus on a wide range of public issues that overwhelmingly affect the ability of underserved New Yorkers to live their healthiest lives. We do a lot of different types of work. We focus on food and nutrition, health insurance, maternal and child health, reproductive and sexual health, tobacco control, and HIV/AIDS. So we are acutely aware of the impact of the proposed rule. More than 40,000 low income women and children receive food and nutrition through our WIC program, the largest WIC program in

about how the Public Charge Rule applies to them.

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 167

Providing people with information is really

important. Like one of my colleagues here, we don't

have lawyers on staff in each of our field offices,

so connecting people to information is really

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ALISHA MOHAMMED: Good afternoon, Chairpersons Menchaca, Levin, and Levine, members and staff of the Committees on Immigration, General Welfare, and Health. My name is Alisha Mohammed. I am the Supervising Immigration Attorney at the HIV Law Project. On behalf of the HIV Law Project I appreciate the opportunity to testify before you today regarding the impact of the proposed changes to the Public Charge regulations on immigrant population living with HIV and AIDS in New York City. The HIV Law Project, a part of Housing Works, was founded in 1989 in response to the growing need for legal and advocacy services for low income people living with HIV or AIDS in New York City. In addition to our policy advocacy and impact work, we have handled over 20,000 individual legal cases for our clients. overwhelming majority receives public assistance and depends on Medicaid or ADAP [sic] to obtain access to HIV primary care. Most come from New York City's

2 poorest communities and frequently have few educational, familial, and community resources at 3 their disposal. The HIV Law Project represents New 4 Yorkers living with HIV in immigration housing and 5 6 benefits. The HIV Law Project applauds your efforts 7 to learn more about the impact of the proposed changes on the immigrant population in New York City 8 living with HIV and AIDS. The new Public Charge Rule 9 would force immigrants living with HIV and AIDS to 10 choose between either remaining in unlawful status 11 12 without critical subsistence benefits such as housing assistance or B, filing for legal status and 13 14 benefits, only [inaudible] immigration prospects as 15 Public Charges. If finalized, the regulation would 16 chill access to critical programs that help with housing, food and other essentials to immigrants 17 18 living with HIV. For individuals living with HIV, housing is healthcare. Indeed, as a substantial body 19 20 of research demonstrates that for people living with HIV and AIDS, housing is one of the most important 21 2.2 factors in accessing medical care and maintaining 23 one's health. In turn, by complying with treatment regiments, people living with HIV can reduce their 24 viral load until it become undetectable by normal 25

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blood test. According to the CDC, people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. This is key to ending the epidemic. Public Charge Rule would have an immediate and devastating impact on the health and welfare of immigrants living with HIV/AIDS and on the campaign to end AIDs. This is because under the proposal immigrants who file an application with the USCIS will be compelled to forgo housing assistance and other life-sustaining benefits less they be deemed a public charge. Before filing an application with USCIS, immigrants living with HIV rely upon AIDAP [sic] which is paid for under Part B of the Ryan White Program for prescription drug coverage, but go without Medicaid, food stamps, rental assistance, and other critical benefits. Currently, immigrants in New York can access these critical subsistence benefits through the HIV/AIDS Services Administration after filing an application with USCIS, thereby becoming PRUCOL [sic], a person residing on the calloff [sic] law. Unlike AIDAP, however, Medicaid is a target of the proposed regulation. Hence the filing

committees on immigration, general welfare, and health 170 of any immigration application -- I have a couple of recommendations. Can I just go through--

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CHAIRPERSON MENCHACA: [interposing] Yeah, focus on the recommendations.

ALISHA MOHAMMED: Yes. Pass resolution calling upon Governor Cuomo and the State Government to require that funding for HIV, Medicaid HIV, its coverage comes solely from Ryan White federal funds or from New York State only funds and launch an education campaign for immigrants living with HIV/AIDS, reassuring them that medical coverage that does not impact the immigration status, AIDAP and AIDAP+ is available in the City, and educate the HRA staff on which benefits can be accessed without negatively affecting legalized and immigration status so that they can provide accurate guidance to immigrants living with HIV and AIDS.

CHAIRPERSON MENCHACA: Thank you. And with that, I want to say thank you for this panel.

Be safe out there. It's getting dark and cold and snowy. Thank you so much, and we're going to keep working together to figure out how to address not just the issues that you're bringing up, but how to get the information out to everybody else. Our next

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 171 panel, we have from the NASWNYC Chapter, Marlina [sic] Gustine [sp?] Mendez, the NASWNYC Chapter, Emma Cathel [sp?], from NASWNYC, New York City Immigration and Global Committee, Astrid Casasola [sp?], Ernie Collette, from the NYC Bar Association. Thanks for staying Ernie. New York Legal Assistance Group, Joseph Lavelle Wilson, and then NYLAG, Abbie Biberman, Biberman-- Biberman, thank you. Let's get you all onto the panel. And are the rest that I called not here? Okay, well you couldn't say you're not here if you're not here. Okay, so it looks like we have a few slots open. Can I look at the next panel? Okay, so let's get on the Asian Immigrant Advocate CPA Mai Lee [sp?] onto this panel, Albert Kahn, if you're here, let's get you from CAIR. then Dimitri Glinski from the Russian-Speaking Community Council. And I think that'll fill us up for the panel. Okay, let's keep going. She went to the restroom, okay, great. Okay, so let's wait for her. Is the Asian American Advocate Ada Carr [sp?] Yes? Let's get you on. Ms. Prottum [sp?]? And then CPC, Carolyn Cohen. Carolyn is that you? Okay. Okay, great. Dimitri, would you like to start?

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Just make sure-- okay.

