CITY COUNCIL CITY OF NEW YORK ----- Х TRANSCRIPT OF THE MINUTES Of the COMMITTEE ON IMMIGRATION JOINTLY WITH THE COMMITTEES ON GENERAL WELFARE AND THE COMMITTEE ON HEALTH ----- Х July 12, 2018 Start: 3:02 p.m. Recess: 3:45 p.m. HELD AT: Council Chambers - City Hall BEFORE: CARLOS MENCHACA Chairperson MARK LEVINE Co-chair STEPHEN T. LEVIN Co-chair COUNCIL MEMBERS: ALICKA AMPRY-SAMUEL ADRIENNE E. ADAMS DIANA AYALA INEZ D. BARRON DANIEL DROMM MATHIEU EUGENE VANESSA L. GIBSON MARK GJONAJ BARRY S. GRODENCHIK ROBERT F. HOLDEN BRAD S. LANDER I. DANEEK MILLER ANTONIO REYNOSO

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

Damyn Kelly President and CEO of Lutheran Social Services of New York

Kevin Sullivan Monsignor, Executive Director of Catholic Charities of the Archdiocese of New York

Lorraine Sanchez Vice President for New York City Operations and Community Relations

Mario Russell Director of Catholic Charities of New York's Immigrant Refugee Services

Bitta Mostofi Commissioner of the Mayor's Office of Immigrant Affairs

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

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Denise Bell Representing the Immigration Nationality Law Committee of the New York City Bar Association

Lorilei Williams Immigration and LGBTQ HIV Advocacy Director for The Staten Island Legal Services, Secretary for The American Immigration Lawyers Association, the New York Chapter

	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 5
2	[gavel]
3	CHAIRPERSON MENCHACA: We're going to get
4	started.
5	SERGEANT AT ARMS: Quite please.
6	CHAIRPERSON MENCHACA: My name is Carlos
7	Menchaca, I'm the Chair of the New York City's… New
8	York City Council's Committee on Immigration. Before
9	going any further, I want to thank all the chairs
10	here today; Chair Levine, Chair Levin and our Speaker
11	of the City Council, Corey Johnson who will begin
12	today's hearing with remarks.
13	SPEAKER JOHNSON: Thank you Chair
14	Menchaca. Welcome everyone who is here today. I'm
15	Council Member Corey Johnson, Speaker of the New York
16	City Council. I want to thank Council Member Carlos
17	Menchaca, Chair of the City Council's Immigration
18	Committee; Council Member Steve Levin, Chair of the
19	City Council's General Welfare Committee and Council
20	Member Mark Levine, Chair of the City Council's
21	Health Committee for convening this joint hearing on
22	this urgent matter. Today's hearing is about a
22 23	this urgent matter. Today's hearing is about a crisis, a completely unnecessary crisis manufactured
23	crisis, a completely unnecessary crisis manufactured

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 6 2 babies as young as nine months old from their parents. At least 300 of these kids were sent to our 3 4 city and we are here today because we want and demand answers. In a time when our president and his 5 6 government no longer values honesty and facts are 7 hard to come by, we must demand answers and we must hold them accountable. We are here today because we 8 will not fail these children, we will tirelessly 9 fight for their rights and we will make sure that 10 they are supported. We will make sure they have the 11 12 services that they need while they are here in our 13 city because unlike the federal government we know that we have a moral obligation to do so. It is the 14 15 right thing to do and if the Trump administration won't step up to reunite these children with their 16 17 families the least they can do is provide us with 18 information on where these children are and what services they need and deserve. They may be too young 19 20 to recognize this, but we value their lives and we as a city and as a city government will be there for 21 2.2 them. New York City is fiercely proud to be a city of 23 immigrants and a city that fights for human rights. I want to thank the representatives of the De Blasio 24 25 administration who are joining us here today, I look

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 7 2 forward to learning more about how this city is supporting these children to ensure they're getting 3 the best services and support the city has to offer. 4 I want to provide a little bit of background. By 5 April 20th, 2018 over 700 children were separated 6 7 from their parents at the United States Mexico border, another 2,000 were separated in the following 8 month and a half. Even after immense public outcry 9 the Trump administration doubled down refusing to 10 apologize citing the bible to defend these inhumane 11 12 acts, I see Monsignor Kevin Sullivan who's here, 13 who's been amazing on this, they finger pointed and they falsely blamed people from different political 14 15 parties. After public outrage reached a fever pitch 16 bipartisan outrage that I might add, the President 17 issued an executive order purporting to fix the 18 problem but that just created new harmful policies. There was no plan for reuniting families that had 19 already been separated, there was also no plan to 20 fairly consider their claims for asylum or other 21 2.2 humanitarian relief affectively putting thousands of 23 lives at risk. Needless to say, there was also no plan to provide restitution to families and children 24 who were irrepealably harmed by the Trump 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 8 2 administration's policies. It took a federal court order to get this administration to even attempt a 3 real effort at reunification. Well Tuesday, two days 4 ago, was the deadline for all children under the age 5 of five years old to be reunited with their parents 6 7 and once again of course they have failed these children. Worse, the New York Times reported that 8 records linking children to their parents have quote, 9 "disappeared" and in some cases have quote, "been 10 destroyed" meaning some children and I hope this 11 12 doesn't happen may never be reunited with their 13 parents. I think you would all join me in asking what 14 the hell is going on in our country. Turning our 15 backs on those in need is unamerican, stepping up that is truly American. By calling this joint hearing 16 between the Immigration, General Welfare and Health 17 18 Committees the New York City Council stands as a united front to support the children who have been 19 20 ripped away from their parents. We are committed to providing quality, comprehensive services for these 21 2.2 children and to the extent possible to their 23 families. We will do our best to ease the suffering and trauma caused by the federal governments shameful 24 25 policies. And for everyday New Yorkers who are

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 9 2 appalled at the current situation and want to help in some way I want to encourage you that everyone does 3 have a role, you can join any of the upcoming 4 demonstrations and solidarity events being organized 5 6 by advocacy groups here and across the country to 7 make sure your voices are heard, you can donate to assist children who are here in New York City to the 8 Mayor's fund to advance the city of New York, they 9 are collecting money to help buy supplies and provide 10 services for separated children currently living here 11 12 in our city and you can call your congressional 13 representatives and ask them to support the keep families together act of 2018, this bill is co-14 15 sponsored by Senators Gillibrand and Schumer and 16 it'll prevent blanket in inhumane family separation practices and track when, where and how often family 17 18 separation occurs. As a council, as a city we denounced the deplorable anti-immigrant and inhumane 19 20 policies of this administration and we will never tire in fighting for what is right. I want to finish 21 2.2 by of course again thanking all of the Chairs and the 23 members who are here today from these three committees, I want to just say very briefly things 24 25 about the chairs who are jointly chairing this

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 10 2 hearing today. I'll start off with my good friend Steve Levin who's done an enormous amount for 3 children throughout New York City for many, many 4 years in his role as chairing the General Welfare 5 Committee and I'm really proud of his work, we 6 7 secured funds in this last budget to increase money for ACS to help children in New York City. Council 8 Member Levine has been one of the most out-front 9 leaders on this issue organizing communities across 10 the city to participate in helping these 11 12 organizations in our city that are taking care of 13 these children and he'll probably talk about it but the response has been overwhelming to his cause for 14 15 action that his office put out and so I'm grateful to 16 him. And lastly, Council Member Menchaca I think has been one of the biggest leaders not just in our city 17 18 but actually nationally on this issue. He has been working on this from the very beginning, he was 19 20 recently in Texas visiting and trying to figure out ways that we can collaborate and help folks at the 21 border and he has led on all issues related to 2.2 23 immigration and so I am tremendously grateful that these three individuals who have a deep track record 24 and history on fighting on these issues are going to 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 11 2 jointly chair this hearing today and I want to thank all the other committee members for being here as 3 well and thank the public, your voices matter, your 4 5 activism matters, your advocacy matters, your compassion matters and everything we do collectively 6 7 in a united fashion in this city for these children in this dark moment matters and with that I want to 8 turn it back to Chair Carlos Menchaca. 9

10 CHAIRPERSON MENCHACA: Thank you Speaker Corey Johnson for your words and getting us started 11 12 here to set the tone that you are in the people's house, your voices do matter and we're going to be 13 hearing from so many different voices today. They're 14 15 going to give us a better sense about what is 16 happening and how we can move together as a city. The 17 Committee on Immigration, Health, and General Welfare 18 will examine the impacts of the Trump's administration family separation policy here in New 19 20 York City. The committees will also hear on a... and vote on a Pre-Considered Resolution that is a direct 21 2.2 response to this policy whether it's making IDNYC a 23 reality or fighting for legal representation for all immigrants facing detention, the City Council is 24 committed to protecting the rights of immigrant 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 12 2 communities and this hearing is an opportunity for us to continue to convene and work together in calling 3 for a more just immigration system. The committee 4 will hear the Pre-Considered Resolution sponsored by 5 Council Member Carlina Rivera, the Speaker, Council 6 7 Member Ayala; this resolution calls on the congress to pass and the president to sign the keep families 8 together act, S3036, the federal... the federal 9 legislation that would immediately stop the 10 Department of Homeland Security from taking children 11 12 from their parents at the U.S. border except with expressed directive from a child welfare, welfare 13 expert and for additional legislation that would end 14 15 family detention as an unsafe and harmful 16 alternative. Following U.S. Attorney General Jeff Sessions announcement of a zero-tolerance policy in 17 18 the Trump administration's swift implementation of it's family separation policy intense public outcry 19 20 prompted the president to sign an executive order on June 20th. Although this executive order ended family 21 separation at the border it favors indefinite family 2.2 23 detention. Not unlike family ... not unlike family separation, family detention is an unsafe, inhumane 24 practice with harmful consequences both for parents 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 13 2 and particularly for children. Moreover, little has been done to speed up the process reuniting families 3 and as the City Council we will stand firm against 4 the federal government's unjust immigration policies 5 and we will do everything within our power, 6 7 everything within our power to protect immigrant families against these attacks and ensure dignity for 8 our immigrant communities. And I want to then now go 9 over to the oversight portion of this hearing. As the 10 chaotic events of the past few months have unfolded 11 12 what is crystal clear is the utter inhumanity of 13 Trump's and this country's immigration policies. As the Speaker has described following the announcement 14 15 of the zero tolerance and family separation more than 2,000 children have been forcibly removed from their 16 parents experiencing extreme trauma at the hands of 17 18 our government. With southern border shelters at capacity we soon ... we soon learn that the crisis is 19 20 playing out right here in the city with several facilities designated to receive children. As a 21 2.2 fundamental principle of good government, we need all 23 levels of government from the local to the state to the federal government to communicate, to talk to 24 each other, to coordinate in order to protect the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 14 2 rights and meet the needs of our most vulnerable communities, that is what is at stake here, that is 3 what we're calling for. In response organizations and 4 other entities have been forced to quickly respond 5 with little support from the federal government. Soon 6 7 after implementation of this policy my office convened the consulates of the Mexico, Honduras, El 8 Salvador, Guatemala, and Costa Rica and we're really 9 thankful for them responding so quickly to the 10 convening who shared that they had received limited 11 12 information from the federal government as they have been working to identify citizen families who have 13 been affected and to reunify these families. We are 14 15 continuing to meet regularly with the consulates to 16 share information and identify how we can support them in these efforts. Immigration legal services, 17 18 the providers for legal services including council funded eye care organizations such as Catholic 19 20 charities have been screening children's legal immigration cases and connecting them to their 21 2.2 families. And facilities such as Cayuga Center and 23 Lutheran Social Services have been ramping up their already limited capacity to take in these children. 24 In the face of these challenges what's clear is that 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 15 2 the consulates and providers are operating under high pressure and very sensitive conditions and it is our 3 responsibility as a city to carefully consider how we 4 respond to the situation and our efforts to support 5 to reunify these families. Although President Trump 6 7 signed the executive order to end the separation on, on the 20th of June, there is no designated plan for 8 reunification, that is continually clear and the 9 damage has been already done in so many of these 10 cases so moreover while the events of these past few 11 12 months are appalling family separation proceeds Jeff Sessions appointment as Attorney General with ICE 13 systematically targeting private homes, house, houses 14 15 of worship and schools to apprehend parents since 16 it's inception in 2003. Trump's now rescinded family separation policy was simply one part of a larger 17 18 system of family separation that is a key feature of the country's immigration policies. We need 19 20 comprehensive immigration reform and abolishing ICE is a crucial piece of that step towards immigration 21 2.2 reform. So, as a City Council in the New York City we 23 will stand by and let these policies continue to inflict ... we will not stand by and let these policies 24 inflict devastation and tear our family, families 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 16 2 apart. While our jurisdiction as a city is limited in the light of the federal government's authority to 3 regulation on immigration, this does not mean we are 4 powerless, what it does mean is that we must be 5 thoughtful and careful in how we respond particularly 6 7 in the midst of this chaos and complex city to ensure that we can meaningfully protect immigrant 8 communities and ensure reunification. This is the 9 purpose of today's hearing, to provide more clarity 10 on the circumstances playing out here in our city to 11 12 help identify continued areas of need for these 13 children who are separated from their families and to support the entities who are around the clock to do 14 15 this work. During today's hearing we will hear from 16 several panels including the shelters, legal service providers, health and mental health providers, the 17 18 children welfare providers, advocates and we'll hear ... and we'll hear from, from some of the consulates who 19 20 are here today who are joining us and their integral part of this whole process. With that I'm going to 21 2.2 hand this over to Chair Levin. 23 COUNCIL MEMBER LEVIN: Thank you very much Chair Menchaca, to my Co-chair Mark Levine of 24 the Health Committee and to our Speaker Corey 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 17 2 Johnson, thank you so much. I want to thank everybody who has come out in attendance today. Good afternoon, 3 I'm Council Member Stephen Levin, Chair of the 4 Council's Committee on General Welfare. As I said I 5 want to thank my colleagues Chair Menchaca, Chair of 6 7 the Immigration Committee, Chair Mark Levine, Chair of the Health Committee for holding this important 8 hearing today on the impact of family separation 9 policy on New York City. I want to thank Speaker 10 Johnson again for, for joining us and discussing this 11 12 critical issue. Reports of children separated from their families at the border being sent to foster 13 agencies and shelters across the nation first broke 14 the news the week of June 18th as Southern border 15 16 shelters reached capacity. Facilities were chosen based on federal office of refugee resettlement 17 18 contracts otherwise known as RRR... ORR however no federal agency has clearly communicated to the city 19 20 or the state the number of children who have been sent to New York City nor the locations at which they 21 are housed. The public has no clear information from 2.2 23 their government. On June 17th of this year, DHS Secretary Nielsen tweeted, we do not have a policy of 24 separating children ... separating families at the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 18 2 border period. In the ensuing days as it became clear that this statement was demonstrably false, the Trump 3 administration engaged in contradiction, obfuscation, 4 5 and outright lying to the American public. So, if the public today is confused about what's happening in 6 7 their name, it could only be because the Trump administration is either incompetent or they have 8 designed this chaos deliberately in order to sow 9 confusion. Either reason ought to be cause for alarm 10 for anyone; American or otherwise who's paying 11 12 attention. The Mayor and his administration ... I'm sorry, given the lack of information from the federal 13 government we have been forced to rely on journalists 14 15 and rumors, now this needs to stop, the committees 16 here today want to use this public forum to get 17 accurate information out there, no more rumors. Today 18 we need to get all the information the city has out into the public sphere so that everybody can know 19 20 what's going on. The New York Times estimates that about 300 children who have been separated from their 21 2.2 parents at the border are in New York City with the 23 majority at Cayuga Centers. Two days ago, my Cochair, Carlos Menchaca and I visited the Cayuga 24 Center along with staff and ... staff from the City 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 19 2 Council and our committees. Cayuga Center is a notfor profit that has a long history of proudly 3 providing foster homes for children who are involved 4 with the city's administration for children services. 5 While ACS has a contract with Cayuga as well as other 6 7 not-for profit agencies who are reportedly caring for children separated at the border, ACS has no 8 oversight over the separate federal contracts that 9 these agencies have. At this hearing we would like to 10 hear from these not-for profits how they are handling 11 this influx and how we can support them moving 12 forward through this process. On July 3rd, 2018, ACS 13 along with Moya, DOHMH and H and H announced specific 14 15 services New York City has begun providing the 16 children including training for foster parents and staff at the not-for profit agencies working with 17 18 children on how to work with young people who had suffered trauma from this incredible ordeal. Given 19 20 the distress of being torn from their families, better equipping those who are caring for these 21 2.2 children is not just compassionate, but it is also 23 common sense. The Mayor and his administration have shown that they share our commitment to the hundreds 24 of children who have ended up in our city hundreds of 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 20 2 miles from their family through no fault of their own. I look forward to hearing how we can work 3 together to ensure that these children receive the 4 respect, services and care that they deserve. The 5 agencies themselves here in New York City that have 6 7 the federal contracts to provide homes and services for these children have taken on an incredible 8 challenge, they and their staffs have linked these 9 children with foster families, done critical health 10 and mental health counseling and screening, made the 11 12 critical efforts to find the parents or extended families whether here in the United States or in 13 their home countries that these children need to be 14 15 linked up with in order for sponsorship and they've 16 given these children some semblance of normalcy during their significant trauma. So, we really want 17 18 to hear from them what they're experience is and how we in the city both in the city government and the 19 20 state government can help them. One thing remains very clear, this president and his administration are 21 2.2 committed to enacting immigration policies that are 23 cruel and unjust whether it is zero tolerance, interment or catch and release these policies are 24 devastating to our nation's immigrant families and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 21 2 will leave lasting impacts on communities for years to come. There has to be a better way, a more humane 3 way. As, as my colleague Chair Menchaca has mentioned 4 I am proud to call for a complete overhaul of the 5 immigration and customs enforcement agency otherwise 6 7 known as ICE. We need to critically examine the agency, it's work and the multiple enforcement roles 8 it plays in keeping our country safe. This agency was 9 created in 2002, it's not infallible and it is 10 clearly in need of change. Just two days ago 11 12 President Trump said that anyone challenging ICE is 13 quote, "a disgrace", well Mr. President you are dead 14 wrong. In fact it is the actions of the Trump 15 administration in enacting this policy of heartlessly 16 ripping small children from their parents in the dead 17 of the night and wanting the traumatizing children 18 for pollical purposes, of sowing massive chaos and turmoil across the nation and having no coherent plan 19 20 to reunite children with their parents so much so that our federal government is currently in violation 21 of a federal court order to reunite children under 2.2 23 five by two days ago, that Mr. President is the real disgrace. And before we begin I would like to thank 24 the Committee staff who has helped put this, this 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 22
2	hearing together today; Counsel Aminta Kilawan;
3	Policy Analyst Tonya Cyrus and Crystal Pond; Finance
4	Analyst Daniel Kroop and Finance Unit Head Dohini
5	Sompura. I'd also like to thank the staff of the
6	Immigration and Health Committees for their work as
7	well as my Chief of Staff Jonathan Boucher;
8	Legislative Director Elizabeth Adams, Policy Director
9	Edward Paulino and Legislative Assistant Deidra
10	Cheatum. I'd like to now turn it over to my Co-Chair
11	for this hearing Council Member Mark Levine of the
12	Health Committee, thank you.
13	COUNCIL MEMBER LEVINE: Thank you Chair
14	Levin, thank you Chair Menchaca and thanks to our
15	wonderful Council Speaker Corey Johnson. So, as my
16	colleagues have mentioned we are holding this hearing
17	because of the policy the Trump administration which
18	can only be described as a sick nexus of cruelty and
19	ineptitude. The cruelty of a policy which rips
20	children, toddlers from their mothers and fathers and
21	sends them 2,000 miles away to cities like New York
22	and the ineptitude of an administration which at this
23	point is pretty clear had no plan to reunify these
24	kids and to this date does not have comprehensive
25	data on the location and status of everyone of these

