



New York Lawyers for the Public Interest  
151 West 30th Street, 11th Floor  
New York, NY 10001-4017

**Testimony of Arielle Wisbaum, Health Justice Staff Attorney, New York Lawyers for the Public Interest Before the New York City Council’s Committees on Immigration and Hospitals**

**April 16, 2024, Oversight:  
The Experiences of Black Migrants in New York**

My name is Arielle Wisbaum, and I am a staff attorney at New York Lawyers for the Public Interest (NYLPI). I work in NYLPI’s UndocuCare TGNCI+ program, a program striving to ensure that immigrant New Yorkers who are transgender, gender-nonconforming, intersex (TGNCI), or who are living with HIV can obtain and sustain access to gender-affirming healthcare, HIV care, and housing through immigration legal advocacy.<sup>1</sup> I want to thank you for the opportunity to present testimony about some of the barriers that the community members we work with encounter and how New York City can better respond to their needs. Our testimony today is informed by our clients’ and community partners’ experiences. We are especially grateful to the Black Alliance for Justice Immigration (BAJI) and UndocuBlack for prioritizing the lives of Black migrants and reporting information crucial to fighting for an immigration system that is not fueled by racism and nativism.

A significant number of the immigrant LGBTQ+ New Yorkers we work with at NYLPI are seeking asylum and have survived extraordinary violence and persecution in their lives merely for expressing their true gender or sexuality. Those in need of gender-affirming healthcare in their home countries often did not have the opportunity to seek this lifesaving care due to safety concerns, or it was simply unavailable to them; and those in need of HIV medication frequently encountered discriminatory denials of treatment. The violence asylum seekers have endured in their lives often leaves them with trauma related symptoms such as posttraumatic stress disorder (PTSD), Major Depressive Disorder (MDD), and anxiety. For these reasons, immediate access to gender-affirming healthcare for LGBTQ+ asylum seekers, including mental healthcare, is a basic need that New York City can and must fulfill. Furthermore, our leaders must see housing as healthcare, acknowledging the reality that housing instability exacerbates physical and mental health conditions and can result in something as

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<sup>1</sup> See a resource which may be useful to constituents of Committee Members: The Center for Urban Pedagogy and New York Lawyers for the Public Interest, *Healthcare is For You!*, available at: <https://www.nylpi.org/undocare-cup-resource-launch-healthcare-is-for-you/>.

grave as an asylum seeker's deportation to a country of impending persecution for lack of a stable address.

Black LGBTQ+ immigrants in the United States face compounded prejudices due to anti-Black racism, including higher rates of criminalization, prolonged detention, and deportation than other migrant populations.<sup>2</sup> 76% of Black migrants are deported because of contact with the police and the criminal legal system.<sup>3</sup> Surviving and overcoming laws in their countries of origin<sup>4</sup> which criminalize homosexuality and gender identity—laws often implemented by invading colonial governments—Black LGBTQ+ migrants may come to the U.S. seeking an opportunity to thrive, but unfortunately are met with circumstances that can replicate those from which they fled.

In the United States, Black migrants are detained at the highest rates and have the highest bond amounts.<sup>5</sup> Prolonged periods of detention exacerbate trauma and sustain an environment of fear which often leaves LGBTQ+ migrants feeling like they must conceal their true gender or sexuality, resulting in dire consequences on applications for asylum when an adjudicator is unaware of the basis of the applicant's fear of return. This was the case for NYLPI's client C.N.—a 20-year-old fleeing Nigeria after suffering death threats and a beating because local criminal groups suspected he was gay. C.N. could not make it through even an initial stage of the U.S. asylum process known as a "Credible Fear Interview" because in detention, he continued to conceal his true sexuality upon hearing homophobic statements from cellmates. He never had an opportunity to explore or express his true sexual identity in detention due to the oppressive conditions of the U.S. immigration system. Despite NYLPI's efforts to fight C.N.'s impending removal from the U.S., C.N. was deported. The unfortunate reality is that for many detained Black and LGBTQ+ migrants at this early stage in the asylum process, it is likely that they will never have contact with an immigration attorney, since federally, there is no right to immigration defense representation.