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2 DIMITRI GLINSKI: Do you hear me? Yes, 3 okay. Dear members of the committee and fellow New Yorkers, [speaking Spanish]. Good evening. Thank 4 you for all that has convened this very important 5 hearing and for the committee staff for inviting me 6 7 to testify as a community organizer and an immigrant I'm here on behalf of the Russian-Speaking 8 Community Council that since 2011 has been as an all-9 volunteer nonprofit organizing and advocating for 10 11 about 200,000 immigrants and new Americans from 12 [inaudible] Soviet countries, the third largest 13 linguistic minority in our city. There are two parts 14 to my one-page testimony that will be distributed to 15 you shortly. First of all, our organization fully 16 supports what has been said before very eloquently 17 including today that this DHS proposal is harmful to 18 our communities, especially to American families with non-US members, to immigrants with children in need. 19 20 It's harmful to our economy. Specifically, I would like to say that in my own immigrant community many 21 2.2 high-skilled professionals have to use this public 23 benefits in their first years in the US because of the rejection and discrimination they are facing in 24

this initial period before they're able to break

Washington, but that it should also keep expanding

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 174 the rights and the [inaudible] for immigrant New Yorkers, and that in the words that were spoken today by Speaker Johnson should stand as a beacon on the hill in this sea of madness. In this connection, our city has the immigrant population that is bigger than the entire population, for example, Chicago, the third largest city in the states, or of Paris and Rome, yet immigrants as a group have no institutionalized representation within our city government. In contrast, such cities as San Francisco and Portland have set up commissions on immigrant affairs that include representatives from their immigrant communities. I will just finish saying that we ask our city to catch up with them by creating such a commission that would have broader responsibilities in immigration. We brought this proposal to the City Charter Revision Commission where we were invited to testify, and today we're here to bring you the awareness of this campaign that we have launched. We hope that many of you here in this room will give it a thought and will sooner or later support it, and that before long it will also be up for discussion in this committee. Thank you

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CHAIRPERSON MENCHACA: Thank you, and if we can go to your left, let's get you on. Can we switch chairs? Oh, no, actually if you can sit-- if you're fine there you can testify from there.

CARLYN COWEN: Good afternoon. My name is Carlyn Cowen, pronouns "she/them." I'm the Chief Policy and Public Affairs Officer at the Chinese-American Planning Council. CPC serves over 60,000 Asian American low-income and immigrant New Yorkers each year, the exact population that's going to be impacted by this Public Charge Rule. I would like to emphasize as others have that nothing has changed and the proposed rule hasn't been finalized, and also that this proposed rule never has to be finalized to have the exact impact it's intended to have, which is driving immigrant families into the shadows and systematically denying them of resources needed to survive and thrive. We've already seen the impact at CPC, even though the proposed rule has never been finalized. We have seen seniors asking to de-enroll from their SNAP benefits, which they depend on to put food on the table. We have seen people asking to deenroll from the wait list for housing vouchers that they've been on years, or not apply for Section 8

2 housing. We've seen people asking about the 3 prescription medications and if they should stop 4 taking them so that they can apply for their green 5 When we were doing Rapid Response trainings 6 with our staff on how to talk to community members, 7 and keep in mind that many human services staff are going to be impacted directly by this rule as well, 8 one of our social workers asked me, "What should I 9 do, tell my NYCHA clients to go live on the streets 10 so that they can apply for their green card?" while 11 12 the City has made an incredible commitment to 13 protecting immigrant New Yorkers should this go 14 through, the time for a coordinated response is now, 15 and it has to be centered on the community-based 16 organizations that have deep trust with the communities that are going to be impacted by this the 17 18 most. We have seen misinformation in the media. We've heard of predatory immigration lawyers 19 20 providing misinformation to people, and nothing that CPC, a community organization that has had deep 21 2.2 connections in the community for over 50 years, has 23 said to our community members, has dispelled that fear. So, imagine when that information comes from 24 25 the government. In this climate, a notice from the

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 177 government, even a sanctuary government like New York City can drive deep fear. We've had community members come into our centers in full-scale panic attacks because they've received information with a city seal on it, only to find out later that it was just a simple generic notice. While efforts from MOIA to do translated fliers and other efforts like that are greatly appreciated, the website, which is where the bulk of the information lies, is still only in English, which leaves community organizations to fill the gaps. So, I would urge the City and the City Council as it moves forward with its repose to not wait until the rule is finalized, but to respond now, coordinated with the community-based organizations that have the community trust and have the language ability to dispel the fears to help immigrants remain in their benefits and to plan for whatever might come downline. Thank you again for your commitment to immigrant New Yorkers and to fighting this rule.

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CHAIRPERSON MENCHACA: Thank you, Ms.

Cowen, and we don't disagree with you at all on any
one of those points, analysis, and recommendations.

Chair Levine has a question for you.

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CHAIRPERSON LEVINE: Great remarks, You used the term predatory attorneys, and Carlyn. we've heard today from other advocates who described attorneys who are misinformed and were offering incorrect information, but it sounds like you're talking about attorneys who are trying to extract money out of unwitting clients and using fear. Have you actually encountered -- this would be horrifying.

Have you encountered such cases?

CARLYN COWEN: So, I want to be clear that there are incredible attorneys that are doing really important work to protect immigrant New Yorkers. There are also attorneys that simply have misinformation, and this is a very difficult rule. It's very complex and convoluted, and there are so many nuances to it that misinformation is easy to occur. And we have seen consistently, whether with Public Charge or whether with other areas of immigration, that if community members are not seeking information from trusted sources, from trusted immigrant attorneys, there are always going to be people that are ready to take advantage of climates of fear.

CHAIRPERSON LEVINE: Well, I'm glad you brought this up, and we as a City Council and really everyone who's advocating for the communities affected, need to have our antennas up for anyone who is attempting to exploit the fear to make a buck, whether they're attorneys or other providers, and if anyone knows of specific cases, please contact city government so that we can enforce aggressively against that kind of abhorrent behavior. Thank you.

CHAIRPERSON MENCHACA: Thank you.

ALBERT CAHN: Good afternoon. My name is Albert Cahn. I'm the Legal Director of the Council on American Islamic Relations of New York. I'm very grateful to Chairs Levine, Levin and Menchaca for once again standing with immigrant communities in the face of this repugnant attack from Washington. And I want to draw your attention to the unique impact that this proposal would have on Muslim New Yorkers who have faced a systematic attack from D.C., who have faced the specter of Donald Trump's campaign pledge of a Muslim registry who have seen attempts to work with law enforcement, to work with ICE to gather information on these communities. And so the threatened in privacy implications of Public Charge

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 180 have a unique impact on this community. And while, yes, the city did pass Intros. 1557 and 1588 last term, I would remind the Council that there were carve-outs in those bills applicable to investigative purposes that do remain vulnerabilities for marginalized communities. And we once again would raise the importance of closing those loopholes and making sure that every area of city government is held to the same standard of privacy protection. We've seen what the Trump Administration has been able to accomplish in Consular visa denials using Public Charge. They have tripled the number of denials in the last Fiscal Year, tripled. And so we are terrified at what might happen if this rule were to go through, but I want to reiterate what has been said so many times before, that this is a threat. It is a real threat. It is an imminent threat, but it's not something that's gone into effect yet, and like so many other groups up here, we have seen individuals proactively dis-enrolling from programs, and we urge anyone who is impacted to remain on programs and to not stop using any of the vital services that are impacted by this rule while it is

being finalized, and while it is being fought.