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 2.3 2 vulnerable children and their parents. It's a moral crime that these children were sent to this city and 3 we are fighting tooth and nail to get them reunified 4 5 immediately, everyone of them but while they are here 6 for as long as they are in New York City, they are 7 New Yorkers and we are going to offer them every bit of services and resources and support and love that 8 we know this city can muster and contrary to some of 9 the criticism you've seen perhaps on social media, no 10 that does not make us collaborators, that makes us 11 12 compassionate and as the Speaker mentioned that compassion was on spectacular display in the last 13 couple of weeks with the flood of contributions of 14 15 goods for the kids that came into my office. We have 16 sent 22 truck loads now of goods for the kids to four different social service agencies. In contrast to 17 18 that, there have been really reprehensible vitriolic attacks on these very same social service agencies, 19 20 it's profoundly unfair, the staff are ... they've been heroic in the most difficult of circumstances 21 2.2 providing the best care they can to these kids and we 23 should be supporting them, we should not be attacking them. I've had a chance to visit one of the agencies 24 as my colleagues have as well, Cayuga and I met kids 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 24 2 who were as young as one year old who did not know what country they came from, it's, it's, it's really 3 heartbreaking and I have to say that on top of all 4 the other trauma that these kids are dealing with 5 they also every time they walk in and out of one of 6 7 these facilities have to duck the press and many of them are vulnerable to being identified by gangs back 8 home if their face is seen on social media and as a 9 result the agencies are limiting the amount that they 10 go outside, they're limiting the amount to which the 11 12 kids can go out and play and so we do need to ask our 13 friends in the press to show some discretion and protect the identity of the kids, for god's sake at 14 15 least blur out their faces, even that is not has been 16 done incredibly. I do want to say that thank goodness by all indications the children are receiving top 17 18 notch professional care as my colleagues have mentioned and I think observed as well but we should 19 20 not be naïve about the impact on these children of the trauma that they have experienced. Trauma which 21 2.2 medical science tells us can have life long, negative 23 impacts on their mental and physical health and as painful proof of this we know that at least in one of 24 the cases in which a separated child was brought into 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 25 2 one of our city's emergency rooms it was because of a case of attempted suicide, let that sink in. So, 3 among other things today's hearing will help us 4 further understand the medical conditions of these 5 children and what role our city's Department of 6 7 Health and Mental Hygiene as well as our public hospitals can play in supporting them. And I too want 8 to thank the incredible committee staff which has 9 helped make this hearing possible and Health 10 Committee staff; Jeanette Merrill, Ze-Emmanuel Hailu 11 12 and Emily Balkan for their great work in preparing for this hearing today. And I'll pass it back to you 13 14 Chair Menchaca, thank you. 15 CHAIRPERSON MENCHACA: Thank you Chair

16 Levine and again thank you all for, for being here. 17 we're going to go right into our first public panel and I want to make sure that ... is, is Commissioner 18 Bitta Mostofi here? She's here? Awesome, thank you so 19 20 much. I just want to say thank you to the Mayor's Office of Immigrant Affairs, they'll be testifying 21 2.2 after the public panels, I just want to say thank you 23 to them and the team that they've assembled, they'll be going after the public panel which I'll be calling 24 up now. Lorraine Sanchez from Cayuga; Damyn Kelly, 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 26 2 President CEO of Lutheran Social Services of New York, please come on ... up here; and then Monsignor 3 Kevin Sullivan please come on up, Executive Director 4 for Catholic Charities who'll join them in this first 5 6 public panel. Thank you so much for the panel, we, we 7 have a long ... we have a long discussion to have today, we're going to be limiting questions to the Chairs 8 for this public panel before we get to the 9 administration just want to let everyone know that. 10 We, we have five other ... I think almost five other 11 12 panels we're going to have other discussions and if we can start to my right, thank you. 13 14 DAMYN KELLY: Thank you, good afternoon. 15 My name is Damyn Kelly and I am the President and CEO

16 of Lutheran Social Services of New York and I wish to thank the chairs and the members of the committee and 17 18 the additional Council Members in attendance for inviting me to participate in this hearing. The 19 20 entire city of New York should take great pride in its responsiveness to the needs of those who arrives 21 2.2 at it's borders. Our city is truly a melting pot and 23 a welcoming community. For more than 135 years Lutheran Social Services of New York has provided 24 care and comfort to those who have been considered 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 27 2 outsiders. From our founding as an orphanage for the children of German immigrants to our status today as 3 one of the city's multifaceted social service 4 organizations, our more than 650 professional staff 5 have always provided a safe haven for children in an 6 7 environment that is nurturing, comforting and supportive. In addition, understanding that there is 8 a need to address adults and families who are 9 underserved or in need we have developed programs and 10 services that are committed, compassionate and 11 12 competent. Over the past several years we have provided a variety of residential, recreational, 13 14 educational, and social support programs for 15 unaccompanied children. In this program children are 16 provided with health care, educational services, counseling, and other support services all in an 17 18 environment that is nurturing, supportive, engaging and most importantly safe. The youth are supported by 19 20 our staff, the staff who are culturally competent and all of whom have received training in trauma informed 21 2.2 case management practices. For those children who do 23 not reside in our residential facility they are placed with foster parents who have participated in 24 extensive training, these foster homes often 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 28 2 reflecting the ethnicity of the child who is being placed. At a minimum the foster parent must speak the 3 native language of the child, when necessary legal 4 assistance is provided by our staff or through other 5 legal, legal services partners in the city. I'm also 6 7 very much appreciative of the support of the De Blasio administration who has provided a multitude of 8 resources and supports to assist those children in 9 need. I'm especially appreciative of the support 10 provided by the Mayor's Office of Immigrant Affairs 11 12 led by Commissioner Bitta Mostofi, the Agency for Children Services led by Commissioner David Hansell 13 and the New York City Office of Health and Mental 14 15 Health led by Commissioner Doctor Mary Bassett. I'm 16 also very much appreciative of the work of the members of the City Council and especially to members 17 18 Rafael Salamanca and Vanessa Gibson who immediately upon learning of the plight of these children 19 20 personally reached out to me to offer their assistance. I also want to publicly acknowledge my 21 2.2 fellow New Yorkers who have also reached out by 23 donating supplies, clothing, toys and volunteerism to help these children in need and comfort ... and the 24 provision of comfort for the innocent children who 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 29
2	have been impacted by this zero-tolerance policy.
3	Again, I wish to thank the committee for the
4	opportunity to appear and I'm available to answer
5	questions.
6	CHAIRPERSON MENCHACA: Thank you.
7	LORRAINE SANCHEZ: Is it possible for me
8	to retrieve my speech from my phone, it was taken
9	[cross-talk]
10	CHAIRPERSON MENCHACA: Yes, absolutely
11	[cross-talk]
12	LORRAINE SANCHEZ: Thank you.
13	CHAIRPERSON MENCHACA: If you want to go
14	next.
15	KEVIN SULLIVAN: Sure… [cross-talk]
16	CHAIRPERSON MENCHACA: Thank you
17	Monsignor
18	KEVIN SULLIVAN: I do have… a couple of
19	points rather than read this, thank you. Listen, let
20	me say a word of thanks to the chairs, to the Speaker
21	and to Council Member Rivera for putting forth this
22	resolution. There's been some changes in immigration
23	policy recently, they don't do much, they alleviate a
24	little bit. So, to continue to raise up this issue is
25	critically, critically important. Let me say thanks
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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 30 2 to the words that have been spoken about the good work that the child care agencies in New York are 3 doing taking care of these, that is very much 4 5 appreciative, and I speak not only for the Catholic Charity's Agencies that are providing some of this 6 7 residential care but for the colleagues, many of whom I've visited. So, thank you for appreciating that but 8 I also want to say the reason that we were able to 9 step up to the plate immediately because as some of 10 the infrastructure that New York continues to 11 12 maintain for vulnerable New Yorkers and you deal with this all days in terms of funding but to have a 13 robust set of human service providers who are here 14 15 when a new emergency comes that's why we can be the 16 compassionate New Yorkers that we are. You couldn't have put this up overnight if there was nothing here, 17 18 so I thank you for your ongoing support and you know I'll be back to ask for more of it so that the 19 20 infrastructure remains even stronger. So, thank you for that. In a particular way what this council 21 2.2 deserves so much credit for is the immigration 23 initiatives that you've taken over the past four or five years in which you've put millions of dollars to 24 25 maintaining a strong legal representation for

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 31 2 immigrants that that was in place and Catholic Charities is privileged Mario Russell is, is here to 3 have provided intake and a consultation to every one 4 of those separated kids who showed up not only in 5 Catholic Charities facilities but in other facilities 6 7 here like Cayuga, like Lutheran Social Services so those kids knew their rights to the extent a four 8 year can know their rights but we did coloring books, 9 we did stuff like that to make sure they knew their ... 10 knew their rights so ... but that's only, only because 11 12 we had an infrastructure here that could do it so 13 thank you for what you have said. Let me tell you I'm 14 one of those disgraceful people who thinks that ICE 15 is not doing the job that we need doing done. I also 16 don't know my bible as well as the Attorney General of the United States and I must have forgotten my 17 18 civics lesson if this is what America is supposed to be, America hasn't been perfect, we've had gross 19 20 issues of injustice in the past against whole classes of people but come on, this is unamerican, it's 21 2.2 unbiblical the way that we are treating people, and 23 this is just unacceptable. I'm not going to waste a 24 lot of time dealing with that you all know it, you articulate it better than me, but it is in that 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 32 2 context that we should want families reunited as quickly as possible. Let me just say one thing, in 3 the midst of all of the negativity that is right. I 4 show you a picture of as best I know the first family 5 that was united in New York; a father with his four 6 7 year old son working with Lutheran Social Services, we were able to provide that father and son and 8 another father and son a safe family like residence, 9 the first night that they were reunited after I 10 believe it was two months and we didn't serve them in 11 12 a cafeteria, a box lunch, our incredibly dedicated staff put together a family dining room so that they 13 14 could have a meal with them, believe me that makes 15 all of this worth while and it throws just a little 16 bit of goodness into my emotions for what is an angering, frustrating, unacceptable situation. So, I 17 18 want to say thank you for your raising up the issue, thank you for the infrastructure that enables us to 19 20 be a caring New York and we're here to help. We don't reunite the kids, that's the feds and we need a 21 2.2 better policy but we're here to help along with our 23 colleagues in whatever way we can. Thank you for this 24 opportunity.

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COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 33 SPEAKER JOHNSON: Mr. Chair I want to 2 3 just comment on one thing Monsignor Sullivan said, I really want to thank you for everything you've done, 4 you were down at the border yourself ... [cross-talk] 5 I was... [cross-talk] 6 KEVIN SULLIVAN: 7 SPEAKER JOHNSON: ...and you were calling me and texting me from the border talking about what 8 you could do right when you got back but I also want 9 to thank you for acknowledging the work that this 10 council has done and I want to acknowledge the 11 12 leadership of my predecessor, Speaker Mark-Vivererito 13 who was a tremendous leader on fighting and securing legal services funding for unaccompanied minors long 14 15 before this crisis ever hit ... [cross-talk] 16 KEVIN SULLIVAN: Yep... [cross-talk] 17 SPEAKER JOHNSON: ...she did it years 18 before this crisis became a big issue in the media. We saw children from Central America who were 19 20 unaccompanied and fleeing gang violence who ended up in New York City and in the face of that she worked 21 2.2 tirelessly to secure money for that and I think it's 23 important to acknowledge her leadership on that as we have this hearing today because she set the 24 25 groundwork and partnered with her in that leadership

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 34 2 was our Immigration Chair Carlos Menchaca who has been doing this work for years now and not to muddle 3 or muddy the waters in any way but I think it's just 4 5 important to say, you know so much of the work that 6 the council does and that municipal tries to do we 7 can't do by ourselves, we rely upon non-profit organizations, social service providers that fill the 8 gap and step in where government can't and probably 9 shouldn't do the work all of the time and we do that 10 through discretionary funding, we do that because 11 12 this City Council every year goes through a process 13 allocating dollars to organizations. Sometimes people 14 don't like that, but I think it's important today to 15 acknowledge that part of the reason why we're able to 16 support the work you talked about Monsignor is through the discretionary funding the council does 17 18 here and I'm really proud of that, thank you very much... [cross-talk] 19 20 KEVIN SULLIVAN: Thank you ... thank you. CHAIRPERSON MENCHACA: 21 Thank you 2.2 Monsignor Sullivan and, and for lifting not just the 23 voices of the many that you are impacting on a daily basis but also lifting the values of this city 24

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COMMITTEE ON HEALTH AND GENERAL WELFARE 35 through your work, thank you. We want to go to the next... Lorraine Sanchez please from Cayuga.

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LORRAINE SANCHEZ: Thank you. Good 4 afternoon. Thank you to the City Council, it's 5 members and its community for inviting us here today 6 7 to speak on the urgent topic of separation and reunification of immigration ... immigrant children. My 8 name is Lorraine Sanchez, VP for New York City 9 Operations and Community Relations. I'm here today on 10 behalf of our CEO and President Edward Myers Hayes, 11 12 our Board of Trustees and the hundreds of employees 13 at Cayuga Centers. I do not represent the Office of Refugee Resettlement, the views I express here today 14 15 are not the opinions or a petition of that office. 16 Let me begin by stating unequivocally that Cayuga Centers plays no role in the apprehension of ... and or 17 18 initial detention of unaccompanied children or their family members prior to their arrival to our agency 19 20 or our foster care program. Cayuga Centers is a New York non-for-profit agency that serves children and 21 2.2 families in the states of New York, Delaware and 23 Florida. In addition to providing programs for persons with developmental disabilities as well as 24 trauma focused counseling services to children and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 36 2 families, we also provide foster care programs through the contracts with state and federal 3 agencies. Under contract with ORR, Cayuga Centers 4 5 runs two foster care programs for unaccompanied children. Unaccompanied children are defined under 6 7 federal law as youth with ... of the age ... under the age of 18 who do not have lawful immigration status and 8 for whom there is no legal guardian available in the 9 United States to provide care and physical custody. 10 Since the story of these children and these programs 11 12 began receiving attention, the care and concern of the New York City officials and residents has been 13 14 tremendous. Mayor De Blasio's team, U.S. Congress 15 person, person Adriano Espaillat, Carolyn Maloney; 16 Assembly members Robert Rodriguez and Carmen De La 17 Rosa; Governor Andrew Cuomo; State Senator Michael 18 Gianaris; City members ... City Council Member person Mark Levine; Manhattan Borough President Gale Brewer; 19 20 and Public Advocate Letitia James have all been outstanding. They have provided goods and services, 21 2.2 police protections, support for our staff, our foster 23 parents and, and the collective voice admonishing those who have ... who would be ... who would seek to, 24 25 sorry, retraumatize these children and invasive