For Black and LGBTQ+ immigrants who are not detained or who are released from detention on bond or parole, immediate connection to supportive services that reduce stigma, safe housing, and experienced immigration legal service providers are crucial to survival and embrace basic human rights. Upon entry to the U.S. or release from immigration detention, LGBTQ+ asylum seekers and those living with HIV may choose New York City as their destination due to its reputation for having LGBTQ+ community support networks and affirming healthcare access. However, several barriers continue to stand in the way of asylum seekers needing this care, including cruel shelter eviction policies or shelter conditions which perpetuate discrimination and harassment against Black and LGBTQ+ migrants, inequitable access to

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<sup>2</sup> Goff *et al*, The UndocuBlack Network, "Uncovering the Truth, Violence and Abuse Against Black Migrants in Immigration Detention," (Oct. 2022), *available* at: <https://baji.org/wp-content/uploads/2022/10/Uncovering-the-Truth.pdf>.

<sup>3</sup> *Id.*

<sup>4</sup> These nations include Angola, Ethiopia, Nigeria, Cameroon, Ghana, the Republic of the Congo, and Sierra Leone.

*Id.*

<sup>5</sup> *Id.*

healthcare and health insurance, and staffing and training issues at New York City's Department of Social Services/Human Resources Administration (HRA).

New York must act to truly earn its reputation of being a safe place for all LGBTQ+ community members. **NYLPI supports several of the items on today's agenda which move our City and State in this direction, including *Int. 0085-2024*, a bill requiring DOHMH and MOIA to develop and issue a health survey for newly arrived migrants, *Int. 0739-2024*, requiring reports on the response to asylum seeker arrivals, and *Int. 0084-2024*, Requiring a survey of newly arrived migrants and asylum seekers to elicit information related to skills, economic opportunities, and workforce development obstacles.** Today, I am here to address why NYLPI stands in support of the aforementioned mentioned bills, and to highlight the immediate need to strengthen New York City's Department of Social Services/Human Resources Administration (HRA) to better meet the needs of Black and LGBTQ+ asylum seekers.

**NYLPI Supports Int. Nos. 0085-2024, 0084-2024 and 0739-2024, Which Through Surveying and Data Collection, Can Identify And Help Resolve Inequitable Access to Healthcare, Shelter, Asylum Navigation Services, and Employment for Black and LGBTQ+ Asylum Seekers**

Informed by our clients' experiences, NYLPI supports legislation that will identify and track access to healthcare, shelter, and immigration legal support for asylum seeking populations—a crucial first step to ensure that when New York City agencies provide such services, they are doing so in an equitable manner that does not leave Black and LGBTQ+ migrants behind. Half of transgender people and 68% of transgender people of color reported having experienced mistreatment at the hands of medical providers, including refusal of care and verbal or physical abuse in the U.S.<sup>6</sup> And a survey of LGBTQ+ people in NYC found that 90% of respondents reported feeling unsafe when living in shelter.<sup>7</sup> Threats of discrimination and harassment unsurprisingly can prevent people from seeking future care, including by postponing or not getting necessary treatment. Our leaders in New York must not allow trends of this type to continue. NYLPI supports Int. Nos. 0085-2024, 0084-2024 and 0739-2024, which will increase transparency in access to healthcare, housing, asylum navigation support, and employment, for LGBTQ+ and Black immigrant populations through reporting and trendspotting, ensuring city agencies are held accountable and can appropriately respond to areas needing improvement.

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<sup>6</sup> Medina, Santos, Mahowald, *Protecting and Advancing Health Care for Transgender Adult Communities*, Center for American Progress (August 18, 2021).

<sup>7</sup> NYC Comptroller Bureau of Policy and Research, Results of Survey of LGBTQ New Yorkers (June 2017) available at: [https://comptroller.nyc.gov/wp-content/uploads/documents/Results\\_of\\_a\\_Survey\\_of\\_LGBTQ.pdf](https://comptroller.nyc.gov/wp-content/uploads/documents/Results_of_a_Survey_of_LGBTQ.pdf).