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2 also want to highlight that individuals can

3 potentially submit more than one comment if they do

4 | it through affiliation with more than one

5 organizations. Ms. Cowen and I, for example, have

6 authored and comment through our participation in

7 | Coro's [sic] ICLP Leadership Program in addition to

8 comments through our respective organizations. And

9 so individuals can potentially have more than just

10 one comment if they're speaking to different elements

11 of this rule change. And I really urge everyone here

12 to reach out to as many people as they can to have as

13 | many comments as possible, because one comment is an

14 | important symbol, and a thousand comments is a real

15 | break-through, but a million comments is the sort of

16 mass movement we need to stop this horrific policy

17 change. I am so hopeful the Council will help us

18 reach that goal.

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ERNIE COLLETTEE: At this point I should say good evening. Good evening. My name is Ernie Collette, and I'm here in my capacity as a member of the Immigration and Nationality Law Committee of the New York City Bar Association. So, I just want to briefly emphasize what was already been said in that

the City Bar supports the proposed Council Resolution

1 COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 182 2 608 and 609, and we obviously urge the Federal Government not to move forward with this adoption of 3 this Public Charge Rule. Unfortunately, as Council 4 Member Menchaca pointed out, we are at a point where 5 6 this rule is being published. It may be finalized. 7 The whole point of the public comment period is to bring attention to the Federal Government, how many 8 people are against this proposed change, but if they 9 do implement it, we do need to be prepared. 10 of the things that I do want to point out is that the 11 12 New York City Bar Association is prepared. We work 13 with several -- many, many different organizations and many different subcommittees to prepare our members 14 15 to have the adequate information and tools and 16 resources necessary to be able to provide information to their clients, because while I work at a nonprofit 17 18 organization called Mobilization for Justice, and I do work in benefits and in Immigration Law, a lot of 19 20 private attorneys do need to focus primarily on other issues, and don't necessarily know much about Public 21 2.2 Charge. So, it'll be our responsibility as an 23 organization and as a committee to ensure that

lawyers in the private and the public sector are

prepared for this, and we encourage the City Council

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to support us in these measures as well. I also-the reason why I say that to you is because the Public Charge regulation in the way that it's written is purposely confusing. It creates sort of these bright-line rules where if you're under 125 percent of the federal poverty level you'll have a negative weighted factor for Public Charge. If subsequently you're over 250 percent of the federal poverty level which is about 63,000 dollars a year in income and resources for a family of four, you would have a positive factor, but that doesn't necessarily mitigate the fact that if you've received public benefits going forward in the future once the rule is finalized that that will be impacted. You also divide the benefits between monetizable [sic] and non-monetizable benefits, and depending upon how much you've received in a given course of a year or the amount, those public benefits could be charged against you. This information needs to be simplified. It needs to be provided to the community not only to the individual constituent and also our clients, but it also needs to be provided to the attorneys that will be serving these clients. And so it's very important for all of us to take that into

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 184 consideration. And with my limited time left, I'm taking off my City Bar hat and putting on my attorney hat. One of the things that was mentioned also was the I944 that my colleague Hasan mentioned. over-expansive comparative to the Public Charge Rule. They will ask for information about any prior fee waivers that you've received or credit reports as well, and that information can be confusing or impossible to get for members of our communities. As well, one of the other issues at the City-- sorry, that the City Council mentioned that we talked about was maybe sponsoring individuals, and while it's not codified in the INA, there is a section in the Public Charge regulation about a 10,000 dollar bond. something that may be discussed and discovered to talk about in the future within other organizations. Thank you for your time. Sorry for going over.

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CHAIRPERSON MENCHACA: One quick question on what you just presented. On the-- you mentioned the initiative to train, talk to, communicate with lawyers, your lawyers in public and private. Talk to us a little-- talk to us a little bit about what that looks like and in terms of funding needs you might be requesting, or is that just part of your work

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 185 already? Have you committed— have you communicated anything yet in a blast to folks, and—

ERNIE COLLETTE: [interposing] We-CHAIRPERSON MENCHACA: give us a little

6 texture about what you've done.

ERNIE COLLETTE: Sure. We haven't, but in the past what we've done with several subcommittees, including the Social Welfare Committee, and the Immigration Nationality Committee, which I'm a part of, we create trainings and events at City Bar Association. Those are passed through the City Bar Association to ensure if there's sealy [sic] events to ensure that the information is adequate and cored to properly and adequately train individuals upon common topics. That information about funding or promotion would be better suited to the individuals that are listed as the contact for people on the City Bar Association's -- on the recommendation that we just proposed. But in general, it would be a fantastic opportunity for us at the minimum for advertisement to be able to allow attorneys and other individuals to know that this exists.

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2 EMMA CATHEL: Hello, good evening. My 3 name is Emma Cathel [sp?] and I'm here with my 4 colleagues Marla Agustine Mendez [sp?] and Astrid Casasola [sp?], and we are Master Social Work 5 students at Columbia University and active members 6 7 and interns of the Immigration and Global Social Work Committee of the National Association of Social 8 Workers, New York City Chapter, and today we are 9 testifying on their behalf. The New York City 10 Chapter of the NASW represents over 6,000 members 11 12 throughout the five boroughs. The NASW is the largest association of social workers in the world with over 13 14 120,000 members across the nation. We are leaders in 15 advocating for just social policies, and we thank the 16 New York City Council for the opportunity to testify. 17 Today we're going to give a brief economic analysis 18 behind this policy. It is a common notion in the United States that immigrants suck up the public 19 20 benefits of the country while not contributing to the economy. However, several reports and news coverage 21 2.2 have discovered quite the opposite. For example, it 23 was found that in 2013, about 3.7 percent of immigrants in the nation received cash benefits 24

compared to 3.4 percent of the US-born population.