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 37 2 tactics. New York ... New York's citizens have stepped towards and forward with open hearts and arms to 3 welcome these children and provide additional support 4 5 for them. We are humbled and grateful. Unaccompanied 6 children programs were established as a result of 7 Flores versus Reno Settlement agreement. That agreement set national standards for the treatment 8 and placement of unaccompanied children. It provides 9 that these children be placed in the least 10 restrictive environment, receive services that ensure 11 12 their safety, health and wellbeing and be released to a parent, legal quardian or other appropriate sponsor 13 14 without unnecessary delay. The requirements of the 15 Flores are described and elaborated upon in ORR 16 policy which is publicly available. Cayuga Centers is proud of the fact that the standards of its 17 18 unaccompanied children foster care program meet or exceed or ... all, all of ORR requirements. Cayuga 19 20 Centers provide a continuum of services to all unaccompanied children referred to it's program. All 21 2.2 unaccompanied children are placed with highly trained 23 bilingual and culturally matched foster parents who have been certified in accordance with New York 24 Office of Children and Family Services regulations. 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 38 2 Children receive full physicals including immunization and treatment for all illnesses upon 3 their arrival at Cayuga Centers. Thereafter Cayuga 4 Centers provides ongoing medical care through it's 5 clinic as well as referral to outside specialists as 6 7 needed. Cayuga Centers provides a day program for all unaccompanied children that includes instruction in 8 math, English, science and social studies as well as 9 practical life skills. The purpose of Cayuga's 10 education program is to prepare youth to enroll in 11 12 school following reunification with family members in 13 the United States. Cayuga Centers ensures that all children have daily access to physical activities 14 including organized sports and play utilizing the 15 16 many green spaces that New York City has to offer. Children also take field trips to local attractions 17 18 such as zoos, museums and historical landmarks. Cayuga Centers provides one highly trained clinician 19 20 for every 12 children in it's care, these clinicians provide trauma focused counseling services to all 21 2.2 children on a weekly basis or more frequently if 23 needed. They also participate in weekly group therapy. Cayuga Centers makes referrals to affiliate 24 social services agencies who provides specialized 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 39 2 mental health services for any youth in need of a higher level of care. For every eight children in 3 it's care, Cayuga Centers provides a case manager 4 whose sole purpose is to reunify youth with family 5 members or other appropriate sponsors. Upon a child's 6 7 placement with Cayuga Centers, case managers begin working diligently to identify a sponsor to whom the 8 child may be released. Sponsors may be parents, 9 siblings, grandparents, or extended family members of 10 the child or they may ... they may be non-blood 11 12 relatives who have a close relationship to the child. 13 All sponsors are thoroughly vetted via background check and some require home studies before a child 14 15 may be released to their care. Should a child express 16 the desire to repatriate to his or her country of origin, Cayuga Center staff will assist in ensuring 17 18 their safe departure and return to their home country. Cayuga Center staff will assist in ensuring 19 20 their safe return. For youth who desire to stay in the United States who have a potential claim for 21 2.2 legal immigration status and for whom no sponsor can 23 be identified, Cayuga will refer the youth to an ORR funded long term foster care program. Cayuga Centers 24 works in partnership with Catholic Charities 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 40 2 Archdiocese of New York to provide legal screening and representation to all unaccompanied children. 3 Catholic Charities provides education to all youth 4 5 regarding their legal rights and ensures that they 6 are adequately represented in any immigration 7 proceeding that may take place while the child is with Cayuga Centers. Every day Cayuga Centers staff 8 go far and beyond requirements of their jobs in 9 ensuring the safety and comfort of all unaccompanied 10 children referred to their program. Cayuga staff make 11 12 themselves available 24 hours a day to meet youth upon their arrival to New York City. At any hour of 13 the day staff are there to ensure that newly arrived 14 15 youth are fed nutritious food, provide essentials such as clothes and toiletries, educated about their 16 rights, seen by a medical professional to address any 17 18 health concerns and quickly transfer to the comfort of a foster home in which they are treated with care 19 20 and respect. Cayuga Centers is proud of it's work serving many vulnerable populations, it's commitment 21 2.2 to providing the highest quality foster care and 23 services to unaccompanied children is no different. We are proud of the fact that since our unaccompanied 24 children foster care program began in 2014 we have 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 41 2 reunited more the 7,000 children with sponsors in the United States. After these children are reunited with 3 their families they still need our help. These kids 4 and their families, many of whom require greater, 5 6 greater than the New York City area need connections 7 to services like legal representation, translation services, health care, and many other supports. We 8 ask that decision makers keep this in mind and work 9 to facilitate families access to these services. 10 These children are here because there are 11 12 unprecedented levels of violence in their home countries. They are here because their families felt 13 journeying thousands of miles with little food, water 14 15 or security was safer than remaining at home. They 16 are here because this country has historically welcomed immigrants and appreciated their 17 18 contributions to the fabric of our nation. They are newborns, toddlers, and teenagers simply looking for 19 20 a safe haven and an escape from trauma that most of us will never know. We feel strongly that all 21 2.2 children should be with their families as such we 23 will continue to work to ... diligently to ensure that all children in our care are reunited and those who 24 25 love them. Thank you.

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 42 2 CHAIRPERSON MENCHACA: Thank you Miss Sanchez for those words of commitment. The Cayuga 3 Center and our visits or ... each of our individual 4 visits have been incredible and we want to say thank 5 you again to you and everybody and the work that you 6 7 do and, and it was an incredible kind of review of the work that you're doing and it was an opportunity 8 for us to bring this out to light so I want to say 9 10 thank you for every single word that was mentioned today and the work that you do and the commitment. As 11 12 Chair I'm going to be ... we're going to take a guick pause from this public panel and go to the vote for 13 14 the Pre-Considered Resolution and I'm going to be 15 asking our esteemed colleague, Council Member Rivera 16 the sponsor of the Pre-Considered Resolution here to say a few words. 17

18 COUNCIL MEMBER RIVERA: Thank you Chairs and fellow committee members and, and thank you 19 20 members of the public for your testimony, it's ... your service and your advocacy to this city is invaluable 21 2.2 and, and I'm very humbled to be here and, and proud 23 to be a New Yorker today in this room. So, thank you for allowing me to speak on Pre-Considered Resolution 24 T2418-2018, calling on the US Congress to pass and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 43 2 the President to sign the keep families together act Senate Bill 3036, which would effectively end the 3 Department of Homeland Security's ability to separate 4 families at the US border. Over the past few months 5 we have witnessed as great a stain on our nation's 6 7 moral authority as any in our history as children have been taken from their parents and sent thousands 8 of miles away even here to our great city. While 9 White House policies have changed in the past few 10 weeks to return children to their parents, many 11 12 families still remain separated and the future of our nation's immigration enforcement system remains in 13 question. The keep families together act introduced 14 15 by California Senator Dianne Feinstein is the only 16 permanent solution to reuniting families and 17 memorializes what should have been our policy from 18 day one. Unless there is reason to believe that the child's welfare is in danger, experts in their field 19 20 will continue to identify potential cases of abuse and human trafficking and clear examples of jeopardy, 21 2.2 then these families must remain together as they 23 navigate a traumatic and perilous process. While every democrat in the House and Senate currently 24 25 sponsors the bill, not a single republican in either

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 44 2 chamber of Congress has signed on. It's going to require everyone demanding republican in Congress 3 take action, own up to the failures of their 4 5 president and finally pass the bill. As representatives of this diverse city, it is our duty 6 7 to support our words and actions at rally's and in the media with a formal resolution in support of a 8 just and humane policy. When the White House chooses 9 to paint families who have fled violence, disparate 10 poverty and other life-threatening circumstances as 11 12 animals and puts children in cages, we must unite as 13 a city and say no to these practices which quite literally have reached our back yard. This is not 14 15 nor, has it ever been a political argument, this is a 16 human rights violation plain and simple. Our work 17 will not end when all the families are reunited, we 18 will fight to pass additional legislation that bans inhumane family detention as an alternative to 19 current practices on how we treat asylum seekers. We 20 will fix our broken immigration system so that all 21 2.2 people no matter their origin have a fair shot to 23 join this nation and we will abolish ICE and create an immigration enforcement system that treats every 24 person with dignity and respect. New York City has 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 45
2	been the gateway to millions of immigrants and
3	refugees for centuries and we will not be complicit
4	in this moral failure. I call on my colleagues to
5	support this resolution so that members of Congress
6	know that America's largest city does not take their
7	silence or inaction lightly. Thank you.
8	CHAIRPERSON MENCHACA: Thank you Council
9	Member Rivera, Council Member Ayala and the Speaker
10	and the entire council for this opportunity to, to
11	share our voice in this matter and on that I'm going
12	to ask for a vote on this Pre-Considered Reso.
13	COMMITTEE CLERK DISTEFANO: Matthew
14	Destefano, Committee Clerk, Committee on Immigration,
15	roll call vote roll call vote on the Pre-Considered
16	Resolution. Chair Menchaca?
17	CHAIRPERSON MENCHACA: Aye.
18	COMMITTEE CLERK DISTEFANO: Eugene?
19	COUNCIL MEMBER EUGENE: I vote aye.
20	COMMITTEE CLERK DISTEFANO: Dromm?
21	COUNCIL MEMBER DROMM: I proudly vote
22	aye.
23	COMMITTEE CLERK DISTEFANO: Gjonaj?
24	COUNCIL MEMBER GJONAJ: Aye.
25	COMMITTEE CLERK DISTEFANO: Holden?

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 46 2 COUNCIL MEMBER HOLDEN: Aye. COMMITTEE CLERK DISTEFANO: By a vote of 3 five in the affirmative, zero in the negative and no 4 abstentions the Pre-Considered Resolution has been 5 6 adopted. 7 CHAIRPERSON MENCHACA: Thank you for that unanimous vote here for all the members that are 8 present, thank you so much and we look forward to 9 bringing this to the full council next week at our 10 stated. Now let's go back to our public panel and if 11 12 we can have our last speaker join us and ... [cross-13 talk] 14 KEVIN SULLIVAN: Chairman Mario knows 15 more about the legal services that have been provided 16 but in the interest of time if there are any questions that they have about those the council 17 18 should ask question rather than testimony. CHAIRPERSON MENCHACA: Thank you so much 19 20 for that and what we want to do now is open it up to the Chairs, I'm going to have Speaker ... first to 21 2.2 Speaker Corey Johnson for questions. 23 SPEAKER JOHNSON: Thank you Chair 24 Menchaca, I only have a few questions and I also want to preface my questions by saying we really respect 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 47 2 and understand that there's confidentiality at stake and there's information that you all probably wish 3 you could share but you can't share with us and we 4 5 respect that, we understand that you aren't hiding anything, you are doing your best to protect these 6 7 children and so if there are things that are asked by the Chairs today that for whatever reason you don't 8 feel comfortable sharing I want you to know that, 9 that we understand that and I wanted to preface my 10 questions with that. So, if anyone can answer this or 11 12 all of you can answer this, how has the 13 administration's response to the court ordered reunification deadlines effected the work that you're 14 15 doing, has it effected the work that you're doing and 16 the planning on the services for the children that are under your care? 17

DAMYN KELLY: So, I, I can say that it's been haphazard, organizations are notified as parents are released. As Monsignor said the federal government is the ones who are reuniting the families, we're there to provide service to bring them together, to bring them to a safe location. As of today, there have probably been I believe seven as

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 48 2 my ... of my last count of children under the age of four who have been reunited with their parents. 3 SPEAKER JOHNSON: There have been seven 4 children under the age of four who have been reunited 5 with their parents who have been receiving services 6 7 from your organization? DAMYN KELLY: From all of our 8 organizations... [cross-talk] 9 10 SPEAKER JOHNSON: From all of the organizations, that was the question I was going to 11 12 ask so thank you for that information. Was there 13 anyone else that wanted to respond? 14 The only thing I would KEVIN SULLIVAN: 15 say is there is no plan, that's... there's no plan and 16 one of the things we keep ... we, we talk about and we've been saying is we want the families reunited as 17 18 soon as possible but we want a plan so that it can be done ... we don't want to impose new trauma by not 19 20 planning for the reunification. Let's say ... I'll give you one example, the other night one of our agencies 21 2.2 was told they were going to reunite the child the 23 next day, they got a call at eleven o'clock at night saying don't bother tomorrow because everything 24 wasn't, wasn't set. Well what kind of disruption is 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 49
2	that in the life of a child who thinks well finally
3	I'm going to get back to my parents and now they're
4	told they're, they're not so they're really one of
5	the… [cross-talk]
6	SPEAKER JOHNSON: It's cruel [cross-
7	talk]
8	KEVIN SULLIVAN: Yeah, one of [cross-
9	talk]
10	SPEAKER JOHNSON: It's cruel [cross-
11	talk]
12	KEVIN SULLIVAN: One of the federal
13	advocacy pieces is let's come up with a plan to do
14	this, I mean it, it'd be better if a child was maybe
15	one or two more days in care if there was a plan as
16	to where, where thank god for the collaboration of,
17	of Damyn and his people because we said we're will,
18	willing to do whatever we can once it happens but we
19	didn't know when it was going to happen, how it was
20	going to happen so there's need for a plan.
21	SPEAKER JOHNSON: So, the other question
22	there are two other questions, I believe one was
23	answered before which was how many of the children in
24	your care have been reunited with their parents and
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COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 50 2 what are their ages if you are able to share that, what is the total number of children? 3 DAMYN KELLY: So, just to be clear they 4 aren't necessarily in the care of Lutheran Social 5 Services as you all... [cross-talk] 6 7 SPEAKER JOHNSON: Yep... [cross-talk] DAMYN KELLY: They're in the care of any 8 of the foster agencies within the city. To the best 9 of my knowledge the, the youngest child has been I 10 believe three and the oldest has been about four and 11 12 a half. 13 SPEAKER JOHNSON: And that's seven 14 children? 15 DAMYN KELLY: Yes. 16 SPEAKER JOHNSON: Mario. 17 MARIO RUSSELL: Good afternoon and, and 18 thank you Speaker and Council Members. My name is Mario Russell, I'm Director of Immigrant Refugee 19 20 Services and I'm here to support Monsignor Sullivan in his testimony. I can add a little bit of maybe 21 2.2 detail to, to the answer to your question, you know 23 because of the work that we do attending to the various shelters and meeting with the children, you 24 know we keep a fairly informal but privately created 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 51 2 census so I'll, I'll share in a sense in general terms but, but I can say that there are about, about 3 20... about two dozen children under the ages of five 4 who in a sense would have been eligible for 5 6 reunification in the New York area and, and to be a 7 little clearer and maybe bring us up to date about 11 of those ... actually 12 of those children have been 8 reunified in the last few days so, you know about 9 another 12 haven't. Now what's become complicated is 10 that as you well probably know in the last, you know 11 12 day or, so DHS has issued some instructions and sort of parameters for when release is, is possible and 13 when it's not so, you know what we hear indirectly is 14 15 that quite possibly, you know the balance of kids 16 under five and by ... when I say under five I mean literally under, you know four years and 364 days, 17 18 you know they're in limbo because the parents have been classified either as, you know not possible to 19 20 be reached so, so that's ... reunification is not possible in the United States obviously or because 21 2.2 there's a danger or safety issue but we don't have 23 any control over that, determination over that process so this is where ... what we get and, and add ... 24 25 and add to that, that as far as I know we don't get

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 52 2 that case by case but sort of as a generic, you know 3 point of information. So, again I think the point is 4 clarity is missing, process is missing, and 5 transparency is missing.

So, just one, one thing 6 SPEAKER JOHNSON: 7 that I, I probably should have said before, I know that the reason why the age is five years old that 8 has been part of the court order for reunification 9 under a certain time period that age was chosen by I 10 believe a federal judge for younger children, I'm not 11 12 sure how the judge came to the decision that five years old was the right age, why not six years old, 13 14 why not seven years old, why not eight years old and 15 I think that's an important thing to talk about that 16 are there a certain number of children who may potentially get some expedited reunification but 17 18 another set of children who may be months older that don't get that same consideration which is ... seems 19 20 pretty arbitrary and strange to me and I don't know if you have any comments on that ... 21 2.2 MARIO RUSSELL: Well I do, I mean, you

22 know it, it is arbitrary. From our practice it does...
24 the years... five years old is not at sort of legal
25 determination... [cross-talk]

	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 53
2	SPEAKER JOHNSON: Exactly [cross-talk]
3	MARIO RUSSELL:theoretically the second
4	group of kids five and up should be reunited right
5	by the end of this month as per the court order so,
6	in, in theory, right, that should be done but I'm
7	highly doubtful that we'll move any more quickly with
8	this second group which is obviously much larger as
9	well than we have with, with the first
10	SPEAKER JOHNSON: How many children in
11	the care of the agencies we're talking about have
12	been unable to locate a parent after being separated
13	from them?
14	MARIO RUSSELL: I would prefer to defer
15	to those who, who run the facilities as a as a first
16	pass.
17	DAMYN KELLY: For confidential reasons
18	I'd prefer not to answer that.
19	SPEAKER JOHNSON: Okay, if you can't
20	give an exact number could you at least answer
21	generally that there is a, a portion or a number of
22	children who are in our city, who are under our care
23	where we haven't been able to determine who their
24	parent is without giving us a number?
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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 54 2 KEVIN SULLIVAN: Let me... let me take that Corey if you ... and because I can speak generically. I 3 4 just checked with a subset, this was about a week and 5 a half ... or ... about a week, week or so ago and it was a 6 subset from various places of like 25 kids who were ... 7 and I was very pleased to learn, this is just anecdotal but of those 25 about 23 had been able to 8 be in touch with their parents, I don't want to speak 9 10 about the whole system because I was actually ... I, I said to people well how many and because those social 11 12 workers are working real hard, you know one of the things which is really fascinating, the unaccompanied 13 14 minors who came for the past five or ten years when 15 they arrived in New York many of them had phone 16 numbers and pieces of papers sewn into their, their jackets because they knew they were going well when 17 18 these kids came our same staff looked in the pockets, looked where all the other ... and they basically didn't 19 find anything because those phone numbers were with 20 their parents so the hard work that, that our staffs 21 2.2 have done and I can say ... because they know they got 23 to be in touch with their parents and so I think most 24 have been, not ideal but there's at least a little

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 55 2 bit of contact we think for most of them but that's anecdotal. 3

SPEAKER JOHNSON: I think ... I think that 4 5 answers the question ... [cross-talk]

6 KEVIN SULLIVAN: Yeah... [cross-talk] 7 SPEAKER JOHNSON: ...that I was trying to 8 get at... [cross-talk]

9

KEVIN SULLIVAN: Yeah... [cross-talk]

SPEAKER JOHNSON: ...and I... and I. and I 10 appreciate that. I don't have any further questions, 11 12 I want to turn it back over and I want to end just with this statement, I don't want to get emotional 13 14 saying this but I, I just ... I... sitting here hearing 15 the testimony, reading the stories, hearing the saint 16 like and angelic like work that you all and your staffs have been doing since this crisis unfolded and 17 18 came to our city I have very conflicting feelings sitting here and it's hard to actually process 19 20 multiple feelings at once which is I feel really, really, really angry that this has happened and then 21 2.2 I feel really, really, really proud and moved by the 23 compassion and by the love and by the leadership of you all and the staff and every day New Yorkers who 24 have tried to participate in a meaningful way to 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 56
2	combat this injustice and this cruelty that has wound
3	up in our city and I think as you said Monsignor
4	actually in some ways maybe it's good it ends up in
5	our city because our city's a place that could handle
6	this and that could handle this and that could handle
7	this in an appropriate, compassionate, caring way
8	because of the organizations and infrastructure we
9	have here. So, I'm pissed that this has happened and
10	at the same time I am unbelievably grateful to all of
11	you for the work that you've done and very moved by
12	that and with that I want to turn it back to Chair
13	Menchaca.
14	CHAIRPERSON MENCHACA: Hear, hear Speaker
15	Corey Johnson and I second all of that and say thank
16	you to all of you. We're going to… we, we want to
17	spend a little bit more time with the Chairs asking a
18	few questions and follow up. One, one question that I
19	want to throw out there is really following up on
20	this idea of the communication with parents and has
21	there been a is, is there 100 percent connection
22	that every child has made some kind of communication
23	with parents? I understand that it's, it's been
24	difficult but are we at a point where every child has
25	been able to communicate in some way to the parents,

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 57 2 we knew that that was... been... has been a big issue? I 3 know that the press has been great at creating 4 coalition around figuring out detention center 5 communication so... has, has every child been able to 6 communicate with their parent?