I. NYLPI Supports Int. 0739-2024, a Local Law In Relation to the Response To Asylum Seeker Arrivals

NYLPI commends the Council’s commitment to monitoring the outcomes of asylum navigation, housing, and social services provided to asylum seekers living in shelter, as well as agency bidding and vetting processes with contractors providing such services. The City must contract with service providers that are culturally competent to serve Black and LGBTQ+ asylum seeking populations. As of February 2024, over 180,000 asylum seekers have arrived in New York since 2022, and over 65,000 are residing in city shelters.<sup>8</sup> Many of our new neighbors arrive with significant physical and mental health needs, and all need connection to health insurance and care. We are concerned by reports that health insurance enrollment is inconsistent across the city shelter system. Moreover, the shelter eviction rules have the potential to significantly undermine access to healthcare for this vulnerable population. As a threshold matter, Medicaid enrollment typically takes 45 days. After initial enrollment, enrollees are prompted to provide documentation establishing their eligibility for continued coverage. Coverage may be terminated if they do not respond on time. Individuals forced to leave their shelters risk not receiving these critical notices and losing access to their health insurance as a result. The shelter policies also limit continued access to care: NYLPI encountered one individual living with kidney failure who is successfully enrolled in health insurance. But because of the shelter eviction rules, he lacks a stable address to provide to his medical team, an important factor in the determination of whether or not he will be listed for a kidney transplant. Similar barriers to care are presented for those seeking gender-affirming medical treatment. Repeatedly uprooting individuals connected to vital health services will interfere with their abilities to seek care and have their health needs addressed. This issue is compounded for Black migrants, who already face anti-Black racism in the medical system, leading to inadequate health outcomes.<sup>9</sup>

Furthermore, as previously discussed, when an asylum seeker lacks a stable address, they risk missing crucial communications regarding pending immigration matters. Missing communications from the immigration court can result in a deportation order. Furthermore, uprooting individuals makes it nearly impossible for them to meaningfully participate in their immigration case or obtain legal representation. The City’s recent settlement agreement in *Callahan v. Carey* permits shelter extensions for recent immigrant arrivals with medical conditions, disabilities, upcoming immigration proceedings or appointments, and those engaged

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<sup>8</sup> Janaki Chadha, *Politico*, “New York mayor, Legal Aid, strike deal on ‘right to shelter’ policy for migrants,” March 15, 2024, *available at*: <https://www.politico.com/news/2024/03/15/new-york-mayor-legal-aid-strike-deal-on-right-to-shelter-policy-for-migrants-00147384>; Jennifer Bisram, Ali Bauman, *CBS News*, “More than 7,000 asylum seekers have arrived in New York City in last 2 weeks, mayor’s office says,” Dec. 27, 2023, *available at*: <https://www.cbsnews.com/newyork/news/more-than-7000-asylum-seekers-have-arrived-in-new-york-city-in-last-2-weeks-mayors-office-says/>.

<sup>9</sup> Nambi Ndugga and Samantha Artiga, KFF “How Recognizing Health Disparities for Black People is Important for Change,” (Feb. 13, 2023) *available at*: <https://www.kff.org/policy-watch/how-recognizing-health-disparities-for-black-people-is-important-for-change/>; see also Amanda Dunker, Elisabeth Ryden Benjamin, Community Service Society, “How Structural Inequalities in New York’s Health Care System Exacerbate Health Disparities During the COVID-19 Pandemic: A Call for Equitable Reform,” (June 4, 2020) *available at*: <https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system>.

in a job search. However, this subjective analysis leaves room for bias and discrimination against LGBTQ+ and Black migrants.