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2 The proposal seeks to increase the income requirements as mentioned just a second ago for 3 potential immigrants. This would mean that they 4 would have to earn between 30,000 for an individual and about 63,000 for a family of four. As a 6 comparison, virtually 29 percent of US citizens would 7 fail this test. The DHS seeks to aid a burden on tax 8 payers as the proposal states. However, immigrants 9 are an asset to this nation's economy. In fact, it 10 could be argued that with fewer immigrants in the 11 12 United States, the country's economy would suffer. 13 Second generation immigrants are among the strongest 14 economic and fiscal contributors in the US population 15 and they have contributed more in taxes than the rest 16 of the native-born population in 2017. Furthermore, 17 it has been demonstrated that employment rates are 18 high even among immigrants who partake in public benefit programs. For example, of benefit receiving 19 20 families, 63 percent of non-citizens and 66 percent of naturalized citizens are employed, while only 51 21 2.2 percent of native-born benefit receiving families are 23 employed. Restraining the amount of immigrants admitted to the United States could also leave the 24 nation at a vulnerable position during the current US

this Public Charge to happen. Thank you.

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1 2 JOSEPH LAVELLE WILSON: Chairs, Council 3 Members, good evening and thank you for the 4 opportunity to address you. My name is Joseph 5 Lavalle Wilson. I am a Staff Attorney with the New York Legal Assistance Group, known as NYLAG. 6 7 here today with my colleague -- she just stepped out --Abbie Biberman. She's a Supervising Attorney in 8 NYLAG's Public Benefits Unit. NYLAG uses the power of 9 the law to help New Yorkers in need combat social and 10 economic injustice by addressing emerging and urgent 11 12 legal needs with comprehensive free civil legal 13 services impact litigation, policy advocacy, and 14 community education. You've already heard 15 extensively how the proposed rule will expand the 16 range of benefits that can be used to deny an 17 application for a green card or a visa, so I'm going 18 to focus my testimony today on the impacts that we're seeing and what the city can do to help. 19 20 NYLAG, since the rule's been introduced or announced, it's obviously not in effect yet, we've seen already 21 2.2 again and again clients misunderstanding the rule, 23 needlessly terminating benefits or not applying for benefits to which they're entitled, even when they 24

don't fall under the proposed rule and would not when

would make her eligible for New York State-funded

Medicaid, and that would cover the necessary stem

cell transplant that represented the best option for

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her cancer treatment. After she was referred, Dana missed several appointments, both with NYLAG and her medical team, fearing that she would be deported due to the medical treatment she was receiving. When she finally met with a NYLAG attorney she revealed that she was trying to not take too much chemo in order to avoid the radar of immigration officials. She was terrified of pursuing any options that would make her Medicaid-eligible or force her to reveal her address, fearing that it would get her family in trouble. Although she agreed to resume her chemotherapy after meeting with the attorney, the doctor recently informed the attorney that she stopped showing up to appointments, which will likely speed up resistance to the drug. We fear that cases like this are going to become much more common, and as a matter of time, I'll refer to my written testimony on the recommendations that we're proposing to the City. Thank you.

CHAIRPERSON MENCHACA: Well, I just want to ask you to outline them really quick, the recommendations.

JOSEPH LAVELLE WILSON: Okay. We think that city agencies should be looking to legal service

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providers that they already contract with on many projects to provide information and training on how the Public Charge Rule is going to affect immigrant New Yorkers. That will ensure New Yorkers are getting accurate information about whether they'll be affected and how. We're also recommending that the City launch a media campaign about the rule similar to campaigns that the City's already done on subway ads, Link NYC, that kind of thing. And then we're also asking the City to work with the State to look into how to clarify the tangled benefits, as they were put by Chair Levine, and to clarify what funding funds which benefits so that immigrants can understand whether or not they're going to be affected. And finally, we recommend that the City Council work with the state to look into potential stop-gap, non-means tested benefits, which won't be subject to the Public Charge Rule.

CHAIRPERSON MENCHACA: Thank you.

SANDHYA PRADHAN: Namaste and good evening. My name is Sandhya Pradhan. I'm a health navigator at Adhikaar. We are the only women [sic] led worker at community center serving and organizing the Nepali-speaking community in New York City.

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Today I am speaking on behalf of almost 60,000 Nepali speakers in the greater New York City area. new immigrants and low-wage workers working as domestic workers, nail salon workers, restaurant workers, and gas station workers. [inaudible] Public Charge Rule probably would negatively impact our community. As many of our member are beneficiaries of Medicaid or no-cost health insurance and SNAP. this rule change were to be passed, our members would be put in the situation where they must choose between Public Charge, public benefit to help them survive and support their families or be eliqible for permanent residency and stay in the country. This is not the decision that any immigrant should have to make. We know that if they are forced to make this decision given this political climate with attacks against immigrants, our members will become more at risk if they are uninsured or unable to receive food stamps to sustain their families. The Trump Administration wants to say that immigrants should not be dependent on public benefits if they are to be eligible to stay in the United States, but we know that even if an immigrant decided not to take public

benefits and pay for health insurance out of their

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2 CHAIRPERSON MENCHACA: Do you have any
3 recommendations that you can point to in the
4 testimony that we can hear today?

SANDHYA PRADHAN: [inaudible] no, I don't have the answer, but do again [sic].

CHAIRPERSON MENCHACA: Okay.

SANDHYA PRADHAN: We must support our working-class immigrant communities because they are backbone of the city and the country. I [inaudible] hear our testimonies today and let the United States Government know that New York City will not stand for the Public Charge proposal. Thank you for allowing me to speak today.

CHAIRPERSON MENCHACA: thank you and we look forward to working with you and the organization on specifically the population that you spoke to, but also recommendations that might be coming to support the organization itself. Very unique opportunity that we have as was mentioned earlier, that you all have connections to communities with trust, and that was a question that I asked earlier about how do we change the nature of the confusion, and you are all at the front lines of community engagement at a cultural ability for trust, and that's not always going to

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH come out with government. We're, as a whole, government is failing its people right now. Okay, thank you so much to this panel. Next panel we have I think two panels, maybe one. We'll see if everyone is here. Asian-American Federation, Persephone, come on up please, and Asian-American Advocate CPA, Mai Lee, Silvia Sictor [sp?], Asian-American Advocate India Home, Carrie Cecil [sp?], the Arab-American Family Support, Asian-American Advocate, Grace Kim, Tasbia Ramen [sp?], Asian-American Advocate, the

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and then Heroko Hatkana [sic], no, Hatanaka [sp?], Japanese-American Social Services, Inc. And is-great, we have a full panel, and Persephone, would

you like to go first, please?