7 MARIO RUSSELL: So, this is based on obviously the, the information and the work of our 8 legal team and it is in coordination with the shelter 9 staff which are amazing, our understanding at this 10 point is that if not all almost all have made contact 11 12 with the parent but again it could be the parent who crossed the border or it might be the parent who is 13 14 in the home country and in some instances again to 15 be ... to be clear it might be with, you know a relative 16 who then contacts the parent so, you know I think the majority have been in touch with a parent but to some 17 18 extent there are sometimes dotted lines if you will with family members and then finally obviously some 19 20 of the kids are one or two so, you know what is the communication with the parent as far as we understand 21 2.2 there is some of some kind but I ... you know I can't 23 tell with, you know 100 percent but I think all or almost all are, are, are in contact. 24

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 58 2 CHAIRPERSON MENCHACA: Thank you for that and, and that kind of begs the second question and 3 then I'm going to hand it over to Steve Levin or 4 Chair for the General Welfare Committee. It begs the 5 question about communication, connection and decision 6 7 making about what family reunification means, is that something that the agencies have been thinking about 8 with, with kids and, and the team that's coming 9 around the kids to really understand what that 10 actually means, what is it ... what, what, what is the 11 12 next step, what does the solution look like and, and I think that I'm pointing to a sense of what public 13 14 knee jerk reaction has been, it might be ... it might be 15 singular when there are multiple options at the end 16 of the day that have been presented about what the next step might look like and it might be a variety 17 18 of things and so it'd be good to, to kind of hear from all of you about what that means, sometimes kids 19 20 will be reunited with their parents, sometimes they'll stay with the sponsor, some ... there will be 21 2.2 multiple things and it'd be a good opportunity here 23 to kind of hear from you about what those options that have been explored look like for us to have a, a 24 25 larger sense, not to be specific on any case, to

1 59 COMMITTEE ON HEALTH AND GENERAL WELFARE 2 remain confidential but to allow the public to understand the incredible complexity of the 3 definition of family reunification and that next 4 5 step?

6 KEVIN SULLIVAN: Damyn you want to take 7 that?

DAMYN KELLY: So, there is ... the ultimate 8 goal is reunification for both those children who 9 have been separated from their parents as well as 10 unaccompanied minors. So, with those children who ... 11 12 unaccompanied minors these are kids who have come across the border on their own. The idea... the 13 ultimate goal is to reunite them with a family member 14 15 or a suitable adult that knows the family, that is 16 familiar with the family. Our staff spends an awful 17 lot of time reaching out to the family, to friends to 18 make sure that if that child is placed with a particular family there is a relationship and that 19 20 the parent understands that the child went to that particular family. For those children who have been 21 2.2 separated the goal really is if possible to reunite 23 them with the parent once the parent has been released from detention. As was stated before that's 24 really the federal government who's doing that 25

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 because it's the federal government who is sending
 the parent to the city if the child is in New York
 City to be reunited with the family.

KEVIN SULLIVAN: See now ... just, just say 5 6 very simply, I mean when most of these agencies do 7 deal in New York City with situations in which tragically there's some abuse and neglect in a family 8 and they're placed with an agency but from day one 9 there is conversation, interaction of a substantive 10 nature with, with Administration for Children's 11 12 Services and there's long term discharge planning for them so that you look at all the options you do ... I 13 14 mean to say there's that type of collaboration or 15 cooperation or interaction with, with the federal 16 government on this is just, just not true. So, you're right, there should be that type of case planning to 17 18 be fair, the issue is let's get them back to the parents as soon as possible and then the parent 19 20 should do their job but there's just not that collaboration, coordination as we would with our city 21 2.2 partners when we also have a child that needs a 23 permanency plan.

24 CHAIRPERSON MENCHACA: Thank you and I'm 25 going to hand it over to Chair Levin.

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 61 2 COUNCIL MEMBER LEVIN: Thank you very much Chair Menchaca. So, then I, I apologize I think 3 we've, we've kind of talked through the issue a 4 little bit but I just want to be clear, for Cayuga 5 and Lutheran how many children right now under the 6 7 age of five that were separated under the zerotolerance policy are in your agency's care as we 8 speak? 9 10 LORRAINE SANCHEZ: For Cayuga Centers I can't... I'm not at liberty and I don't actually have 11 12 the full numbers that we have at our agency right 13 now. 14 DAMYN KELLY: Same thing, for 15 confidential reasons we cannot reveal that. 16 COUNCIL MEMBER LEVIN: With... for both 17 agencies can you describe a little bit you, you both 18 have foster care contracts with the city of New York or just Cayuga? 19 20 DAMYN KELLY: No, we both ... we have both. COUNCIL MEMBER LEVIN: How does the 21 2.2 requirements under your federal contract differ from 23 your city contracts in terms of training for foster families, different levels of accountability so ... in 24 terms of the requirements under the contract and then 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 62 2 in practice how do you maybe reconcile those discrepancies in actual practice? 3 4 LORRAINE SANCHEZ: For Cayuga Centers we follow the same model as we do for our ACS programs 5 in terms of ... [cross-talk] 6 7 COUNCIL MEMBER LEVIN: Uh-huh... [cross-8 talk] LORRAINE SANCHEZ: ...certifying, training 9 and licensing for our foster homes, the only 10 requirement that differs from our ACS foster parent 11 12 is that the foster parent for any UC program must be 13 bilingual, we want to make sure that the children are 14 paired with someone who speaks their language who is 15 able to communicate and care for the child and 16 understand some of the cultural barriers that they 17 may face here in the United States. 18 DAMYN KELLY: At Lutheran Social Services it's the same, we, we use the model that's used for 19 20 our ACS contracted parents and again our requirement ... the only different requirement is that the family be 21 2.2 bilingual because we want to make sure that the child 23 is placed in an environment that there's a familiarity. 24

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1COMMITTEE ON HEALTH AND GENERAL WELFARE632COUNCIL MEMBER LEVIN: So, at least with3the children that are in your agency's care they're4receiving some standardized level of care that is...5that is required under city and state regulation,6correct?

LORRAINE SANCHEZ: Correct.

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DAMYN KELLY: Right, so when children 8 come to us they are immediately given medical exams, 9 10 they're provided with dental exams, psychological counseling, they're placed in educational programs, 11 12 there's a whole process that goes on from the moment the child that ... arrives to make sure that the child 13 14 is healthy, is able to make proper adjustment. I... you 15 know I ... in the hyperbole of the adult community, I 16 will put it that way there's this belief that these kids are just dumped and understand that each of our 17 18 agencies have been doing this for a number of years and we're professionals and, and I appreciate the 19 20 comments made earlier in support of this staff who have taken on these tasks because the staff have been 21 2.2 put under tremendous pressure, I will say that just 23 the recent reunifications that happened on Sunday at nine p.m. so you have staff who on their weekends are 24 25 being called by me saying you got to go here at five

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 64 2 o'clock in the morning, you know there's no if ands or buts, understand that each of our agencies are 3 professionals, we've been doing this work for a long, 4 long time, there is no child that we want to see 5 6 suffer and, and to, to echo Speaker Johnson's 7 comments before, you know thank god that there is an infrastructure in New York City that was able to take 8 on these children so quickly because god knows what 9 would happen if we weren't here. 10

LORRAINE SANCHEZ: I would just like to 11 12 second that. As I mentioned in my testimony our staff for all of our agencies hosting these children go 13 above and beyond to provide the best level of care 14 15 for these children and at Cayuga Centers and I'm sure 16 that at every other agency our motto is that we will provide the care that we would for our child, we will 17 18 not treat any child placed in our agency as if they were not our own and we ensure that it's the top, top 19 20 care that we can provide to these children and make this process as smooth as possible, I mean of course 21 2.2 given the situation it's, it's practically impossible 23 but our children and our staff are beyond resilient and do take every single day as best as they possibly 24 25 can.

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 65 2 COUNCIL MEMBER LEVIN: Has... do you have data about the length ... the average length of stays in 3 your unaccompanied minors contract, you know prior to 4 5 the zero-tolerance policy and then whether that 6 average like the stay has been affected at all since, 7 since this policy has, has been introduced in April? DAMYN KELLY: So, again for 8 confidentiality reasons... [cross-talk] 9 10 COUNCIL MEMBER LEVIN: Okay... [cross-talk] DAMYN KELLY: ...I cannot provide you with 11 12 that data, but I will say anecdotally that families are afraid to step and, and when I say families, 13 14 families who may or may not be undocumented 15 themselves... [cross-talk] 16 COUNCIL MEMBER LEVIN: Uh-huh... [cross-17 talk] 18 DAMYN KELLY: ...and, and I'll leave it at that. 19 20 COUNCIL MEMBER LEVIN: Okay. LORRAINE SANCHEZ: For... [cross-talk] 21 22 COUNCIL MEMBER LEVIN: It's okay ... it's 23 okay... 24 LORRAINE SANCHEZ: Thank you. 25

1COMMITTEE ON HEALTH AND GENERAL WELFARE662COUNCIL MEMBER LEVIN: Okay, maybe this3is a question for... anyone can take this question, has4there... has there been a shift in ORR policy that5you've noticed that has... might have a chilling effect6on potential sponsors to step up to, to, to take care7of these children?

There has been a 8 KEVIN SULLIVAN: chilling effect on every single immigrant in this 9 country under this administration, people are afraid 10 to skip. I will tell you a, a tragic story that 11 12 happened with a mother's group that we're running in 13 East Harlem. This happened probably about six, eight months ago, it has nothing to do with unaccompanied 14 15 minors, but it has everything to do with the 16 atmosphere in this country with regard to immigrants. One day this group was being run and, and the mother 17 18 came in and the mother all of a sudden had blond hair and was dressed differently, and I saw her at work 19 20 and I said hey, you changed your hair, what happened, and she said, you know if I don't look so Hispanic 21 2.2 maybe they won't deport me. The atmosphere here is 23 just awful that people are fearful and this just adds to it and one of the things that we need to be very, 24 very careful about is this is so egregious, it 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 67 2 focuses our attention and we're all human beings so we think if we deal with this issue we've dealt with 3 the problem, well snuck in there was the instruction 4 5 to immigration judges to no longer consider domestic violence as a case for, for asylum. Now Mario tells 6 7 me that arguably 25 percent of our asylum cases use that as one of the grounds so make no mistake about 8 it that there is a whole series of things going 9 10 there. This is the most eqregious, we got to focus on this right now but it's the whole atmosphere which is 11 12 causing people to, to be very fearful. 13 MARIO RUSSELL: Okay and ... and to pull that forward, I mean I think, you know ORR's policies 14 15 may or may not have changed but the families and the 16 sponsors who are being referred to here as potential people to whom children would be, you know any 17 18 unaccompanied minor be, you know connected to or released to they now because of the environment are 19 hesitant to come forward, they now are hesitant to be 20 fingerprinted not only they themselves but maybe the 21 2.2 brother who lives in the house ... 23 COUNCIL MEMBER LEVIN: Extended family ... MARIO RUSSELL: ... or the uncle, right, so 24

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that shuts down that as a potential ... [cross-talk]

COMMITTEE ON HEALTH AND GENERAL WELFARE 68 COUNCIL MEMBER LEVIN: As an avenue...

3 [cross-talk]

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MARIO RUSSELL: ...for release.

5 COUNCIL MEMBER LEVIN: Okay, my last question, I wanted to ask about particularly children 6 7 in the care programs here in New York City whose parents have been deported, so I'm reading an ... 8 looking at an article from June 17th, 2018 in New 9 York Times by Mariam Jordan about a young mother from 10 Guatemala, Elsa Johana Ortiz Enriquez who, who's 11 12 eight-year-old son, Anthony ended up in, in ... I'm not 13 sure where Anthony ended up, but mother was deported 14 back to Guatemala immediately when, when she was ... 15 when she was apprehended in, in Texas. How... are, are 16 you encountering that as a situation among the 17 children that you are working with and are ... how are 18 you... if the... if the mother or the parent wants the child to return to them in their home country how ... 19 20 what is the process, I mean has ORR given guidance on that or is there any vehicle by which that child can 21 2.2 be reunited with that parent?

23 MARIO RUSSELL: Your, your question is a 24 very good one. In theory any vehicle could be 25 possible that is to say the administration could do

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 69 2 anything it wanted to get that child reunified with mom in home country. The only vehicle that exists is 3 the deportation proceeding vehicle which is tired, 4 slow and backed up so to be honest, you know the only 5 way that that child could be reunified as it stands 6 7 now is through voluntary departure done in front of a judge as expeditiously as possible. I can't speak for 8 that case, but I know that our lawyers who are 9 handling those kinds of situations are making motions 10 to expedite hearings, but you've heard the backlogs, 11 12 you've heard the dockets are clogged so it is a reality, it's a difficult reality, it's a challenging 13 reality but I think that this could lend itself to, 14 15 you know broad sweeping solutions. 16 COUNCIL MEMBER LEVIN: Does that ... does 17 this type of case represent a, a significant portion 18 of, of the cases that you're seeing where the parents have actually been deported back to home country 19 20 while a child is still here? MARIO RUSSELL: You know it's, it's just 21 2.2 a... probably a smaller percentage. 23 COUNCIL MEMBER LEVIN: Yeah, does anyone 24 else want to speak to that or ... okay, thank you very 25 much.

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 70 2 CHAIRPERSON MENCHACA: Thank you, before 3 we end ... hand it over to Chair Levine, I'm going to hand it over to a final vote on the Immigration 4 Committee for the Pre-Considered Resolution. 5 COMMITTEE CLERK DISTEFANO: Committee on 6 Immigration, continuation of roll call on the Pre-7 Considered Resolution, Council Member Yeger? 8 COUNCIL MEMBER YEGER: Thank you Mr. 9 Chairman, may I be briefly excused to explain my 10 votes? Thank you. This, this resolution I'm proud to 11 12 support it, I will be voting aye by my friend Council 13 Member Rivera and Mr. Speaker and Council Member 14 Ayala is, is a resolution that supports a wise 15 moderate common-sense bill. Senator Feinstein's bill 16 is joined by our own Senator Schumer and 46 other members of the Senate, not a single member of the 17 18 majority supports this bill and that to me speaks more than what the contents of the bill is, it speaks 19 20 to me about pollicization of this question of whether or not they're actually even looking at what's going 21 2.2 on and making a determination about whether this bill makes sense. What the bill does and the bill that our 23 resolution asks the Congress to enact is to enact a 24 25 federal presumption in favor of the best interest of

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 71 2 the child and making determinations about removal, that's the same basis on which New York State has in 3 it's whole family court act when a child is removed 4 from parents. We always make the decisions based on 5 the best interest of the children, that's the way 6 7 it's supposed to be and the current policy which is essentially to determine that if the family came here 8 unlawfully then there's a presumption in favor of 9 separation that's not just not the American way but 10 that's not based in any law anywhere in this country 11 12 period. So, I support this Resolution, I do vote aye, 13 the sponsors are wise to have brought this; Senator 14 Feinstein, Senator Schumer are wise to have done this 15 and thank you Mr. Chairman for allowing me to come 16 back and cast my vote. 17 CHAIRPERSON MENCHACA: Thank you so much 18 Council Member Yeger. Chair Levine. COUNCIL MEMBER LEVINE: Thank you Chair 19 20 Menchaca. My goodness there's so much information that you all have shared with us and the public 21 2.2 that's really good it's gotten out. Some of it is

23 very painful to hear. I'm still processing the fact 24 that we have a system that is reliant on children 25 putting pieces of paper with contact information in

1 72 COMMITTEE ON HEALTH AND GENERAL WELFARE 2 their pockets. It's, it's rank incompetence and clearly in addition to being cruel and inhumane. I've 3 also heard and you may not be able to comment in this 4 detail that in fact the federal government has 5 required an expanded circle of family members be 6 7 fingerprinted in the sponsor families and that even, even home inspections and that this is deterring some 8 families to participate and that in fact some 9 families themselves as sponsors may have undocumented 10 members have even now been entangled with ICE as a 11 12 result of their participation in this sponsorship 13 program, are any of you able to comment on the 14 accuracy of that? Understood. As Chair of the Health 15 Committee I want to ask about the state of the health 16 of the children with respect to their confidentiality at all times. I have heard that there's a 17 18 preponderance of some conditions; skin conditions, respiratory conditions that presumably originate in 19 20 their time in detention centers at the border, I wonder if you can make any very general comments on 21 2.2 the state of the physical and mental health of the 23 children in light of the trauma that they have endured so far? 24

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2 DAMYN KELLY: I, I will say I, I can't speak specifically to illnesses that you just 3 described but I can say for the most part physically 4 the children are well, many receive immunizations 5 6 when they're with us. Mental ... the mental health, I'm 7 not a psychologist or a psychiatrist so I can't attest to their mental behavior but, you know these 8 are children who have under, undergone traumatic 9 experiences and, and the literature is very clear 10 that children who have been separated from their 11 12 parents have long term emotional challenges and so if, if we stay consistent with what the research has 13 shown we could probably anticipate these children 14 15 have the same issues. 16 LORRAINE SANCHEZ: I would just have to 17 second that.

18 KEVIN SULLIVAN: And let me just say ... take this opportunity to thank this city 19 20 administration because very shortly after this crisis came they visited one of our agencies Bitta was 21 2.2 there, the Chair of Health was there, I was not there 23 but just said what do we need to do in order to make sure that ... and, and as with any bureaucracy there are 24 backlogs in terms of making appointments and they 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 74 2 kind of cut through some of the red tape to get 3 appointments for our kids so that we could, could do 4 it.

5 COUNCIL MEMBER LEVINE: I presume that you do not have full medical histories on the 6 7 children, perhaps you can clarify that and if that's the case how do you know whether they have required 8 immunizations and vaccinations, I mean that can be a 9 matter of life and death for a child of a certain age 10 11 depending on the condition, how do you manage this? 12 LORRAINE SANCHEZ: I can't speak on any

13 specifics, but I would say that our case managers, 14 our staff are diligently working with sponsors within 15 the United States as well as whomever is back in-home 16 country just to make sure that we have the 17 appropriate information to provide the best medical 18 care for the children.

19 COUNCIL MEMBER LEVINE: So, are you
20 confident that the children are up to date on their
21 vaccinations?

LORRAINE SANCHEZ: I'm confident that we're able to provide the best care for them and vaccinations is one of the components.