To combat these concerns, NYLPI recommends that Int. 0739-2024 implement further data collection measures that can track shelter-extension-grants by race and gender identity. The survey also must be provided with adequate language access and in a manner that ensures Black and LGBTQ+ migrants can participate. Additionally, in the Int.'s "Immigration Application Status Report" section beginning at line 10 of the Bill, NYLPI recommends eliciting responses as to mail returned to an immigration agency sender due to change of resident address. Mail returned to an immigration agency sender means that it is likely that this resident or prior resident has not been notified of a crucial step in their immigration case, such as an upcoming asylum court date. NYLPI has conducted intakes with several recently arrived immigrants who have missed crucial steps in their asylum application process or work permit applications due to being uprooted from shelter. Underlying all of NYLPI's recommendations regarding data collection is the assumption that the City will prioritize confidentiality and will ensure that punitive measures will not be enforced upon any survey respondent.

Finally, the Department of Social Services and MOIA must ensure that employees at asylum navigation centers and shelters receive adequate anti-bias training. As discussed *supra* Black migrants may face increased hurdles in asylum proceedings due to criminalization and prohibitive immigration policies, including safe-third-country policies and the Biden Administration's asylum transit ban. Furthermore, data shows that Black asylum seekers are less likely to be *believed* by immigration adjudicators due to anti-Black bias, resulting in harsh and unjustified heightened evidentiary burdens.<sup>10</sup> Employees at asylum navigation centers must be trained to identify these issues and recognize when a referral to a legal services organization shall be prioritized.

## II. NYLPI Supports Int. 0085-2024, A Local Law in Relation to a Health Survey of Newly Arrived Migrants and Asylum Seekers

NYLPI supports the Council's Local Law to anonymously survey newly arrived migrants and asylum seekers to elicit information related to their long-term health needs, chronic conditions, and healthcare service requests. We emphasize the importance of measuring the **outcomes** of whether referrals for healthcare were accepted, and whether needed interventions took place. Additionally, because humanitarian emergency response and relief centers (HERRCs) may be exempt from or waive the minimal health services standards which are otherwise required of shelter facilities under New York State law, we recommend disaggregating data to measure the impact that such waivers have on immigrant health outcomes. Finally, because Black, transgender and gender-nonconforming (TGNC) populations face systemic discrimination in healthcare settings and additional barriers to accessing care, NYLPI urges the Council to adopt questions in the survey that will elicit and assess health outcomes by race and gender identity.

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<sup>10</sup> Fatma Marouf, *University of Nevada, Las Vegas, William S. Boyd School of Law*, Implicit Bias and Immigration Courts (2011), available at: <https://scholars.law.unlv.edu/cgi/viewcontent.cgi?article=1809&context=facpub>.

a. *Importance of healthcare for homeless populations*

Healthcare and homelessness are inextricably intertwined. Not only can injury or illness lead to homelessness, but unhoused people experience higher rates of illness and have an average lifespan twelve years shorter than the general United States population.<sup>11</sup> For asylum seekers, being unhoused can exacerbate existing health conditions and introduce novel ones.<sup>12</sup> For example, living in a crowded shelter allows communicable diseases to spread more readily, and lack of access to healthy foods, as well as space to rest and recover, can hinder healing.<sup>13</sup> These reasons alone make the need for access to healthcare evident for all asylum seekers, especially Black and LGBTQ+ migrants who face heightened barriers due to race, xenophobia, transphobia, and homophobia.

b. *The legal responsibility to provide “health services” in shelters*

Under the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), operators of Shelters for Adults and Shelters for Family with Children are “responsible for the development and provision of resident services,” which includes “health services.”<sup>14</sup> The definition of “health services” is largely similar for both types of shelters. Based on 18 NYCRR 491.14(d) and 18 NYCRR 900.14(d), shelters must at minimum provide “an established relationship with a fully accredited medical institution or clinic for the referral of residents for emergency treatment,” and they “must assist residents to access medical services for treatment for injury, illness or disease, or to obtain preventative care.”<sup>15</sup> Further, shelters must offer “a means to safely store and secure prescription medications,” and the statute language provides for courses of action in the case of residents with communicable diseases.<sup>16</sup> Facilities with homeless pregnant people must additionally “demonstrate that prenatal care services are available.”