Coalition for Asian-American Children and Families,

PERSEPHONE TAN: Hello. Thank you, Chair Menchaca, Chair Levin and chair Levine and the Committees on Immigration, General Welfare, and Health for convening this hearing today, and thank you to the city agencies--I don't know if staff are still here. I assume they are-- for being here today as well. I am Persephone Tan, the Associate Director of Immigration and Policy at the Asian American Federation. We represent a network of over 60 member

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 197 agencies and partner agent -- member organizations and partner agencies that are Asian-led and Asianserving. Of this panel, I think pretty much everyone here is a member or a partner agency. Overall, Asians make up 15 percent and growing of the City's population. Among this group, 70 percent of Asian New Yorkers are immigrants. So, immigration is a very important topic to our community. The proposed Public Charge Rule as released by Trump Administration presents an unnecessary burden and fear among immigrant communities. I would like to share some statistics on Asian immigrant New Yorkers for Men [sic] health and the Migration Policy Institute. Estimates of those impacted by this proposed Public Charge Rule in the Asian community are well over a quarter-million non-citizen and family members living in New York State. These are people who have either had -- who either had income below 125 percent of the federal poverty level or received one of the benefits in the proposed rule. The Migration Policy Institute estimates that more than half of the recent Asian immigrants of New York State have incomes below the 250 percent of the federal poverty level which is the proposed income

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 198 cut-off for application of the Public Charge test. This means that more than half of new Asian immigrants coming to the US would face increased burden to pass a Public Charge test. Our recommendations to the City and to the corresponding agencies responsible for the welfare of immigrant New Yorkers include comprehensive public outreach and education. The City should remind constituents that the rule is not final, not retroactive, and the Public Charge test will be looking at the totality of circumstances. We need to make sure that there's clear messaging now and clear messaging when the rule is actually finalized, encourage people to apply for benefits and not to discontinue enrollment, emphasize it is a very narrow scope of immigrants impacted, only those who are applying for green cards. Hence, there should be free legal services available in language about evaluating an individuals' Public Charge status to see if they are at risk for being covered by the Public Charge test and how to mitigate There should also be a clear process on where people can get help and identify if they are at risk of being a Public Charge. For example, having clear

messaging on whether or not people should go to

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Action NYC or the New Americans Hotline or knowing when to reach out to HRA about public benefits. I do want to note one thing about addressing the fee waiver of immigration benefit criteria. It's in my testimony. I hope the Council and the Committees will take a look at it as well. And finally, the city should strengthen partnerships with community nonprofits and other organizing groups. We have been on the forefront of convening rapid responses to the ongoign attacks on immigrants, and this includes providing groups like ours and everyone on this panel and everyone who has already testified, resources and funding to build capacity so that we can continue outreaching to the community. Thank you so much.

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

What I will ask and what we are going to continue to ask for are budget recommendations, and as a coalition and really understanding the need itself, so we cannot just understand the coalition request, but the intricate nature of the legal side, the education side, etcetera, that— which I think you presented, but some dollar amounts so we can be ready. Thank you.

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2 MAE LEE: Hi, good evening. So thank you 3 for having this hearing today. My name is Mae Lee. I am the Executive Director of the Chinese Progressive 4 Association. We serve those who live, work or go to 5 school in Chinatown or the lower east side. 6 7 assist immigrants with programs like English classes, citizenship classes. We have come immigration 8 application assistance. We do help new citizens to 9 register to vote, but I wanted to share a story and 10 make some recommendations. So, I said we had these 11 12 citizenship classes, and in our class we have 13 students who are green card holders, but never the-even though they're enrolled in the class, they told 14 15 us they didn't plan to apply just yet for citizenship. They're on Medicaid, so the plan is 16 17 that they're going to wait for the Medicaid to 18 expire. They won't go to recertify, and after they're off the Medicaid they'll get -- this is health 19 20 insurance. They're going to apply for their citizenship. So we manage to convince them. 21 2.2 armed with a lot of the correct information. 23 managed to convince them, no, that's not what you need to do. You should apply for citizenship now if 24 you're otherwise eligible. So, they will be, and 25

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 201 also our teachers will be making these lesson plans for the students to teach them how to submit the comments, and they might do it in the class on their little ipads or phones. So, then, so the other thing is we've heard about how, you know, HRA, their frontline staff is trained to talk to the clients and MOIA and Action NYC is doing a lot of outreach, but we think that's not enough. You know, we think-- I think it would be better if HRA was much more proactive and sent a letter out to the client right away instead of waiting for them to come. students I talked about haven't been HRA and they haven't called Action NYC. So, I think the dependence on those-- what they're depending on is not sustainable considering the scope of the-- the breadth, you know, of the confusion, and it will get worse if -- I mean, I hope this doesn't happen, and I don't want to -- we don't want to tell people, "Well, it's going to happen anyway, so you should deal with it now." You know? Now the message is to fight. But if it does happen, the confusion will be even more widespread. The thing that I mentioned about Medicaid, Medicaid, you know, is very complicated.

There's federal Medicaid and there's state Medicaid

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CHAIRPERSON MENCHACA: Thank you.

SELVIA SIKDER: Thank you very much for convening this hearing today and giving us the opportunity to testify. I'm Selvia Sikder. I work in India Home, and India Home is a nonprofit organization. We work for the South Asian older adults. We serve more than 200 adults across Queens through our senior center programs, case management, community mental health programs through occasional activities and advocacy. A hundred percent of our seniors India Home serves are foreign-born. As you know, on October 10th, 2018, the Trump Administration formally announced proposed regulation that would dramatically broaden the Public Charge test that has been a part of Federal Immigration Law for decades. The South Asian older adults we work with are