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	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 75
2	COUNCIL MEMBER LEVINE: And medical
3	allergies, how is that tracked?
4	LORRAINE SANCHEZ: Again, we rely on our
5	staff to be in constant communication with their
6	family members to provide us as much medical history
7	as they can.
8	COUNCIL MEMBER LEVINE: And Mr. Kelly can
9	you describe perhaps on behalf of the agencies in
10	general, the, the nature of the medical services that
11	you have in house, I know that you, you I think you
12	have physicians on staff and also mental health
13	professionals, is that correct?
14	DAMYN KELLY: We, we have mental health
15	professionals on staff, we also have arrangements
16	with community health centers and other health
17	providers to provide health coverage for those
18	individual for those children.
19	COUNCIL MEMBER LEVINE: To what extent
20	have you drawn upon the resources of the city either
21	the Department of Health and Mental Hygiene or our
22	public hospitals?
23	DAMYN KELLY: So, as, as Monsignor just
24	indicated immediately the, the Commissioner of the
25	Health and Mental Health as well as the staff from

1COMMITTEE ON HEALTH AND GENERAL WELFARE762Health and Hospitals Corporation came to Lutheran3Social Services to meet with us to offer whatever4help we needed and assistance and so there have been5instances where children have been referred to Health6and Hospital Corporation facilities.

7 COUNCIL MEMBER LEVINE: Understood. I'm going to just end with this guestion. We, we know 8 that you have had needs for donations at certain 9 points in the last couple of weeks and, and you 10 received a lot, do you have outstanding needs for 11 12 donations; financial I would assume as an ever-ending 13 need and, and we continue to promote that, but do you 14 have other donation needs that we can help mobilize?

15 DAMYN KELLY: So, we probably all do so, 16 I'll go first and let everybody else go. So, I think ... 17 you know one thing I have to say that, that, that the 18 residents of the city of New York have been tremendously generous in terms of their time and 19 their treasure. One of the things that we are 20 particularly interested in is receiving gift cards to 21 2.2 give to the families when they're reunited because 23 for a lot of them some have clothing some don't, we buy what we can but, you know our resources are 24 limited. One of the gentlemen that were reunited just 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 77 2 recently indicated to us that he had been in the same clothes for the past eight days, you know there ... when 3 we talk about preserving people's dignity it's, it's 4 5 not just how you're treated but how you look and how ... 6 you know someone ... none of us in this room right now 7 could stay in the same clothes for eight days, we'd 8 all go crazy, we really would so I, I ... you know we, we look for gift cards, we look for books, any toys 9 to, to give to the children, personal hygiene items 10 for both males and females are definitely a 11 12 requirement, those are the type of things we look 13 for. 14 LORRAINE SANCHEZ: Like we've mentioned 15 earlier, New York City residents have been such ... 16 great with our agencies with the donations and the willingness to help our agencies. For Cayuga Centers 17 18 we're looking for educational materials like books,

19 even recreational items, we received a few of those, 20 like he mentioned gift cards to, to send off with the 21 families upon reunification and of course as he 22 mentioned financial as well as to just continue being 23 able to provide those services to our children.

24 KEVIN SULLIVAN: You know I, I would... I'd 25 be brought up on charges for malpractice if I didn't

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 78 2 say we needed more donations so we would but I would ... but I would also say, I want to go back to what I 3 4 said before and, and Council Member Dromm will know this because I had a very good conversation with him, 5 6 funding appropriately the infrastructure of non-7 profit organizations in all of our contracts throughout the years provides that irreplaceable base 8 and infrastructure that when this happens you can 9 10 afford to buy an extra coat or you can ... but if you don't have that infrastructure of good 11 12 administration, you want information, if we're not 13 funded to have the technology to track it then it ... 14 then you get vague answers because we don't do it. 15 So, so I just ... Damyn put in a plug for, for, for that 16 year-round because that's the basis which is not very 17 sexy, it's not very whatever but that's what makes 18 New York able to, to do the compassionate work and 19 quality work we do. 20 COUNCIL MEMBER LEVINE: Thank you again for stepping into this crisis all of you and 21 2.2 delivering your services with such professionalism 23 and compassion and we will continue to support you in 24 every way we can, thank you. 25 KEVIN SULLIVAN: Thank you.

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 79 2 LORRAINE SANCHEZ: Thank you. CHAIRPERSON MENCHACA: Thank you so much 3 to this panel, thank you again and please give our 4 5 incredible thank you to everyone of your staffers 6 that is in... that is stepping up to this moment and 7 this crisis with New York values, thank you so much. LORRAINE SANCHEZ: 8 Thank you. CHAIRPERSON MENCHACA: I want to remind 9 everyone that this ... the administration will be next, 10 if we can have Commissioner Mostofi; Dr. Gary Belkin 11 12 from the Department of Health and Mental Hygiene; Jennifer Havens, New York City Health and Hospitals; 13 14 Machelle Allen, Dr. Allen, New York City Health and 15 Hospitals; Julie Farber, Deputy Commissioner for ACS; 16 Jordan Dressler, Human ... HRA; and I want to say thank you again for the agencies who came here, they did an 17 18 incredible job informing us, they are right now at the helm of so much work that's happening and they 19 20 took their time to come out of their agencies, outside of the crisis and we want to say thank you to 21 2.2 them. If we could make sure we keep it quite here 23 please, please... and as the administration settles into their seats the members that have been present 24 here today include Counci91 Member Grodenchik, 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 80 2 Treyger, Levin, our Speaker, Gibson, Dromm, Barron, Ayala, Gjonaj, Rivera, Yeger, Holden, Eugene, 3 4 Salamanca and Ampry-Samuel. Oh, yeah and Council 5 Member Perkins as well, thank you so much. Okay, 6 thank you to the administration, I want to say thank 7 you for being here not only being here but waiting patiently. It, it is a tradition for the Immigration 8 Committee to have a public panel but we went deeper 9 10 and allowed them to speak their voices in a room with all of us in it because all of us will continue to do 11 12 this work together and I want to say thank you, you have been appreciated by these organizations all of 13 14 you that have been doing this work and have assembled 15 and so just thank you for the call of duty, this is 16 what New Yorkers do, thank you so much and Commissioner it is all yours. 17 18 BITTA MOSTOFI: Thank you. Thank you to the Speaker, to Chair Levine, Chair Levin and Chair 19 20 Menchaca and the members of the committees. My name is Bitta Mostofi, I am the Commissioner of the 21 2.2 Mayor's Office of Immigrant Affairs... [cross-talk] 23 CHAIRPERSON MENCHACA: And pause you

24 right there, we're going to do a quick oath [cross-

25 talk]

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 81 2 BITTA MOSTOFI: Great... [cross-talk] CHAIRPERSON MENCHACA: ...that I forgot to 3 do in all... [cross-talk] 4 BITTA MOSTOFI: Oh yeah... [cross-talk] 5 6 CHAIRPERSON MENCHACA: ... in all the praise 7 and thanks that I was giving you I forgot to give you the affirmation and if you could do you affirm to 8 tell the truth, the whole truth and nothing but the 9 truth in your testimony before this committee and to 10 respond honestly to council member questions? 11 12 BITTA MOSTOFI: I do. 13 CHAIRPERSON MENCHACA: Thank you. 14 BITTA MOSTOFI: I'll speak for them too, 15 they do too... [cross-talk] 16 GARY BELKIN: We all do... [cross-talk] 17 BITTA MOSTOFI: Okay... [cross-talk] 18 GARY BELKIN: We all do ... BITTA MOSTOFI: Okay, great. I'm joined 19 20 today by my colleagues from the Administration for Children Services, the Department for Health and 21 2.2 Mental Hygiene, the New York City Health and 23 Hospitals and the Human Resources Administration Office of Civil Justice who along with myself are 24 happy to answer any questions. In my testimony today, 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 82 2 I will describe the effects of the cruel and inhumane separation of immigrant and families by the Trump 3 administration on New York City, detail the steps 4 that the city has taken to fight against this immoral 5 6 policy, explain what we've done to address the needs 7 of children in New York City who have been separated from their parents, and identify work ... ways that we 8 can work together and remain to do. I want to note at 9 the outset how grateful I am for the many New Yorkers 10 who responded to this crisis with donations of money, 11 12 supplies, and time. This is a reflection of the spirit of New York City, the quintessential city of 13 immigrants and I'm proud to be able to serve and work 14 15 alongside such well, welcoming and generous people. I 16 speak for this city when I say that I am appalled by the Trump administration's callous disregard for the 17 18 humanity of immigrant families and children. The Trump administration has risked causing permanent 19 20 harm to thousands of immigrant children including those already suffering trauma from experiences they 21 2.2 faced in their home countries. The family separation 23 crisis was deliberately engineered by the Trump administration. Federal officials freely admitted 24 that they intended to separate families as an attempt 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 83 2 at deterrence to entrance into the United States. This separation has been accelerated by the zero-3 tolerance policy announced by the Attorney General on 4 April 6th which directed criminal prosecution of all 5 individuals caught crossing the border without proper 6 7 documentation outside of ports of entry. The sheer injustice and cruelty of the family separation policy 8 prompted a tremendous outcry across the country 9 forcing the federal government to end its family 10 separation policy. In addition, a federal court 11 12 ordered the federal government to reunify immigrant parents and ... with their children. The government has 13 14 failed to meet the court's deadline to reunify 15 children under the age of five by this past Tuesday 16 but the latest update from the government is that 57 of the 103 separated children under the age of five 17 18 have been reunified with their parents as of seven a.m. this morning. I want to bring emphasis that that 19 20 means there are a remaining 46 children who have not yet been reunified with those ... with their adults and 21 2.2 the government has indicated that they have been 23 found ineligible for reunification due to criminal history or other concerns or because they have 24 already been deported. We remain very concerned that 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 84 2 the federal government has failed to create an effective comprehensive and immediate reunification 3 4 plan. Turning to the needs of the separated children here in the city, the effects of the Trump 5 administration's cruel policies and practices have 6 7 been most acutely felt at the Southwest border, but hundreds of separated children have been placed in 8 temporary residential facilities and foster care 9 arrangements in New York City. According to the best 10 information that we have been able to gather since 11 12 May there are about 300 children who were separated from their parents and are temporarily housed in New 13 York City in federal foster care facilities at any 14 15 given time. This is not the city's first effort to 16 address the effects of a humanitarian crisis for 17 immigrant children originating at the border. 18 Starting in 2014 this administration and this council worked together to address a rise in accompanied 19 20 minors placed in New York City. We worked to provide legal services, enroll children in health insurance 21 2.2 and public school and share information of our 23 crucial city services. At that time the federal government assisted in some of these efforts. For 24 example, the Office of Refugee Resettlement offered 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 85 2 regular and thorough information and distributed our resource guide to sponsors and families. The Trump 3 administration in contrast has failed to communicate 4 with the city about separated children placed here in 5 our city. It is inexcusable that the federal 6 7 government has failed to fully answer our questions about the scope of this crisis. By refusing to share 8 the number and location of children the federal 9 government posed a challenge to our city's ability to 10 respond and help care for these kids. Extraordinarily 11 12 the federal government has not been able to provide 13 definitive numbers of how many children have in fact 14 been separated. These failures demonstrate the government's negligence in caring for the thousands 15 16 of children separated from their families. Despite the federal government's willingness to share 17 18 information, unwillingly, the city has none the less been able to help children and families affected by 19 20 family separation and provide additional supports. In fact, it was through one individual that the city 21 2.2 first learned about separated children housed in our 23 city, a relative of a nine-year-old separated from his mother at the border told us that the child was 24 in New York City in the custody of ORR. The Mayor, 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 86 2 the Commissioners of ACS, DOHMH and I visited Cayuga Center, the non-profit provider responsible for the 3 child's wellbeing here. The three ... us three 4 Commissioners also met with other local ORR 5 contracted organizations and learned at that time 6 7 that there were approximately 300 children who had been separated who are now housed temporarily in our 8 city many of whom were between the ages of four and 9 12 this included multiple preverbal toddlers and 10 babies as small as nine months old. Once we learned 11 12 that separated children were being sent to New York 13 City we immediately launched a multiagency, 14 multipronged response to both understand and help 15 address the needs of these children relying on the 16 experience and work of the federally contracted providers including Catholic Charities, Cayuga 17 18 Center, Lutheran Services and others. MOYA, ACS, DOHMH learned how the city could assist in the 19 20 wellbeing of the children in our city. We coordinated with the Mayors Fund to advance New York City, New 21 2.2 York City Health and Hospitals, the NYPD, HRA's 23 Office of Civil Justice, and the Department of Parks and Recreation to respond to these identified needs. 24 Through this interagency coordination the support and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 87 2 services the city agencies are providing include onsite child and adolescent psychiatric consultation 3 services from mental health staff caring for the 4 children, health care for children at public 5 hospitals citywide with direct referrals, training 6 7 for foster parents and staff at the non-profit agencies on serving children with trauma, parental 8 coaching for teenage mothers who were separated from 9 their adult mothers and have their infants with them, 10 increased security at day facilities and during 11 12 transportation from intake centers to foster homes 13 through specialized NYPD patrols, delivery of toys, art supplies and other items that were indicated to 14 15 us as needed, and weekly recreational activities and field trips to educational and cultural institutions 16 in the city. We have also provided language access 17 18 support. In one recent case for example, MOYA was alerted by a local provider about language access 19 20 needs and was able to help interpretation for a sixyear-old child who only spoke Chu a Native Mayan 21 2.2 language. Additionally, the Mayor's Fund has taken 23 the lead in soliciting donations from incredible outpouring of support from New Yorkers and I want to 24 thank the council members for also coordinating the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 88 2 many donations from across the city and helping fulfill the requests that were received by providers. 3 Seeking to meet additional needs for legal 4 representation and assistants that are unmet by 5 federal funding through ORR, MOYA and the Office of 6 7 Civil Justice are working to connect children, their parents, and their potential sponsors to free, safe, 8 and confidential city funded legal services. The 9 services are being funded through the 10 administration's immigrant opportunities initiative 11 12 and include representation for separated and 13 unaccompanied children, representation for separated parents and free and confidential advice and 14 15 assistance for family and loved ones applying to be 16 sponsors for children in the custody of ORR. In 17 addition to the terrible effects on newly arrived 18 children and families, the recent news on family separation may also heighten fears among the city's 19 20 immigrant parents who may be at risk of immigration enforcement. On... in... on this issue I am pleased to 21 2.2 report that a recently passed state law supported by 23 the Mayor's Office will help immigrant parents in New York plan for the future and achieve a greater peace 24 of mind about their children's wellbeing. This new 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 89 2 law will allow immigrant parents to designate a stand by guardian for their child in the event they are 3 detained or departed. Immigrant New Yorkers can call 4 3-1-1 and schedule an appointment with Action NYC to 5 get free confidential immigration legal assistance 6 7 including help to appoint a stand by guardian. We are committed to ensuring that separated children who 8 come to the city receive the services that are 9 crucial to their wellbeing. We are thankful for the 10 collaboration with the non-profit providers in 11 12 advancing a shared goal to provide as much comfort to these children as we can. The city is providing a 13 range of critical additional services as I noted, and 14 15 we will continue to do so. MOYA and our partner 16 agencies are working to support reunifications by providing legal services, connecting engaged 17 18 community members to advocates and service providers with expertise and offering logistical support to 19 20 national partners working to reconnect parents and children. In addition to providing services, the city 21 2.2 has fought against the practice of family separation 23 and we continue to advocate for the immediate 24 reunification of parents and children against indefinite family detention. Mayor De Blasio has 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 90 2 publicly spoken out against the heartless policy of family separation and has called on the federal 3 government to reunify families. In June after the 4 president... after President Trump signed an executive 5 order purporting to end family separation the Mayor 6 7 and 20 other Mayor's traveled to a federal facility housing separated children in El Paso in order to 8 bring awareness to the ongoing humanitarian crisis. 9 When the federal government failed to provide 10 information about the number of separated children in 11 12 New York City the Mayor sent a letter to Health and 13 Human Services Secretary Alex Lazar to demand transparency. We have also worked with our partners 14 15 to support litigation on family separation and family 16 detention. In early July, we joined our cities in submitting an amicus brief in Flores v. Sessions to 17 18 oppose the federal government's attempts to strip protections from immigrant children. A few days ago, 19 20 that court rejected the federal government's request to be allowed to indefinitely detain immigrant 21 children. In addition, I recently filed a declaration 2.2 23 in support of Washington versus Trump, a multistate lawsuit against family separation. We support 24 bipartisan efforts on the federal level to address 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 91 2 family separation, we also strongly support bills that seek to reunify families including S3036 and we 3 reject efforts by some opportunistic lawmakers to 4 link family reunification to other anti-immigrant 5 provisions. We similarly condemn the president's 6 7 efforts to support... to purport to end family separation by indefinitely holding children including 8 infants with their parents in detention facilities 9 and we condemn efforts by republics in Congress to 10 ling appropriations to the long-term detention of 11 12 immigrant children. The separation of children from 13 their parents is abhorrent and runs counter to who we 14 are and ought to be as a city and a country. The 15 Trump administration has not yet articulated a plan 16 to reunify family members that have been torn apart 17 and placed hundreds of miles away from each other. 18 Without a concrete plan to reunify parents with their children the federal government's claim that it has 19 20 ended family separation simply rings hollow. The De Blasio administration will fight in every way it can 21 2.2 to ensure that families are reunited. In addition, 23 the city will continue to be responsive to critical service needs identified for the separated children 24 in this city. Even prior to this immediate crisis the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 92 2 city council has been a crucial partner in the work to support immigrant children and families. The 3 council's continued support for the immigrant 4 children's advocates relief effort coalition has 5 ensured that unaccompanied minors facing deportation 6 7 receive the legal support that they need. This effort alongside the administration's historic investment 8 and legal services for immigrants has allowed the 9 city to effectively respond to this unique and 10 profoundly disturbing crisis. We look forward to 11 12 continuing to work with the council and our partners 13 in the community to continue to fight on this issue and if I may take a minute as a daughter of an 14 15 immigrant, as the mother of a two year old and as a 16 US citizen it has been a hard several weeks and I 17 just wanted to thank publicly the many myriad of 18 people that have worked with us to be responsive here and to express my deep admiration and appreciation 19 20 for the public servants that are at this desk and who have been part of our daily rapid response on this so 21 2.2 thank you.