Private shelters also appear to be held to this standard, but two exclusions remain; one is for Humanitarian Emergency Response and Relief Centers (HERRCs), operated by New York City agencies such as the New York City Department of Housing Preservation and Development or the New York City Department of Emergency Management,<sup>17</sup> and the other is for commercial hotels or motels used as temporary placement pursuant to section 352.3(e), which are not used primarily to provide shelter to recipients of temporary housing assistance.<sup>18</sup>

Uncertified shelters for unhoused populations, including emergency shelters but not HERRCs, are guided by 18 NYCRR 352.39, which outlines similar requirements for operational

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<sup>11</sup> *Homelessness & Health: What’s the Connection?*, NAT’L HEALTH CARE FOR THE HOMELESS COUNCIL (Feb. 2019), available at: <https://nhhc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> 18 N.Y. COMP. CODES R. & REGS. tit. 491, § 14(d); 18 N.Y. COMP. CODES R. & REGS. tit. 900, § 14(d).

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> E-mail from Cheryl A. Contento, Deputy Comm’r, Off. of Temp. & Disability Assist., to Ann Marie Scalia, Gen. Couns., N.Y.C. Dept. of Soc. Serv. (Aug. 23, 2023), available at: <https://citylimits.org/wp-content/uploads/2023/08/NYC-Waiver-Request-Response.pdf> [hereinafter E-mail].

<sup>18</sup> 18 N.Y. COMP. CODES R. & REGS. tit. 352, § 3(e).

plans.<sup>19</sup> Such plans must provide a “plan for health services, including evidence of any arrangement with a fully accredited medical institution or clinic for the referral of resident families for emergency treatment. In addition, if medical supplies are to be stored at the facility or refrigeration is to be provided for personal medical supplies of residents, the arrangements for safekeeping and refrigeration of such medical supplies must be specified.”<sup>20</sup> Further, descriptions of community medical health services and procedures for obtaining necessary medical referrals must be made available to residents.<sup>21</sup>

c. *Current trends in “health services” offerings*

Recent reporting on medical health in shelters, as required by local law, helps in further understanding the current landscape of “health services” in the City’s shelters.<sup>22</sup> According to the 2021 medical data, 108 of the 399 general shelter programs provided on-site medical health services, while only two of the fifty-five domestic violence shelters and zero of the 122 HIV/AIDS Services Administration (HASA) shelters, geared toward those living with HIV or AIDS, offered such services.<sup>23</sup>

The 2023-year review of DHS’ programs and services notes a lack of comprehensive data on the number of clients receiving medical services, as well as the type, quality, and outcomes of those services.<sup>24</sup> The only available data are case notes that cannot be aggregated, leading to an inability to understand trends and impacts. The report further states that clients have access to medical services once they are placed through case managers who “assess whether clients have medical needs and provide community referrals, if necessary.”<sup>25</sup>

This data leaves questions about the regulatory “health services” requirements in practice. It is challenging to understand how the requirements of “an established relationship with a fully accredited medical institution or clinic for the referral of residents for emergency treatment” and the assistance for “residents to access medical services for treatment for injury, illness or disease, or to obtain preventative care” are operationalized. Taken at face value, these requirements set a low bar, which is reinforced by the low numbers of shelter programs providing on-site medical