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vulnerable new immigration themselves who live in poverty, depend on adult children, speak little English, have low to no income, and are socially isolated. Public benefit programs support these older adults' basic needs in terms of access to healthcare, food, and other essentials. We foresee it having a huge impact on our vulnerable South Asian older adult community. It's important for the wellness of our seniors to have the nutritious foods and ingredients from the cultural diets that they are accustomed to. The SNAP makes this possible for close to 50 percent of our seniors and many of the South Asian older adults in the larger community. Access to affordable healthcare is especially important for our seniors. Almost 80 percent of our low to no income seniors depend on Medicaid to bet basic healthcares. The program has been a lifeline for them, providing coverage for hospital care, doctor's visits, and prescription drugs. With the proposed changes to Public Charge including these programs, our seniors would certainly be impacted. I'd like to share the fear of our community members. The proposed Public Charge Rule has already created fear in our community and made our seniors afraid to

seek programs that would help support their basic needs. The proposed rule would have further negative impact by leading to dis-enrolment form certain public benefits program among our members and clients. Out of fear it would affect not only themselves, but also their families. Recently, naturalized citizens are afraid to apply for public benefits in fear of it affecting their citizenship Based on our observations, the Public Charge status. Rule may cause our members to forgo enrollment and/or dis-enroll themselves from public benefits program because they do not understand the rules, details and would fear their enrollment could negatively affect their or their families members' immigration status. For example, one of the seniors we work with recently applied for citizenship and he is eligible for SSDI due to his physical conditions. However, he's reluctant to apply for SSDI as he's afraid it might affect his citizenship application. Moving forward, we recommend the City Council take the following steps: Clearly inform the South Asian community on Public Charge through adequate language access service and legal help available in the South Asian languages, and work with and provide special funding

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 205
to grassroots organizations like ours to [inaudible]
knowledge on Public Charge to South Asian seniors.

Thank you very much for the opportunity.

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KERRY SESIL: Thank you to the New York City Council for providing us this opportunity. My name is Kerry Sesil. I'm the Director of Development and Communications at the Arab American Family Support Center. For nearly 25 years we've been working with the Arab Middle Eastern Muslim and South Asian communities throughout New York City to promote wellbeing, prevent violence, get families ready to succeed and to communicate the needs of the marginalized populations. We have witnessed our community members have increased fear. We've witnessed community members choosing not to enroll in important benefits, not to enroll in SNAP, not to enroll in health insurance, and to drop out of other important programs that are not listed in Public Charge, because of fear and misunderstanding of what this can cause. What we haven't heard a lot of today is around the implications for mental health, which is something that I would like to point out. community of Arab Middle Eastern Muslim and South Asian community members is already being unfairly

1 2 targeted, particularly around the travel ban and other xenophobic policies. This just amplifies those 3 feelings of stress and depression and anxiety that we 4 are seeing in our community. So, this goes beyond 5 implications around physical health and extends to 6 7 mental health. Our recommendations are to continue to say no to the proposed changes, to commit to 8 supporting immigrants and refugees with additional 9 resources. In instances when they do avoid those 10 benefits, particularly for SNAP and food benefits, we 11 12 are as an organizations looking for other ways that 13 we can connect people to food. That is an immediate And then finally, to consider increasing 14 15 access to linguistically competent -- linguistically 16 and culturally competent health services. We at the

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Thank you.

EUNHYE GRACE KIM: Hi. Good evening. appreciate the opportunity to share with you how the proposed Public Charge Rule impact the lives of our community members. My name is Eunhye Grace Kim, and I'm the Assistant Director at Korean Community

Arab-American Family Support Center are providing

we need the City Council support there as well.

these right now because we recognize that need, but

It is crucial to provide our community

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 208 member with an accurate information about the proposed Public Charge rule and educate them. Due to the highest limit English-proficiency rate in our community compared to other immigrant community, the culturally competent material should be provided, and moreover, working closely with the community-based organization would be the key to reducing fear among the New York City most vulnerable population. Therefore, working with community-based organization with the City Council support will be crucial to reach hard to reach population and educate and assist our community members. So, I think one more story. I just got a phone call from my colleague who is helping client right now as navigator, health insurance, and she just called me and she's asking me two seniors came and they asked-- they don't want to get Medicaid and if there is other choice after me. And I've a navigator as well. I've been working ever since 2013, and I said, what are-- I asked them what are their immigration status, and they were U.S. citizen. And I ask her why they're hesitating to apply for Medicaid, and she said because they're just afraid of the Public Charge. And this is kind of

example of this misinformed because as a U.S. citizen

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application, but they do, and they are refusing.

Only option they have is just buying private health insurance, and I just got phone call from them. And I constantly try to educate our community and try to workshop, and however, our community— there's communication from the attorneys and the ethnic media is so powerful, it's really hard for us to educate them without proper support from the City. Thank

TASFIA RAHMAN: Good evening, I guess.

My name is--

CHAIRPERSON MENCHACA: [interposing] Can you pull the mic closer to you?

and I'm the policy coordinator for the Coalition for Asian-American Children and Families. I'm going to try to avoid repeating the information. We lead 50 Asian-led and Asian-serving community and social service organizations, and we've been flooded iwht anecdotal stories about dis-enrollment.

Particularly, what I'd like to focus on is on health disparities. In the US we already have a major

health disparity issue, particularly among

marginalized communities. In New York City, for example, at CACF we are seeing this in our efforts to ensure more access to affordable healthcare. We're a lead agency in New York State that receives in person assistor, IP, or navigator grant for the New York State of Health, the official health insurance marketplace. It's currently open enrollment, and our IPAs navigators provide one-on-one assistance to individuals, families, small businesses and their employees who apply for health insurance to marketplace. We provide our -- our navigator partner organizations provide culturally and linguistically tailored outreach and education about the Affordable Care Act as well as enrollment assistance for private and public health insurance. This year, during the current open enrollment period, our patient navigators have witnessed a significant decline in new enrollment since last year and in previous years. I wouldn't be as optimistic to say that we solved our lack of inaccessibility to health insurance in a year, but what we're really getting is a sense that people are afraid if they signed up for affordable health insurance they may endanger their ability to remain in this country. So with this in mind we ask

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH

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CHAIRPERSON MENCHACA: Thank you.

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HIROKO HATANAKA: Good evening. Thank you so much for giving me opportunity to speak here

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 212 My name is Hiroko Hatanaka. I'm a Board Member of the Board of Japanese American Social Services Inc. I am speaking on behalf of our Director today because she's not available. JASSI is the only social services agency serving the Japanese community in New York City, and we have served 37 years providing various social services. proposed policy will undermine access to essential health, nutrition, and shelter for the eligible immigrant and their family members. In fact, a client and community members we serve have already withdrawn from benefits they are entitled to receive for fear of receiving them will affect their immigration status or lead to a deportation. example that I would like to give is that one of our client who signed up essential healthcare recently came to us and said she would like to withdraw the essential plan because her attorney said that will have impact on her immigration status. So, many of our clients are either on some kind of temporary visa or undocumented. The fear created by these rules will cause lasting harm to entire communities. we would like to recommend is that from our point of view, you can help us by delivering a clear message

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to the community as many languages as possible.