23 SPEAKER JOHNSON: Commissioner thank you 24 very much for your testimony and for everything that 25 you've done and your leadership and we've always had

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 93 2 a, a... the council's office has a great relationship working with MOYA and with you and so we look forward 3 to continuing that and I am deeply appreciative of 4 5 your advocacy and hard work not just during this crisis that the city has been deeply engaged with but 6 7 all the other issues that affect immigrants because there have been many in the last year and a half that 8 you've been dealing with on a daily basis and I, I 9 really want to thank you for that. So, I'm going to 10 go into a few guestions and then hand it back to 11 12 Chair Menchaca. I know you just mentioned towards the 13 end of your testimony that the Mayor sent a letter to the HHS secretary demanding a level of transparency, 14 15 has the administration, any of the agencies that are 16 represented here today or other agencies whether it be MOYA, ACS, DOHMH, Health and Hospitals, the Law 17 18 Department have been in direct communication not just a letter but conversations... [cross-talk] 19 20 BITTA MOSTOFI: Yes... yeah... [cross-talk] SPEAKER JOHNSON: ...phone calls, meeting 21 2.2 with the Department of Justice, the Department of 23 Homeland Security or DHHS on the issue of the family separation or reunification? 24

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COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 94 2 BITTA MOSTOFI: Yes and thank you for the question. So, the most direct communication that 3 we've been successful in having with the federal 4 5 government was fairly early on as we were just learning about the situation here in the city. On 6 June 15th Commissioner Hansell from ACS and myself 7 were able to have a conference call with Senior 8 leadership at HHS and we... get information about 9 separated children, how many there were and we 10 requested to visit the facilities to get more 11 12 information to get a breakdown of those children, we were told during that call that we ... that our requests 13 would be met, it was very shortly thereafter that the 14 15 news escalated around the circumstance and since then 16 none of the correspondence has been responded to or 17 met. 18 SPEAKER JOHNSON: Has not been responded to... [cross-talk] 19 20 BITTA MOSTOFI: Correct. SPEAKER JOHNSON: So, that, that ... the 21 conference call with HHS was on which date? 2.2 BITTA MOSTOFI: June 15th. 23 SPEAKER JOHNSON: On June 15th and it was 24 with senior leadership at HHS? 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 95 2 BITTA MOSTOFI: Yes. 3 SPEAKER JOHNSON: And when you asked about the number of children at that moment in time 4 5 who were being housed in New York City through the federal contracted providers that we heard from 6 7 today, what was the number that was given to you at that moment in time of the number of children who 8 were here? 9 BITTA MOSTOFI: During the call they were 10 unable to give us the breakdown of children who had 11 12 been separated versus those who were unaccompanied children in the city... [cross-talk] 13 14 SPEAKER JOHNSON: But did they give you a 15 total number? 16 BITTA MOSTOFI: So, they gave us a total number indicating that it was approximately 700 17 18 children that were in the city who were unaccompanied children. 19 20 SPEAKER JOHNSON: Unaccompanied but they weren't giving you a breakdown between separated or 21 2.2 unaccompanied? 23 BITTA MOSTOFI: Correct. 24 SPEAKER JOHNSON: And were we ever able 25 to get that information?

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 96 2 BITTA MOSTOFI: We were not. 3 SPEAKER JOHNSON: And were there any other conference calls or high-level meetings that 4 took place between the federal government the city 5 agencies who have been involved in this? 6 7 BITTA MOSTOFI: No, there have not been. SPEAKER JOHNSON: That was June 15th? 8 BITTA MOSTOFI: Correct. 9 SPEAKER JOHNSON: And there were I assume 10 multiple attempts after that June 15th meeting to 11 12 have further conversations and discussions and there was a level of unresponsiveness you mentioned? 13 14 BITTA MOSTOFI: You assume correctly, 15 yes. 16 SPEAKER JOHNSON: That's an outrage ... 17 BITTA MOSTOFI: Yes. 18 SPEAKER JOHNSON: That's despicable that the federal government are cruelly separating 19 20 infants, babies and children from their families, sending them to New York City and then not 21 2.2 communicating with the municipal government which has 23 a lot of resources at its discretion to be able to support these children, to not provide a level of 24 25

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 transparency, to not provide information makes this
 even more sick...

BITTA MOSTOFI: Yes...

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5 SPEAKER JOHNSON: ...and cruel and 6 despicable. So, the result of that communication is 7 what, there wasn't really a result, it was a 8 conversation and then was there any tangible helpful 9 results that came from that one conversation?

BITTA MOSTOFI: No, as I noted the spirit of the call was positive with immediate next steps that were agreed upon, but it was, you know very shortly thereafter that communication ended, and the next steps were not met.

15 SPEAKER JOHNSON: How have the recent 16 court orders on reunification deadlines affected 17 MOYA's efforts in engaging these children who are 18 being serviced by the agencies?

BITTA MOSTOFI: Yeah, so as has been noted kind of repeatedly here rightfully, you know the providers from the organizations that were just here speaking have been really tremendous in trying to forecast what this means for the children in their care and custody, they have reached out to us to discuss what reunification could potentially look

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 98 2 like once there are parents here with children who might need additional services or shelter or so 3 forth. We have been on the ready to be responsive to 4 those needs should they arise, but the information is 5 sparse, it's inconsistent and as you heard from them 6 7 directly it's coming at eleven o'clock at night or five in the morning with no consistency or clarity, 8 so it's been extremely challenging to plan 9 accordingly for reunification properly to know how 10 best to be responsive to the needs that will arise. 11 12 What I will say is apart from the formalized reunification that's happened there are parents who 13 14 have been starting to make their way to New York City 15 or the surrounding areas looking for their children 16 many of whom have been able to get in contact with 17 our office or others who have then connected them to 18 us. We have been in the process of connecting individuals to if it's legal resources that they 19 20 need, if it's support through transportation to come and see their children, if it's contact to the 21 2.2 shelter facility or the service agencies and we are 23 doing that as it's coming to us. 24 SPEAKER JOHNSON: And a thing that just

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came to my mind, I mean I'm very upset, I feel very

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 99
2	emotional about this but a, a thing that just came to
3	my mind is that, you know what I believe this hearing
4	shows and what this whole crisis shows is how
5	government can be a force for what I would determine
6	to be evil cruel things or government can be a force
7	to do a lot of good and I think what MOYA and the
8	other agencies here have shown in the face of a level
9	of unresponsiveness, the fact that our municipal
10	government has been able to be a force for good, for
11	compassion, for humanity, for trying to right these
12	very degrading serious wrongs that have been
13	committed. I just want to go back Commissioner, so
14	the total number of children even though we didn't
15	have the breakdown between separated and
16	unaccompanied was 700 exactly or it was 700 and what,
17	what was the exact number?
18	BITTA MOSTOFI: Approximate.
19	SPEAKER JOHNSON: We weren't given an
20	exact number?
21	BITTA MOSTOFI: No, we were not.
22	SPEAKER JOHNSON: So, we were given an
23	around 700?
24	BITTA MOSTOFI: Yes.
25	
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COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 100 2 SPEAKER JOHNSON: And was there any way 3 through our own agency detective work... [cross-talk] BITTA MOSTOFI: Yes... [cross-talk] 4 SPEAKER JOHNSON: ...for us to try to come 5 up with a more accurate number? 6 7 BITTA MOSTOFI: What we do have is we have data that ORR does publish over the last five 8 years or so, that data shows that over the last five 9 years there's been about 7,000, 6,748 children who 10 were unaccompanied children who have come through our 11 12 city, we estimate that ... as I noted in the ORR 13 capacity that there are about 758... [cross-talk] 14 SPEAKER JOHNSON: The Office of Refugee 15 Resettlement? 16 BITTA MOSTOFI: Correct. 17 SPEAKER JOHNSON: So ... that number again, 18 758 and... but do we have that number for the period that we're talking about for this crisis? 19 BITTA MOSTOFI: We do not. 20 SPEAKER JOHNSON: Have we been able ... have 21 22 we been trying to piece together what that number 23 would be? 24 25

COMMITTEE ON HEALTH AND GENERAL WELFARE 101

BITTA MOSTOFI: We have but largely
through conversations because as I noted the federal
government has been unresponsive to us.

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5 SPEAKER JOHNSON: So, I want to ask this question and I don't ask this question in a... in a 6 7 prejudging way I just ... I really ... it's important to preface what I'm about to ask and I ask it in, in the 8 vein of I think Chair Levine's very powerful opening 9 statement around the wonderful organizations that 10 have stepped up to the plate, but I still have to ask 11 12 the question. Does MOYA or ACS or DOHMH or H and H have any concerns with the type of care shelters like 13 Cayuga, Lutheran Social Services, Catholic Guardian 14 15 services or other organizations, are there any concerns with the level of services that have been 16 provided to these children? 17

18 BITTA MOSTOFI: I will start and then turn it to my colleagues, you know what I think is 19 striking and this came out in everything that you all 20 have both said and I think seeing yourselves through 21 2.2 your conversations is that clearly these are 23 providers that care for the wellbeing of the children but part of the reason that the city with 24 25 intentionality took a very multi-agency response was

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 102 2 because we knew that the expertise on the care for the children was best situated with ACS and the 3 4 expertise on the health was best situated with the 5 Department of Health and, and Health and Hospitals 6 and so that's why they're here and they can speak 7 more directly to what we've been able to firsthand see and understand. 8 SPEAKER JOHNSON: If folks could just 9 introduce themselves before they speak. 10 JULIE FARBER: Sure, Julie Farber, Deputy 11 12 Commissioner of Family Permanency Services at ACS. And thank you for the question, I mean first off just 13 14 to, to make clear as I think everyone now understands 15 these are two separate systems, the ORR foster care 16 system is completely separate from the New York City 17 foster care system but, but as was understood there 18 are a number of providers who have contracts with ORR that also have contracts with the city for foster 19 20 care services and so therefor at ACS we have familiarity with, you know obviously a number of 21 2.2 these agencies that also have ORR contracts and, and, 23 and what I can say is that, you know the, the providers in the ACS child welfare system are, are 24

25 some of the best in the nation. They have helped make

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 103
2	New York City a national model for providing child
3	welfare services and, and while ACS does not have
4	oversight over the ORR programs we have every reason
5	to believe and I think folks who have visited and,
6	and who have experienced these agencies have seen
7	that these children are, are receiving very, very
8	good care.
9	SPEAKER JOHNSON: So, there are no
10	concerns about the quality of services?
11	JULIE FARBER: We have not identified
12	concerns… [cross-talk]
13	SPEAKER JOHNSON: That's great, I, I'm
14	really wonderful, you know that, that's what we've
15	heard as well, and I think it's important for us to
16	acknowledge that and say that and be explicit about
17	that so I'm really grateful to hear that. I just have
18	a couple more… maybe one more question. How many of
19	the children and I know again we don't have an exact
20	number of children and the breakdown, how many
21	children have received legal assistance?
22	BITTA MOSTOFI: I can give you… give it a
23	go, so… and Jordan please… our understanding as you
24	heard from Catholic Charities is that every child has
25	

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 104 2 received screening through Catholic, Catholic Charities ORR funded services... [cross-talk] 3 SPEAKER JOHNSON: That's great ... [cross-4 5 talk] BITTA MOSTOFI: ...that's, that's a part of 6 7 the wholistic sort of wraparound services that are provided through the federal contracts. What we've 8 been working to do and had done so in concert with 9 the Office of Civil Justice as well as the myriad 10 legal service providers that are funded through the 11 12 council and city funding is assess is that meeting 13 the full need here in all of the ways that are required and in this just acutely traumatic and 14 15 deeply disturbing crisis our full force of response 16 in all the ways. What we were able to identify was 17 that there, there is additional need in taking full 18 representation for some children and for parents, there's additional need in providing immigration 19 20 legal advice I think rightly noted by some of the Council Members, through testimony of the last panel 21

there's concern from sponsors in becoming sponsors of these children and a large part of that was they were not getting immigration legal advice so now we've contracted with our providers to open up brief legal

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 105 2 advice for sponsors that's immediately available. We do know that as of today the city has identified 3 about 96 cases that will be taken on based on city 4 funding. 5 SPEAKER JOHNSON: And has any of that 6 7 legal assistance that we're talking about in wholistic manner in the variety of ways you just 8 delineated has any of that legal assistance been 9 provided by the federal government? 10 11 BITTA MOSTOFI: Yes, the initial 12 screening that is done by Catholic Charities... [cross-13 talk] 14 SPEAKER JOHNSON: Is by ... is ORR funded 15 legal assistance? 16 BITTA MOSTOFI: Correct, yes. 17 SPEAKER JOHNSON: Great. I have one final question... [cross-talk] 18 BITTA MOSTOFI: Do you want to add to 19 20 that Jordan? Sorry. SPEAKER JOHNSON: Go ahead. If you could 21 2.2 introduce yourself. 23 JORDAN DRESSLER: Jordan Dressler, Civil Justice Coordinator with HRA's Office of Civil 24 Justice. Just to be explicit everything else; the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 106 2 legal... [clears throat] excuse me... the legal advice 3 for potential sponsors, the legal representation for 4 children and families that is being supported by the 5 city.

6 SPEAKER JOHNSON: Is there a breakdown 7 percentage wise of, of what is ORR funded versus what 8 is city funded? Is it 50/50, 25/75, do we have any 9 sense of that?

10 JORDAN DRESSLER: No, no, not specifically but the work and the investment that 11 12 goes into even one case involving full legal representation for a child who may have been 13 14 separated or may have been unaccompanied is vast and 15 I think far exceeds maybe the provision of information, legal information for one child by way 16 17 of a screening, not undermining the, the, the 18 importance of that work, I think we're happy to be filling what can be sometimes largely... [cross-talk] 19 20 SPEAKER JOHNSON: I think it would be helpful for us as a city for whatever happens in the 21 2.2 future and for our future budgetary oversight and 23 responsibilities to actually understand the breakdown for, for the agencies here to compile a fact sheet 24

related to legal services provided through city

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1	COMMITTEE ON HEALTH AND GENERAL WELFARE 107
2	funding or that comes directly from city agencies and
3	we understand the breadth of that, the need that was
4	there and so that we can make future decisions based
5	off of the shifting federal landscape on how we
6	determine things moving forward on whether or not we
7	need increases in legal funding for immigrants
8	because that's been something this council has
9	prioritized so I would ask you all to, to compile
10	that for us and get us that information.
11	BITTA MOSTOFI: Uh-huh [cross-talk]
12	SPEAKER JOHNSON: And I have a final
13	question. The final question is and that's not a big
14	deal I'm just wondering Commissioner you said that
15	you talked about the city joining Los Angeles,
16	Chicago, and San Francisco and doing a joint Amicus
17	brief in the Flores v. Sessions case opposing the
18	federal government's attempts to strip protections
19	away from separated children, immigrant children and
20	then you testified that a few days ago the court
21	rejected the federal government's request for the,
22	the indefinite detainment of… [cross-talk]
23	BITTA MOSTOFI: Uh-huh [cross-talk]
24	SPEAKER JOHNSON:immigrant children and
25	then you said in addition I, Commissioner, recently
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1	COMMITTEE ON HEALTH AND GENERAL WELFARE 108
2	filed a declaration in support of Washington v.
3	Trump, a multistate agency law multistate lawsuit
4	against family separation, how come that was done in
5	your capacity as Commissioner, how come that wasn't
6	done by the Mayor, by the Law Department, by the
7	entire city of New York, why in one case did the
8	city… [cross-talk]
9	BITTA MOSTOFI: Sure… [cross-talk]
10	SPEAKER JOHNSON:join in opposing in
11	Flores versus Sessions… [cross-talk]
12	BITTA MOSTOFI: Yeah [cross-talk]
13	SPEAKER JOHNSON:but in this case
14	Washington versus Trump it was done by you the
15	Commissioner and not the city of New York?
16	BITTA MOSTOFI: Yeah, so I'm going to
17	call my, my lawyers later to make sure I got this
18	right, but the Washington versus Trump was led by
19	Attorney… States Attorneys General, no cities were a
20	part of that litigation so no there's no invitation
21	to join in the litigation. What we provided to
22	support that litigation in filing and the reason that
23	it came from me because it was detailed facts based
24	on my personal knowledge and understanding of what
25	was happening here in New York City to support New
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1COMMITTEE ON HEALTH AND GENERAL WELFARE1092York City Attorney General's Office in their3submission on... in that case.