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<sup>19</sup> 18 N.Y. COMP. CODES R. & REGS. tit. 352, § 39.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> N.Y.C. DEPT. OF SOC. SERV. HUM. RES. DEPT. OF HOMELESS SERV., LOCAL LAW 114 2017 REPORT (2017) (available at <https://www.nyc.gov/assets/dhs/downloads/pdf/Local-Law-114-2017-Report.pdf>); N.Y.C. DEPT. OF SOC. SERV. HUM. RES. DEPT. OF HOMELESS SERV., LOCAL LAW 114 2018 REPORT (2018) (available at <https://www.nyc.gov/assets/dhs/downloads/pdf/Local-Law-114-2018-Report.pdf>); N.Y.C. DEPT. OF SOC. SERV. HUM. RES. DEPT. OF HOMELESS SERV., LOCAL LAW 114 2019 REPORT (2019) (available at <https://www.nyc.gov/assets/dhs/downloads/pdf/Local-Law-114-2019-Report.pdf>); N.Y.C. DEPT. OF SOC. SERV. HUM. RES. DEPT. OF HOMELESS SERV., LOCAL LAW 114 2020 REPORT (2020) (available at <https://www.nyc.gov/assets/dhs/downloads/pdf/Local-Law-114-2020-Report.pdf>); N.Y.C. DEPT. OF SOC. SERV. HUM. RES. DEPT. OF HOMELESS SERV., LOCAL LAW 114 2021 REPORT (2021) (available at <https://www.nyc.gov/assets/dhs/downloads/pdf/Local-Law-114-2021-Report.pdf>) [hereinafter Local Law Reports].

<sup>23</sup> Local Law 2021 Report, *supra* at note 22.

<sup>24</sup> *See generally, supra* Local Law Reports at note 22.

<sup>25</sup> *Id.*

health services and the obscure demand of having a relationship with an emergency healthcare entity and referring clients to medical services if necessary.

d. *Recommendations*

NYC agencies are woefully behind in tracking health data to meet shelter residents' needs and to be held accountable to the standards set by law. This concern is even more dire given the often unique and urgent medical needs of asylum-seeking populations, especially Black and LGBTQ+ asylum seekers who are historically marginalized from health services and have poorer health outcomes due to bias and social determinants of health. As such, it is imperative that the Department of Social Services and MOIA employ more detailed reporting on the individual and program level. Furthermore, we restate the need for language justice in the surveys provided to ensure that Black migrants can participate in their primary language. Such information is critical in understanding the breakdown in asylum seeker healthcare and whether it occurs at intake, around referrals, accessing outside care, or otherwise.

Improving data practices requires time and resources, and as such, other approaches should be employed concurrently. First, the Council should consider amending and clarifying the definition of "health services," broadening and strengthening its significance. Merely requiring a relationship with an emergency health facility and referrals for residents to outside health services is not only a low bar, but also an obscure demand. Changes to the definition should be more prescriptive to ensure asylum-seeking residents have access to the lifesaving resources they need. This could include case manager responsibilities, preventative care expectations, and more.

Further research and outside accountability reviews should be conducted to determine the true landscape and how to best serve asylum seekers in shelter. This should include heightened reporting requirements with an updated 90-day review, as Int. 0085-2024 suggests, as well as a cost analysis of the referral system as compared to preventative care inside or nearby shelters. Finally, different requirements for different types of shelters likely leads to loopholes and imbalances in healthcare access. There should be a unified approach to ensuring that all those facing homelessness – whether newly arriving migrants and asylum seekers or lifelong New Yorkers – receive the care they need.

**The City Must Invest More Resources In HRA, Which Lacks Sufficient Capacity and Training to Meet The Needs Of Black and LGBTQIA+ Asylum Seekers**

New York City's Local Department of Social Services/Human Resources Administration (HRA) helps more than three million New Yorkers annually through the administration of more than twelve major public assistance programs, including Medicaid for those living with a disability and New York City's HIV/AIDS Services Administration (HASA). This is a significant task, and yet, time and time again, HRA has demonstrated itself ill-prepared to properly administer such programs for immigrant New Yorkers. **HRA's staffing issues and diversion tactics, both of which create barriers to accessing vital services, can be addressed with enhanced training for HRA employees, and increased funding that ensures sufficient staffing.**



Immigrant New Yorkers who are “Permanently Residing Under Color of Law” (“PRUCOL”) may qualify for New York State-funded benefits such as state Medicaid and Safety Net Assistance.<sup>26</sup> However, between January 2022 and April 2024 alone, a significant number of transgender and gender-nonconforming asylum seekers that NYLPI represents or has conducted immigration screenings for have encountered wrongful denials of benefits that they already qualify for, including denials of New York State Medicaid, and Public Assistance via HASA—a program which includes rental assistance for people living with HIV.