Please note that there are so many immigrants who

limit-- whose English is limited. And messages

translated into their own language will have a

stronger impact and they tend to trust that. You can

help us by ensuring that assistance in this issue and

not only in New York major languages, but also other

language as well for particularly for Immigration

Hotline. Thank you so much.

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CHAIRPERSON MENCHACA: Thank you for your comments and thank you for this entire panel as well. Again, be safe out there. It's a little treacherous. Our next and, I believe, final panel-- so if I do not read your name and you want to testify, please come up to the Sergeant of Arms and fill out an appearance card. CFR? Danny Alicea, Center for Family Representation. Mark Avelinoti [sp?], NMIC, Faith Bihume [sp?], UJA Federation, Asweni Peresone [sp?], FPWA, Anthony Feliciano, Commission on the Public Health, -- no? And is there anyone that has not been called that would like to testify? And Frank, how many people have submitted? We have seven. Can we get 10 more? Let's get to 17 comments before we leave today. Please, don't hesitate to come out to

the back. Thank you so much for those who have submitted comments as well. Okay, let's start.

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Would you like to start? Please introduce yourself.

DANNY ALICEA: Good afternoon and thank you for your leadership. My name is Danny Alicea I supervise the Immigration Practice at the Center for Family Representation which was founded in 2002 to reduce reliance on foster care and improve outcomes for children and their families. I will focus my comments today on our perspective as providers of legal and social work services to parents who are facing child welfare proceedings. It has already been stated and stressed that the proposed rules are causing confusion and fear. I will also add that many government caseworkers are frequently confused or misinformed about the implications of immigration reform for individuals and families. Non-citizens' unwillingness to seek public benefits will inevitably increase contact between families and the child welfare system, will prolong involvement, and reduce the likelihood of positive outcomes. They may lose the ability to provide their children with basic necessities which will then trigger allegations of neglect. Child welfare proceedings also require

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 215 multiple court appearances, conferences, monitoring appointments, custodies, conferences, and ACS meetings which will take -- which will cost the government significant amount of funds. In order to ameliorate the problems which brought them to court, parents are required to demonstrate parental fitness. To accomplish this parents are generally ordered to participate in services such as individual and family therapy, anger management, or drug treatment. of these services would typically be covered by insurance. Non-citizen parents can be forced to choose between defying an ACS or court order and at least in their minds risking their immigration status to obtain insurance or other benefits. Moreover, the added burden on ACS and Family Courts will put strains on these institutions leading to back-ups and a slower administration of justice to the extent that a decrease in immigrant public benefit participation leads to the separation of families. It will also generate significant cost for the government. 2010, for example, the average annual cost of placing a child in New York foster care was 66,060 dollars. The average -- more than half of children who enter foster care remain there for longer than a year, and

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CHAIRPERSON MENCHACA: Do you have -- do we have a copy of your testimony?

DANNY ALICEA: You do.

CHAIRPERSON MENCHACA: Okay, thank you.

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2 FAITH BEHUM: Good evening. My name is 3 Faith Behum, and I'm an Advocacy and Policy Advisor at UJA Federation of New York. Established more than 4 100 years ago, UJA is one of the nation's largest 5 6 local philanthropies. We support nearly 100 7 nonprofit organizations serving those that are most vulnerable and in need of programs and services. 8 behalf of UJA our network of nonprofit partners and 9 those we serve thank you for the opportunity to 10 testify on the impact of the proposed Public Charge 11 12 Rule on New York City. If the proposal passes to 13 update the Public Charge requirements, many low-14 income immigrants will choose between receiving 15 benefits that allow them to access healthcare, food and other necessities, and pursuing permanent 16 17 residency in the United States. UJA is particularly 18 concerned not only for the individuals who received services through our agencies, but the people who are 19 20 employed to provide those services. Some of our nonprofit partners provide services and supports to 21 2.2 the elderly to live in the community. Many of the 23 home health aides who are the backbone of supporting the elderly are immigrants receiving benefits such as 24 SNAP and Medicaid. These individuals need these

COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH 218 benefits to make ends meet. If the Public Charge proposal is passed, these individuals will be forced to choose between receiving benefits or jeopardizing their immigrant statuses. In 2015, UJA, the Federation of Protestant Welfare agencies, and Catholic Charities of New York jointly selected a set of policies and contracted with the Urban Institute to test their effects on rates of poverty individually and combined. The study found that increasing SNAP benefits by 31 percent reduced poverty to 18.7 percent. Increasing the number of housing vouchers in order to help half of the current waiting list reduced poverty to 19.9 percent. According to these findings, if the Public Charge Rule is updated and individuals and families are deterred from enrolling in housing assistance or SNAP, the poverty rate in New York City will increase. UJA's fellow social service organizations including Jewish Federations nationwide are concerned by this seeming attack on poor immigrants and the organizations that serve them. The charitable network would incur costs in responding to the increased need, even as it struggles to meet existing

need. Across the country food banks, pantries,

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religious congregations, and other emergency food providers are already frequently overwhelmed, unable to consistently serve all the people who require assistance. We definitely echo as far as recommendations the need for reliable information to be given to the communities who are going to be impacted by this rule. UJA would just like to thank Speaker Johnson and the City Council for their leadership on this critical issue. Thank you for your time.

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ANTHONY FELICIANO: [speaking Spanish] My name is Anthony Feliciano. I'm the Executive Director of the Commission on the Public's Health System. It's obviously clear to all of us that redefining Public Charge the way it is is a racist act. So what do we do about it? Obviously, it is the public comment period, but I want to emphasize why it is so important. It is not just because all our voices, diverse voices, are needed with that, but it's also to understand that we have to inundate the Federal Government with those voices. It's clear if we-- not all that we heard or read if everything looks the same in terms of our messages. And so people need to understand that when-- and that's what

and the dissemination. There are an obscure group

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look at.

giving the wrong information, and we need to address that with not just a one-shot training but a consistent training there. The final thing is the I don't see a visible urgency from the state, from the Governor around this issue. And I serve on the CMS Advocates Committee. I serve on the prevention agenda, and I constantly push this effort and this issue, and it seems like well we're doing this internally. Internally without discussion with the City, without discussing with community-based organizations means nothing, and we're not going to sustain all the reforms around the conditions now that keep people sick, because reforms that are happening around the delivery and the reimbursement of healthcare it won't sustain. It won't be successful if our fellow New Yorkers, a large segment, are iced out, are completely-- won't have

MARK VALINOTI: Good evening. On behalf of Northern Manhattan Improvement Corporation, or NMIC, I thank you for the opportunity to present our views on changes to Public Charge proposed by DHS.

access to healthcare, and those are critical areas to

My name is Mark Valinoti and I'm the Managing

petitioned for by low income family members who work

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committees on immigration, general welfare, and health 225 wealth or success to the exclusion of those seeking the opportunity that the American dream promises.