SPEAKER JOHNSON: Thank you very much, I 4 turn it back ... thank, thank you all for everything, I 5 really, really am tremendously grateful for the work 6 7 that you all have done, you do every day but the work that you've done throughout the process. The 8 council's grateful and I'm grateful for your 9 leadership and advocacy and anything we can do to 10 continue to support this ongoing work we stand 11 12 willing and excited to do so and I turn it back to Chair Menchaca. 13

14 CHAIRPERSON MENCHACA: Thank you Speaker 15 Johnson and I also want to say thank you again for your incredible work. The Van Guard that's here today 16 is, is one that needs to be not only thanked but 17 18 supported and so we want to do that, and so part of this work is really trying to understand how we can 19 20 do that and understand the gaps of information, gaps of communication and collaboration. One of the things 21 that I want to ask a little bit about was the 2.2 23 relationship with the consulates. The consulates we found have, have some technical components of this 24 larger understanding of the plan that doesn't exist 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 110
2	but is information in real time, each case is
3	different, each case presents it's own challenges and
4	we're not dealing with one consulate we're dealing
5	with many consulates and so what is your
6	communication Commissioner Mostofi with the… with the
7	consulates right now or as a team and, and just tell
8	us a little bit about that flavor of discussion that
9	you're having with the consulates right now?
10	BITTA MOSTOFI: Sure, I will start by
11	saying our work with the consulates certainly doesn't
12	start with this issue, we on a regular basis meet
13	with consulates particularly CLACNY, which is the
14	coalition for Latin American consulates, we have
15	briefings and conversations about myriad issues
16	impacting immigrant New Yorkers and ways that we can
17	collaborate together. Some ways that we have
18	collaborated with consulates include we've done know
19	your rights sessions and tabling for impacted TPS
20	holders and from El Salvador and Honduras and so on
21	and so forth so that's an ongoing relationship and
22	collaboration that we deeply value as an
23	administration and certainly has an impact in, in
24	moments like this. In terms of sort of conversations,
25	we've touched base with all of the consulates to sort
I	

1COMMITTEE ON HEALTH AND GENERAL WELFARE1112of understand both what they're seeing and hearing as3well as what their needs might be and ways in which4they can know to rely on our city as a resource...5[cross-talk]

6 CHAIRPERSON MENCHACA: What have been 7 those needs that they have articulated?

BITTA MOSTOFI: Well by way of example 8 recently the consulate general of Costa Rica reached 9 out to us for assistance on a specific case mostly 10 regarding a mother whose child was detained in 11 12 Arizona and then transferred to New York City and we 13 were able to connect that mother with legal services. There have been some concerns expressed to us by one 14 15 of the consulate generals around the speed at which 16 the immigration process takes and, and that sort of 17 inhibiting the reunification for the parents who are 18 in home country at this time or have been deported. We have spoken to her about our shared concern there 19 20 and, and ways in which we can continue to support each other's efforts to try to get information on 21 2.2 that and ensure that the local immigration court is 23 being responsive to those concerns. Those are some examples. 24

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 112 2 CHAIRPERSON MENCHACA: We... also ... and, and 3 is there anyone else that wants to talk about 4 consulate communication or ... okay. So, the, the next 5 kind of category of relationship... or not relationship 6 but category of kids that are being reunited with 7 families today and connecting with sponsors we hear is, is really outside of the city. So, most kids who 8 are in the process of connecting to a sponsor and 9 going through the vetting process will, will take the 10 kid outside of the city, outside of the state and in 11 12 other parts of the country sounds like that's what you're hearing and understanding too in information, 13 14 are we also being able to track or connect or support 15 families that are in process for sponsorship of kids 16 who will be coming here to the city from other parts of the country as, as this nonsensical system tries 17 18 to address the dates for reunification? BITTA MOSTOFI: I'll start and if others 19 20 have anything to add in. So, it is nonsensical in a

22 would make sense would be frankly to point to what 23 happened in 2014 when you saw the surge in 24 unaccompanied children. There was no, as you rightly 25 described, way for the city to... you know there's no

lot of ways, I think the best way to describe what

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 113 2 like depo where they're coming to check in and say I'm, I'm here if they come to our city nor 3 necessarily should there be but most of these 4 children are still sorry, all of these children are 5 still in deportation proceedings and so they will ... 6 7 they would have court dates and what we were able to set up in 2014 because we had the cooperation of the 8 federal government was the placement of Department of 9 Education and Department of Health staff at the 10 courts during a set juvenile docket to provide 11 enrollment and information on services for these 12 young people and also of course the legal service 13 14 provision was, was provided in that same way. It is 15 actually from that effort that our office developed 16 the first pamphlet that speaks to what young people 17 and recent arrivals can do once they come to our city 18 in navigating services and how they can get them, and we've now translated that into many different 19 20 languages. So, there is a template that worked at one time, it worked because the federal government was 21 2.2 willing to work with us in creating a system and a 23 process that made sense in serving these children. CHAIRPERSON MENCHACA: And that takes 24 care of the children that are here, through courts 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 114 2 here in our city but that doesn't necessarily take 3 care of the immigration process outside of the city 4 for folks that... for, for children that might be 5 coming and connecting to sponsors here, is that 6 right?

7 BITTA MOSTOFI: Anybody... any child that 8 ends up coming here is able to get connected to legal 9 services here and then... you know I certainly can't 10 speak to individual cases but my, my sense is that 11 most of those cases would have been a request to 12 transfer to New York City once they're placed with a 13 sponsor here. So, as you... [cross-talk]

14 CHAIRPERSON MENCHACA: And how are we 15 communicating in general to those families?

16 BITTA MOSTOFI: There is not 17 unfortunately like I said a systematic way to do that 18 because we don't have the information of these individuals or where they are and the way that we 19 20 have done that and I think this is credit to sort of everybody in this room from the providers to the 21 administration and the council is consistently making 2.2 23 sure that the right messages and information on how to contact city providers and get city services are 24 out there and made available to folks. 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 115 2 CHAIRPERSON MENCHACA: Got it, two more questions and then I'm going to hand it over to the 3 Chairs and then Council Members who I know who have 4 been waiting for questions. I, I'm curious about the, 5 the nature of the children who are here in our 6 7 agencies in the city limits, there might be other, other children that, that might be staying outside of 8 the city limits and ensuring that everyone is getting 9 legal representation even if they're not necessarily 10 living in the city limits, are all kids being offered 11 12 or are there any children that are being rejected for legal services for residency requirements, do we 13 14 know?

15 BITTA MOSTOFI: So, what I can speak to is I know for certain that the ORR contracts so 16 Catholic Charity contracts covers everybody, the, 17 18 the... I guess the scope of ... in which it covers folks outside of the state limits I can't speak to. I, I 19 20 would note of course that as a city as a whole we've been looking at the, the larger population of 21 2.2 unaccompanied children and how to ensure that those 23 who are in the city are able to get representation, we have received from providers through many 24 conversations additional capacity that they have to 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 116 2 take on some cases in the city limits that are not yet covered for that population and that is something 3 that we're working through currently. So, I can't ... 4 we're, we're so focused on making sure that within 5 the city we're kind of dotting our I's and crossing 6 7 our T's in the whole population of unaccompanied children and I don't know Jordan if you want to add 8 anything to that. 9

JORDAN DRESSLER: Yeah, the only thing I 10 would add is it's not clear about refusals because of 11 12 the other sources of funding that all of our 13 nonprofit providers, you know engage with and receive 14 so I think where we've been successful so far is 15 identifying needs within the city first I think 16 starting with a smaller core of separated children 17 who are in the care of ORR expanding out to a 18 somewhat larger group of unaccompanied children who are in the care of ORR and doing our best to make 19 20 sure that not only do they have access to full legal representation but full legal representation that 21 2.2 takes into account their youth and vulnerability. So, 23 one of the conversations that has been continuing over the last several days with our providers some of 24 whom are here is what does this work look like and 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 117
2	what are the costs associated with those work… with,
3	with those cases, it, it will be more than a more
4	straightforward removal defense at 26 Federal Plaza
5	in terms of needs for social work and case management
6	for very vulnerable respondents in removal
7	proceedings. So, we have been essentially all ears on
8	that and I think we are very close to a, a final
9	resolution on, on the funding and the contracting
10	around that that I think everybody's going to feel
11	very confident and meets the needs of those children
12	who are in care in New York City.
13	CHAIRPERSON MENCHACA: So, how I
тЭ	CHAIRFERSON MENCHACA. 50, HOW I
14	understand it as you're trying to figure it out,
14	understand it as you're trying to figure it out,
14 15	understand it as you're trying to figure it out, there's multiple funding streams and you're committed
14 15 16	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period
14 15 16 17	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period on legal services even if they might be in a
14 15 16 17 18	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period on legal services even if they might be in a Westchester facility for example but to ensure that
14 15 16 17 18 19	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period on legal services even if they might be in a Westchester facility for example but to ensure that while you do your investigations that every kid will
14 15 16 17 18 19 20	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period on legal services even if they might be in a Westchester facility for example but to ensure that while you do your investigations that every kid will have as a vulnerable population those legal services
14 15 16 17 18 19 20 21	understand it as you're trying to figure it out, there's multiple funding streams and you're committed to ensuring that every kid gets what they need period on legal services even if they might be in a Westchester facility for example but to ensure that while you do your investigations that every kid will have as a vulnerable population those legal services that they need in the midst of multiple funding

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1COMMITTEE ON HEALTH AND GENERAL WELFARE1182the end of the day that every kid has legal3representation.

JORDAN DRESSLER: I don't think that's a 4 commitment we can make today. I don't think that's a 5 commitment we can make today because of the moving 6 7 target nature of this crisis, the crisis that exists within New York City and the children who are within 8 the care of ORR facilities here in New York City that 9 were dropped here. They came at the border and they 10 arrived here, and I think we can't turn our back on 11 12 those children who are here and so I think as we move 13 forward the numbers matter and the numbers are ever changing and so I think what we intend to do is 14 15 continue the dialogue with the providers, with other 16 stakeholders including the council to understand the 17 nature and scale of these problems and see what is feasible. 18

19 CHAIRPERSON MENCHACA: Okay, well... and 20 again that's going to... that's going to prove to be a 21 contentious point if we move forward and not make 22 that... not be able to make that commitment so... but 23 we're going to want to follow up on that very 24 specific point that you just brought up that does not 25 yet allow us to... and I understand that we're still

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 119 2 looking for information so we're still trying to understand but I think the commitment here that we 3 want to make, the commitment that the council 4 continues to make in the way that we build our, our 5 6 programs and our... in partnership with all of you that 7 every child that has ... while they might be in a Westchester facility or a facility outside that they 8 get the services that they need as they go through 9 the multiple city agencies that they interact with 10 her in the city and so that, that I think is an 11 12 important thing to come back to guickly so that we can all reaffirm to the public that we are committed 13 to these kids and that we can send a strong message 14 15 to other cities who are trying to figure this out and don't have the infrastructure that we do so that they 16 can continue to build upon what the city is doing at 17 18 a municipal level across the country. We want to set an example and that's, that's a... that's just a, a 19 20 comment that I want to make to the ever-evolving issue and crisis that's in front of us. Okay, one 21 2.2 last question outside of this piece which is the 23 press and I know they're all gone now but the, the conversations with organizations on the ground have 24 provided an opportunity to train not just foster 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 120 2 families and foster parents and family members but everyone who wants to have and engage with, with 3 these children and retraumatizing these kids becomes 4 often... the, the consequence of our wanting to do 5 something good for them, is there something in a plan 6 7 that's in motion right now with the Mayor's Office of Immigrant Affairs and this incredible Van Guard that 8 can show us that you're ... that you're thinking about 9 that too, how do we ... how do we train the media that 10 want to be hanging out, outside of Cayuga that, that 11 12 there's sensitivity here, is that something that, 13 that you're thinking about and can commit to working with us and anybody ... every, everyone else that 14 15 there's sensitivity around, around trauma impacted 16 care? 17 BITTA MOSTOFI: I mean I would certainly 18 say that this is something that the Mayor has emphasized especially after his first visit and just 19 20 sort of understanding how keenly important it was that there not be undue additional harm onto these 21 2.2 children, it is something that the Health and

Hospitals representatives have also noted in terms of kind of what their... they've been seeing and, and the increased trauma. I think that what we heard very

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 121	
2	distinctly from the provider agencies with concerns	
3	about folks outside of their facility and the impact	
4	that that might have on children that's one of the	
5	reasons that the NYPD has been a part of our working	
6	group and being responsive to what the providers ha	
7	indicated to us would be helpful and, and they have	
8	noted that that has been helpful. I would simply not	
9	and emphasize that we agree with you and if there are	
10	ways to, you know ensure that that message is being	
11	properly communicated in all the right ways our ears	
12	are open.	
13	CHAIRPERSON MENCHACA: Good, looking	
14	forward to working with you on that.	
15	BITTA MOSTOFI: Sure.	
16	CHAIRPERSON MENCHACA: Chair Levin.	
17	COUNCIL MEMBER LEVIN: Thank you Chair	
18	Menchaca. So, I will direct most of my questions to	
19	Commissioner Farber as part of the… how this relates	
20	to the ACS, City Foster Care System. I just want to	
21	be clear the, the three agencies that have ORR	
22	contracts in that provide services for children who	
23	unaccompanied minors and therefor children who have	
24	been separated at the border under the zero-tolerance	
25	policy are Lutheran Social Services, Catholic	
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1COMMITTEE ON HEALTH AND GENERAL WELFARE1222Guardians Services and Cayuga Centers within the five3boroughs and then it's my understanding that also4Children's Village and JCOMMITTEE CLERK DISTEFANOA in5Westchester, are there any others that we know of?

Yes, there are. Abbott

7 House and Rising Ground which is formerly known as 8 Leake and Watts and Mercy First. So, there are eight 9 agencies that are shared contractors of ACS and ORR 10 and of those as far as we know three of them have 11 separated children and those are Catholic Guardian, 12 Cayuga and Lutheran.

JULIE FARBER:

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COUNCIL MEMBER LEVIN: Okay. Are all of those programs providing services for children of all... children of all age ranges or is... are only a certain number of those providing services for like tender aged children?

JULIE FARBER: I don't have detail on, on all of the ORR programs for, for all of those agencies.

BITTA MOSTOFI: I can jump in a little bit here and... simply to add that we, we do understand that there were separated children at Abbott House in Westchester and in terms of the three that are in the city limits they have children both who are

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 123
2	unaccompanied as well as sort of tender aged so
3	anywhere from zero to 18 years of age.
4	COUNCIL MEMBER LEVIN: Traditionally has
5	ACS had any working relationship with ORR on for
6	example unaccompanied minor's contracts like during
7	say the Obama administration, was there any level of
8	communication between ORR and ACS or was it seen as
9	largely a separate operating system?
10	JULIE FARBER: I can't speak to that, I
11	wasn't I wasn't with ACS at that time but what I can
12	say is that the programs are completely separate
13	[cross-talk]
14	COUNCIL MEMBER LEVIN: Uh-huh [cross-
15	talk]
16	JULIE FARBER:that the ORR
17	unaccompanied minors, foster care program is
18	completely separate from ACS foster care and ACS has
19	no oversight of the ORR programs whatsoever.
20	BITTA MOSTOFI: Council Member the ORR
21	however did have regular communications with our
22	office at the Mayor's Office of Immigrant Affairs
23	under the Obama administration and as I previously
24	noted in particular after the surge of unaccompanied
25	children in 2014… [cross-talk]

	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 124
2	COUNCIL MEMBER LEVIN: Uh-huh [cross-
3	talk]
4	BITTA MOSTOFI:they were consistently
5	transparent and open with us providing numbers,
6	information of the children, where they are, how we
7	could reach them in terms of the court dockets and so
8	forth.
9	COUNCIL MEMBER LEVIN: So, you didn't go,
10	you know four weeks without communication [cross-
11	talk]
12	BITTA MOSTOFI: Correct [cross-talk]
13	COUNCIL MEMBER LEVIN:with ORR during,
14	during that time.
15	JULIE FARBER: Right
16	COUNCIL MEMBER LEVIN: What can ACS do
17	now to provide other types of support systems for the
18	agencies themselves so staff who are suffering
19	burnout or, or trauma informed wraparound services
20	for foster families or, or even some type of some
21	type of interface with the children themselves even
22	though they're not going through the, the city's
23	foster care system?
24	JULIE FARBER: Yeah, thank you for that
25	question. So, so there's a, a few things that we…

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 125 2 that we are doing so first as I ... you know as I said obviously we don't have oversight over these programs 3 and these programs are, you know delivering a 4 significant range of services but obviously this is 5 an extraordinary and unique moment and so the, the 6 7 city is, is coming forward to provide whatever additional supports and services that these agencies 8 could benefit from that would be helpful to these 9 children who have obviously experienced incredible 10 trauma. So, there's a... there's a few things that 11 12 we're doing one is that we have made available and are, are scheduling and there's a few scheduled 13 14 trainings around trauma, we have a trauma smart model 15 that we use at ACS and our, our trauma smart director 16 Courtney McGinnis is here sitting over there, and we are making training available in English and Spanish 17 18 to staff and foster parents from the ORR programs and those are in the process of being scheduled. The 19 other piece is that there are some teenage parents 20 who are children, adolescents who are in these 21 2.2 programs with their young children, babies and 23 toddlers and the adult mother is, you know somewhere in, in detention and so we are making available 24 parenting coaching services for those teen moms and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 126 2 then thirdly related to the staff and I think you, you touched on this just sort of the vicarious trauma 3 that staff can experience in, you know meeting the 4 needs of these kids who are so traumatized. So, those 5 are some of the examples of the things that we're 6 7 doing. Essentially, we're just responding to whatever needs that the agencies have and, and this, this team 8 here is just really being responsive to whatever, 9 whatever the agencies are asking for. 10

GARY BELKIN: And if I, I could just 11 12 flush that out a bit, it's Gary Belkin, Deputy 13 Commissioner of the Health Department. The Van Guard here, the parts of the Van Guard at Health and 14 15 Hospitals, ACS and the Health Department have really 16 been in, in ... purposeful interlocking lock step in terms of playing to our strengths and, and offering 17 18 opportunities for all three agencies in the areas of skill training to the staff, self-care to the staff, 19 20 coaching to the foster parents, and then direct clinical care that the agencies are finding that 21 2.2 they... that that is a stretch for them to meet to the 23 children directly and so that's been ... we've been engaged in discussions with them and now providing 24 our services over the last several weeks. 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 127 2 JENNIFER HAVENS: And Jennifer Havens 3 from Bellevue Hospital, Chief of Child and Adolescents Psychiatry. One, one new need that these 4 5 agencies, these programs in particular identified is obviously they have familiarity with working with 6 7 older children and adolescents who have been traumatized and come across the border by themselves, 8 but they really need support with particularly young 9 children who present different kinds of challenges, 10 so Dr. Belkin's job is, and I'll let him talk more 11 12 about it but tapping into their early childhood mental health network to provide services to these 13 14 programs. This is really a new area for them... the ... 15 [cross-talk] 16 COUNCIL MEMBER LEVIN: Uh-huh... [cross-17 talk] 18 JENNIFER HAVENS: ...they, they have not had very young children until this policy went into 19 20 place. 21 COUNCIL MEMBER LEVIN: My understanding is that many of these children have suffered 2.2 23 significant trauma even before this experience in terms of what they've seen in their young lives, a 24 lot of these children and their families have fled 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 128 2 because of violence and, and they've seen significant things that no child should, should have to see. So, 3 there's, there's a... we are ... when the children are 4 5 here in New York City they are entitled to same 6 mental health services that any child in New York 7 City would be entitled to? Another word, how ... so, a, a five-year-old presents signs of trauma whether 8 they're in ACS's care or you know they're or not 9 child is ... you know through the city is entitled to 10 some level of service, so this is ... we're able to kind 11 12 of use that rubric with these children as well? 13 JENNIFER HAVENS: Yes and, and let's be 14 clear at Health and Hospitals particularly at 15 Bellevue where we have the only child psychiatry ER 16 in the state we've seen these kids for years when they're in psychiatric crisis... [cross-talk] 17 18 COUNCIL MEMBER LEVIN: Uh-huh... [crosstalk] 19 20 JENNIFER HAVENS: ...and just to go back to what the Monsignor said I think the city's support of 21 2.2 child and adolescent mental health services in public 23 hospital system have really allowed us to rise to this occasion. They have a very specific need for 24 access to child and adolescent psychiatry because 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 129 2 that's not part of their mental health continuum and obviously all of these children are struggling, and 3 all of these children are traumatized but there are 4 kids who have significant disorder associated with 5 their, their trauma experiences and not only are they 6 7 traumatized at home they're traumatized coming across the border and then they get here, and we take them 8 away from their parents. So, we are ... we are seeing 9 kids at these agencies, we do have the capacity and H 10 and H was able to get this done very rapidly to 11 12 provide bilingual child and adolescent psychiatrists who can consult to their mental health staff and help 13 14 them with the children who have more complicated 15 problems and we have established a facilitated 16 referral system at Bellevue for all of these agencies 17 if they want kids to be seen by child psychiatry here 18 and we work in collaboration with their onsite mental health professionals. 19 20 COUNCIL MEMBER LEVIN: I think I have one more question for Commissioner Mostofi about ... are 21 2.2 there... we're hearing of, of ... and there's been an 23 amazing ground swell of organizational efforts by New