The laws around public benefits and immigration are highly complex and hard to reconcile, making it difficult for immigrant New Yorkers to understand what benefits they are eligible for and how to obtain them. Exacerbating this issue is the fact that HRA employees reviewing benefits applications may engage in the process of “diversion,” whereby a city employee illegally discourages or deters immigrant New Yorkers from applying, even in ways so subtle as to ask for a green card or social security number when such documents are not required.<sup>27</sup> Compounding this issue, transgender and gender-nonconforming asylum seekers may encounter discriminatory diversion tactics from HRA employees who do not follow protocol to ensure a person’s chosen name or correct gender marker are on record with HRA.

Over the last year, NYLPI has taken note of several diversion practices by HRA employees and has advocated for immigrant New Yorkers in these circumstances. Even for asylum seekers who can already demonstrate their PRUCOL eligibility, these diversion practices have included:

1. Requiring that asylum seekers be granted a change of the immigration court’s venue prior to approval of benefits – not a determinant of PRUCOL eligibility;
2. Requesting a social security number – not a determinate of PRUCOL eligibility;
3. Requiring proof that an asylum application has been filed, even where an asylum seeker may already be PRUCOL-eligible via a different immigration status, such as humanitarian parole;
4. Requiring an evaluation and written “PRUCOL letter” from an immigration attorney that states whether the asylum seekers is PRUCOL-eligible, despite clear instructions that the adjudication of benefits must be based on documentation from a federal immigration agency.

Further, in the last two months alone, NYLPI has represented two asylum seekers who, although already able to establish PRUCOL eligibility for HASA rental vouchers, missed multiple opportunities to move from shelter to permanent and independent housing due to slow

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<sup>26</sup> 18 N.Y.C.R.R. § 360-3.2(j)(ii); § 370.2(c)(6)(vii).

<sup>27</sup> See also New York Lawyers for the Public Interest. “FAQ: Health Insurance and Immigration Status,” NYLPI, available at: <https://www.nylpi.org/wp-content/uploads/2022/12/FAQ-Health-Insurance-and-Immigration-Status-in-New-York.pdf>.

response times from HASA caseworkers. Missing such opportunities to move from shelter to independent living can cause individuals to be uprooted from one shelter and moved to another, sometimes with less than 24-hours' notice. For one asylum seeker NYLPI represented, this occurred just three days prior to her individual asylum hearing, triggering a panic response and causing her to lose touch with her attorney. Fortunately, in the end, she was granted asylum; but, the Council members can see the traumatic and detrimental impact this can have.

Staffing issues and diversion tactics at HRA are harmful, exacerbate the trauma asylum seekers face, and are contrary to local law. For transgender and gender-nonconforming asylum seekers who may qualify for HASA, wrongful denials of Medicaid and HASA assistance delay crucial gender-affirming care and unnecessarily prolong stays in the shelter system, which although committed to improving, at this time, continues to lack gender-affirming spaces and fails to protect transgender and gender-nonconforming people from hate crimes. The City must ensure that HRA is sufficiently staffed, language access protocols are improved and followed, and that employees are properly trained so that asylum seekers do not continue to experience harmful barriers to accessing healthcare and housing.

### **Conclusion**

Once again, we thank the Committees on Immigration and Hospitals for convening this critical oversight hearing. We appreciate the opportunity to present testimony today on behalf of our clients who are seeking asylum and deserve equitable access to vital services like gender-affirming healthcare, HIV-care, and housing.

We hope the issues we have identified above will help inform the committees' advocacy in the coming months, and we welcome the opportunity to discuss the barriers we have identified and the recommendations we have included in this testimony. Health is a human right.

**Arielle Wisbaum, Esq.**  
**Staff Attorney, Health Justice**  
**New York Lawyers for the Public Interest**  
**151 West 30th Street, 11th floor**  
**New York, NY 10001**  
**[awisbaum@nylpi.org](mailto:awisbaum@nylpi.org)**

*NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.*

*NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.*