Thank you.

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CHAIRPERSON MENCHACA: Thank you, and before we end the panel, I'm going to hand it over to our Co-Chairs for final comments. Chair Levine? Or any questions that you might have, too.

CHAIRPERSON LEVINE: Well, thank you, Chair Menchaca and thank you to this panel and all of the experts and activists and community members who spoke today. I've been keeping a rough tally, and so far by my approximate estimation, 100 percent of the people who spoke today are negative about these proposed changes, and it represents an important document of the smartest minds in the City making it clear just the scale of harm that awaits New Yorkers if these rule changes are made, enacted. We need to stop at nothing to push back on this. I view this as no less morally bankrupt than separating kids from their families at the border, and in that case, it was public pressure that forced the Trump Administration to reverse course. We didn't actually win that fight legislatively, because we didn't control congress. And we have described the

2 difficult path to overturn this legislatively, but

3 public opinion has and can again force even Donald

4 Trump to overturn anti-immigrant policies, and we

5 need to make sure that there's an uproar of

6 comparable scale for this proposed change, and I am

7 more and more confident with the input and the

8 activism of this panel and everyone else who spoke,

9 that we will indeed push back. We will win this

10 | fight and protect the precious immigrants of New York

11 | City and beyond. Thank you, Mr. Chair, for your

12 | incredible leadership on this issue and every issue

13 | affecting immigrants in the City. Really a pleasure

14 | to be working with you in this fight.

CHAIRPERSON MENCHACA: Thank you, Chair

16 | Levine, and I--

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sorry, and I didn't see that Chair Levin is here as well, and you have-- you as well have been absolutely

CHAIRPERSON LEVINE: [interposing] I'm

20 | incredible and having your brain power focus on this

21 is really invaluable. Great to be working with both

22 of you.

23 CHAIRPERSON MENCHACA: Thank you, Chair

24 Levine, and we are a team here, a trifecta,

committees and the staff behind us. Chair Levin?

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CHAIRPERSON LEVIN: Thank you very much, Chair Menchaca. First, I want to thank you as Chair Levine said for your really stellar leadership here and organizing today's hearing and keeping this council focused on this from the moment that we heard that this rule was promulgated, and even before, and having a real clarity of purpose and moral leadership is vital, and we appreciate that very much. And to Chair Levine, thank you. I think it's essential that we have the full weight of the Health Committee under your leadership looking out for the health of New Yorkers and the health of our immigrant brothers and sisters, not just here but around the country. council is taking a great leadership role with you at the helm of the Health Committee. So, thank you for To all of everybody that came to testify and to the Administration, I think it's so important that we keep up the pressure on this, that we keep up the pressure on our governor to do as much as he can, to keep up-- to make sure that when she is sworn in in January, that Letitia James as our Attorney General is doing everything that she can, a great colleague of ours for many years. That our Congressional delegation is going to the mat on this when they are

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going in under Speaker Pelosi's leadership in January, that it's front and center, that this issue not get, you know, not play second act to any other This is so -- this is a disgusting, disgusting and sick policy. It is sick. It is -- it represents a morally craven and morally bankrupt world view that is residing in the White House with Steven Miller and Donald Trump, and we-- everybody of good conscience and everybody of good faith in this country ought to be outraged, and if they knew what this was, I believe most people would be outraged. I just looked up what public polling shows for pre-existing-protecting pre-existing conditions under the ACA; 75 percent of Americans think it's important to protect pre-existing condition. I bet you if you asked Americans should people be denied a green card because of a pre-existing condition or because of an education status or an economic status, I bet you you'd see similar numbers. I doubt anybody's done that polling because this issue hasn't been risen to that level. So, I think that our job-- and we had a thorough hearing today, and it was a technical hearing, and we learned about this and how it would affect New Yorkers, and we heard from all of our

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worked so hard to put this hearing together, thank
you as well. I'll turn it back over. Thanks.

CHAIRPERSON MENCHACA: Thank you, Chair Levin. And Sergeant of Arms as well, thank you so much for your dedication to this hearing and the whole day of hearings. This has been a series of hearings that we've had here today. And my last real comments as I thank you again for being here in the last are the following: I think the technical nature of this hearing presents the larger problem that we have ahead of us and how to fix this issue, and what I keep struggling with here is this idea that the origin of this Public Charge is an interesting one that is nothing compared to the proposal that we have in front of us, and this idea that we're protecting the United States by folks who are going to be a burden by impacting the people who are already here, and forcing them through this incredibly brilliant I think in some ways, but dark and evil and wrong and disgusting that's really fueled by a white supremacist motive, as you know phobic motive, a motive that doesn't have any money at all, doesn't protect us. It actually does the opposite. It's forcing us to think about funding in ways that we've

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COMMITTEES ON IMMIGRATION, GENERAL WELFARE, AND HEALTH actually after the December 10th deadline. And I want to just ask Frank, how many did we get? Seven total? So we haven't moved up. So there are people in this room right now if you haven't made that comment, to please make that comment. And for anyone that's out there listening, our Americanstory.us is the webpage that we're sending everyone to, and make your comment. It's in English. It has-- it's forcing us to use the English language, but to make that comment and get to 100,000+ comments. Thank you. By December 10th, midnight December 10th, make your comment before December 10th midnight. Thank you so much and we'll call this hearing-- we'll adjourn this hearing now. Thank you. [gavel]

${\tt C} \ {\tt E} \ {\tt R} \ {\tt T} \ {\tt I} \ {\tt F} \ {\tt I} \ {\tt C} \ {\tt A} \ {\tt T} \ {\tt E}$

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 November 30, 2018