25 provide transportation for, for mothers to come to

24

Yorkers including one effort to raise bail funds and

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 130 2 New York to be reunited with their children, are we seeing that some of these mothers are actually not 3 able to become the sponsors of their children for 4 whatever reason and if, if they're not are ... and say 5 there's another sponsorship arrangement or it's a 6 7 family member or, or a, a next of kin or something like that, is there are we considering that as a 8 reunite... a reunification or are we not considering 9 that as a reunification? 10

BITTA MOSTOFI: Yeah thank you for that 11 12 question, a couple of thoughts in response. One is we, we have been learning over the course of the last 13 several weeks that what you're seeing is a longer 14 15 period of stay for these kids in ORR custody than 16 what has been sort of the average for unaccompanied 17 children before being places with sponsors and that's 18 because there's been an expression by the children of wanting to go back to their parent and not go to a 19 20 secondary sponsor... [cross-talk]

21 COUNCIL MEMBER LEVIN: Uh-huh... [cross-22 talk]

BITTA MOSTOFI: ...so, I think that's the first presented challenge. The second as I noted in my testimony is that the federal government has now

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 131 2 indicated at least with this population of children under five, the 103, that 46 of those children they 3 4 will not reunify with their parents for the reasons that they have articulated. So, they are making a 5 determination on whether or not reunification is 6 7 feasible for kind of the number ... they have sort of a checklist; one, parent they indicated had a 8 communicable disease, some they said are ... have been 9 deported and therefor they're not going to reunify 10 them in... when in fact the court order in particular 11 12 for the ones who have been deported requires reunification so I think that they're ... the federal 13 government's sort of response to the reunification 14 15 effort presents a lot of the challenges I think your 16 question is, is asking... [cross-talk] 17 COUNCIL MEMBER LEVIN: Yeah... [cross-talk] 18 BITTA MOSTOFI: ...and certainly from the city's point of view going to a third-party sponsor 19 20 is not reunification unless that's by consent sort of, of the child and the parent... [cross-talk] 21 COUNCIL MEMBER LEVIN: And the parent ... 2.2 23 [cross-talk] BITTA MOSTOFI: Right, if the parent may 24 have been deported and the child through legal advice 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 132 2 and counsel and support of the parent still wants to remain here to seek asylum or, or special immigrant 3 juvenile status depending on their particular 4 5 situation. So, it is extremely complex and challenging and I think from our point of view some 6 7 of... some of these efforts what they've yielded is these are not people who are systemically going 8 through the reunification process that the federal 9 government has prescribed but rather they're own 10 efforts to come and reunite with their children and 11 12 so they're being required by ORR to go through a 13 process that the court has mandated should be 14 tempered unless strict vetting but nevertheless ... 15 [cross-talk] 16 COUNCIL MEMBER LEVIN: Right ... [cross-17 talk] 18 BITTA MOSTOFI: ...a process so even though they've arrived in New York City they're not 19 20 immediately allowed to be reunified with their child, they're allowed to see their child every day, but 21 2.2 they're not immediately reunified. 23 COUNCIL MEMBER LEVIN: And that's under Judge Sabraw's decision to, to ... the reunification to 24 be less restrictive, right? 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 133 BITTA MOSTOFI: Yeah, the Southern 2 3 district in California, yeah. 4 COUNCIL MEMBER LEVIN: Okay, that's ... 5 there was something in... there was some news to me in what you just said, which is that I thought that the 6 7 47 was just that they had not had... that there were some ... that they just hadn't been able to do that yet, 8 they're saying now that the 47 children... and that's 9 47 here in... [cross-talk] 10 11 BITTA MOSTOFI: 46... 12 COUNCIL MEMBER LEVIN: 46 here in New 13 York City? BITTA MOSTOFI: No... [cross-talk] 14 15 COUNCIL MEMBER LEVIN: Around the 16 country... [cross-talk] 17 BITTA MOSTOFI: Around the country. 18 COUNCIL MEMBER LEVIN: ...that those 40... those 46 children are ... they're now saying that they 19 are not going to reunite those children, I thought 20 that they were saying that they just hadn't gotten 21 2.2 around to it yet in order to comply with the, the 23 federal court decision. 24 BITTA MOSTOFI: Our understanding is that they are saying that the 46 is... are unreunifiable. 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 134 2 COUNCIL MEMBER LEVIN: And they haven't identified the, the reasons why they believe that 3 4 they're unreunifiable. 5 BITTA MOSTOFI: They have, those are the ... 6 [cross-talk] 7 COUNCIL MEMBER LEVIN: Specifically, or ... like for each... for each case or... [cross-talk] 8 BITTA MOSTOFI: Not ... certainly not 9 publicly but they have noted in a press release the 10 different reasons that have disqualified a 11 12 reunification process and of course today the DOJ is required to present again to the court, I'm sure this 13 will be a topic of discussion as well as the 14 15 remainder of the children... as well as the remainder 16 of the children who are over the age of five and the reunification plans for them. My, my team is just 17 18 handing me the press release, but I think I mostly touched on it correctly, right, yeah. Forty-six 19 20 children... yes, 22 children ineligible due to safety concerns, one communicable disease, yeah ... 21 2.2 COUNCIL MEMBER LEVIN: Okay. I think 23 that's... I think that's it for me, so that's obviously 24 very concerning ... oh, does that include some of the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 135 2 family... the, the mothers that have been ... that have come to New York, do we know that? 3 BITTA MOSTOFI: We don't ... we don't know, 4 we don't know sort of the breadth of inclusion, 5 certainly what they're breaking down is the 103 6 children that are under the age of five ... 7 8 COUNCIL MEMBER LEVIN: Under the five so, right, so... [cross-talk] 9 10 BITTA MOSTOFI: Yes... [cross-talk] COUNCIL MEMBER LEVIN: ...it could very 11 12 well be ... how many children over the age of five do 13 we... [cross-talk] 14 BITTA MOSTOFI: The, the estimates... so, they have not given an exact number, perhaps they 15 16 will do that today, are about 3,000 total. 17 COUNCIL MEMBER LEVIN: 3,000 total and of 18 those over 700 ... or over ... no, over 600 here in New York? 19 20 BITTA MOSTOFI: About total... our estimates are about 300 children in, in the New York 21 2.2 City... [cross-talk] 23 COUNCIL MEMBER LEVIN: Okay... [cross-talk] BITTA MOSTOFI: ...in New York City proper 24 and I think as you heard from Catholic Charities 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 136
2	there are sort of rough census based on who they've
3	seen are about one to two dozen of those are probably
4	under the age of five and the remainder are over.
5	COUNCIL MEMBER LEVIN: Okay. Okay, thank
6	you. Okay, I'll turn it back over to my colleague,
7	thank you.
8	CHAIRPERSON MENCHACA: Thank you Chair
9	Levin, I'll hand it over to Chair Levine.
10	COUNCIL MEMBER LEVINE: Thank you Chair
11	Menchaca. Commissioner Farber very good to see you. I
12	want to clarify something, you said that Rising
13	Ground and Abbott House are city contracting agencies
14	to that do not have separated children, we've been
15	in contact with both those agencies extensively
16	through our donation program and it may just be that
17	they their children are located out of the five
18	boroughs but they're certainly working with separated
19	children, could you clarify that?
20	BITTA MOSTOFI: Yeah, I did try… [cross-
21	talk]
22	JULIE FARBER: Yeah, she did… [cross-talk
23	BITTA MOSTOFI:to clarify that [cross-
24	talk]
25	JULIE FARBER: Yeah [cross-talk]

	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 137
2	COUNCIL MEMBER LEVINE: Okay [cross-
3	talk]
4	BITTA MOSTOFI:which is that outside of
5	the city that Abbott House and Rising I believe
6	Rising also Ground has separated children, but our
7	focus has been the three within [cross-talk] [cross-
8	talk]
9	JULIE FARBER: In the city… [cross-talk]
10	BITTA MOSTOFI:the city.
11	COUNCIL MEMBER LEVINE: Understand just
12	wanted to clarify that [cross-talk]
13	BITTA MOSTOFI: Yes, yes… [cross-talk]
14	COUNCIL MEMBER LEVINE:and, and, and I
15	will say for the record that all indications are that
16	those two agencies have been doing outstanding work,
17	they weren't here today but I want to give that
18	credit as well.
19	BITTA MOSTOFI: Yeah.
20	COUNCIL MEMBER LEVINE: Dr. Allen very
21	nice to see you. When Dr. Katz updated the public on
22	this issue about three weeks ago he was able to share
23	some of the numbers on children who have come to H
24	and H facilities for services, can you give us more
25	

1COMMITTEE ON HEALTH AND GENERAL WELFARE1382current information on the number of children who've3come to H and H for services?

MACHELLE ALLEN: So, actually I cannot 4 5 give you an exact number. As you may know we were seeing these children before we became aware of the 6 7 situation and our general policy in practice is not to query immigration status, so it is only by self-8 disclosure that we ... some of our providers were seeing 9 an increased number of very young children and it was 10 through the conversation that they learned of the 11 12 situation. I have to say on an ongoing basis other 13 than the requests that come to us through a set up hotline that we've shared with the agencies we don't 14 15 really know the background of the children we're 16 seeing. So, when we became aware of the situation, actually the day after Dr. Katz's press conference we 17 18 actually visited with our colleagues, the three agencies; Cayuga, Catholic Guardian and Lutheran and 19 20 asked them what they needed and in response to their needs we've actually set up a hotline for pediatric 21 2.2 specialty services so even though medical care is 23 provided on site it's the subspecialties that they don't have so they've called us for subspecialty 24 services and then with the support of Child and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 139 2 Adolescent Psychiatry we have a network and a process 3 for seeing those children and so Dr. Havens can tell 4 you the number of children who we are aware of that 5 have come through our CPEP, our child CPEP but we 6 don't know if the number is larger than that.

7 JENNIFER HAVENS: Yes, again ... Jennifer Havens, Chief of Child Psychiatry, Bellevue. The only 8 reason we figured this out and it was really 9 connected to the media buzz was we saw a six-year-old 10 in our CPEP who was from Cayuga and ... sort of classic 11 12 presentation of a very traumatized young child who less experienced mental health professionals might 13 mistake the kid's presentation for psychotic symptoms 14 15 when really what he was having was a flashback ... 16 [cross-talk]

17 COUNCIL MEMBER LEVINE: Wow... [cross-talk] 18 JENNIFER HAVENS: ...so ... and, and that's, that's ... we worked closely with Cayuga, Lutheran and 19 20 Catholic Guardians because again we have that program and we have, have had a number of the unaccompanied 21 2.2 minors on our inpatient service at Bellevue, 23 adolescents of course but we're now in ... with Cayuga we're now working closely with their mental health 24 staff. We've ... have a child psychiatrist who's with 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 140	
2	them every weeks so we you know we're seeing whoever	
3	they want us to see which is usually the more complex	
4	kids and also helping some of the mental health staff	
5	there understand how to think about what trauma looks	
6	like in very young children and distinguish it from	
7	other things and they do have they, they most of	
8	the kids amazingly are resilient but they do have a	
9	group of kids who need higher level services.	
10	COUNCIL MEMBER LEVINE: And are you able	
11	to share the number of children you've seen, you	
12	mentioned the heartbreaking anecdote of the six-year-	
13	old but… [cross-talk]	
14	JENNIFER HAVENS: We… [cross-talk]	
15	COUNCIL MEMBER LEVINE:the total	
16	number… [cross-talk]	
17	JENNIFER HAVENS: We've seen we've seen	
18	about four more kids, we just started this week and	
19	we have also opened up our some of the agencies	
20	prefer to send the kids to our clinic than to have us	
21	with them so we, we've, we've just opened that up to	
22	Lutheran and Catholic Guardians and we are tracking	
23	that information but again I think it's a it's a	
24	probably it's probably a five to ten maybe 15	
25	percent of the kids that are just like any	

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 141	
2	population of kids, you know 20 percent of kids have	
3	a mental health problem, ten percent is moderate to	
4	severe, maybe it's a little higher in this group but	
5	so if there are 300 kids, there… I'm sure there are	
6	at least 30 or 40 kids that are going to need this	
7	level of care.	
8	COUNCIL MEMBER LEVINE: Understood and	
9	Dr. Allen just to clarify because if I'm not mistaken	
10	at his press appearance three weeks ago Dr. Katz did	
11	report on the number of self-identified yes, you	
12	don't ask the immigration status but self-identified	
13	separated children	
14	MACHELLE ALLEN: Right and I don't have	
15	an update to that from his… [cross-talk]	
16	COUNCIL MEMBER LEVINE: Could you get	
17	that for us [cross-talk]	
18	MACHELLE ALLEN:press conference	
19	[cross-talk]	
20	COUNCIL MEMBER LEVINE: Or even, even to	
21	share privately with the council if there's a	
22	[cross-talk]	
23	MACHELLE ALLEN: Yeah I don't have a an	
24	update from what Dr. Katz shared when he shared I	
25	think the number 12 at that time.	
I		

	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 142
2	COUNCIL MEMBER LEVINE: But that was
3	three weeks ago.
4	MACHELLE ALLEN: That was two weeks ago.
5	What I do have is the requests that have come up on
6	the hotline and it's been two in the one week that
7	ended actually as of this morning we've had two, one
8	for podiatry and one for neurology sub-specialties.
9	COUNCIL MEMBER LEVINE: And are you able
10	to confirm, I'll just use the clinical term that
11	there was a case of, of suicidal ideation?
12	MACHELLE ALLEN: I have to defer to Jen.
13	JENNIFER HAVENS: I don't I think that
14	case might have been at Bronx Leb, I mean at North
15	Central Bronx. We, we… this… we did see a kid… I mean
16	suicidal it wasn't a suicide attempt, it was
17	suicidal ideation is my understanding, that's not an
18	uncommon presentation in depressed and traumatized
19	kids. The, the boy we saw wasn't really suicidal, the
20	six-year-old so I don't… I… we haven't had a… we've
21	had other cases, we haven't had a, a clear case like
22	that but certainly you're going to find that in some
23	subset of the kids particularly there, there are
24	kids who are having major depression and that's often
25	accompanied by either suicidal ideation or attempts,

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 143 2 I mean this is ... you know in America we only take children away from their parents when their parents 3 are harming them, this is a very profound thing that 4 this administration has done, one of the most 5 poignant things for me is for the Times articles 6 about parents being reunified for their kids and 7 having their kids not recognize them or, or be 8 confused, you know because particularly the young 9 kids are going to attach ... like say attachment is like 10 air, you have to have it so if you can't get it from 11 12 one place you're going to get it to ... so they're 13 attaching to their caregivers in these agencies who I 14 will reinforce do lovely work and their foster 15 families and then to have ... for parents to have to go 16 through sort of reacclimating themselves to their 17 children is horrific. 18 COUNCIL MEMBER LEVINE: Indeed. Just to confirm your purview is Bellevue Hospital and 19 therefore you wouldn't necessarily have knowledges of 20 cases in other H and H facilities or ... is that 21 2.2 accurate?

JENNIFER HAVENS: Yes, we have... we have set up... we have done a lot of work with the agencies to try to make sure if kids are in psychiatric crisis

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 144	
2	they get them to Bellevue, that's something the	
3	agency, agency because only because Bellevue has a	
4	child CPEP, so we have 24/7 child psychiatrists	
5	there. They, they do sometimes go to other hospitals	
6	in, in ER situations… [cross-talk]	
7	COUNCIL MEMBER LEVINE: But the protocol	
8	is they should be transferred to Bellevue?	
9	JENNIFER HAVENS: If yes, that's what	
10	we're working on. They, they have to they have to be	
11	evaluated at the other hospital, if they need	
12	admission they should come to Bellevue so we're,	
13	we're communicating among ourselves very fairly	
14	effectively. There was a kid at MET last week who we	
15	got down to Bellevue so the, the best thing to do is	
16	to serve the kids in the agency sites or in our	
17	clinic before they need that level of care and that's	
18	really what we're focusing on.	
19	BITTA MOSTOFI: And I think just to be	
20	clear to your question, when Dr. Katz presented on	
21	the 12 or so a few weeks back that was before we had	
22	set up the process with the agencies to send the kids	
23	to Bellevue so they and they had expressed to us	
24	that they were kind of going to the nearest five	
25	facility or hospital for services at that time.	

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 145 2 JENNIFER HAVENS: For medical care, 3 they've all... [cross-talk] 4 BITTA MOSTOFI: Yes... [cross-talk] 5 JENNIFER HAVENS: They've always used 6 the... [cross-talk] 7 BITTA MOSTOFI: Yeah... [cross-talk] JENNIFER HAVENS: ... the child CPEP or at 8 least for the last five years when it opened so ... 9 they... we have an ongoing relationship ... we've had an 10 ongoing relationship with them. 11 12 COUNCIL MEMBER LEVINE: Got it, so even 13 for non-mental health incidents... [cross-talk] 14 BITTA MOSTOFI: Yep... [cross-talk] 15 COUNCIL MEMBER LEVINE: ...they're now 16 being sent to Bellevue? 17 JENNIFER HAVENS: No, they're being sent 18 to... [cross-talk] COUNCIL MEMBER LEVINE: Only for mental 19 20 health... [cross-talk] 21 JENNIFER HAVENS: Yeah, they're being 22 sent to... they... the, the eight kids that were 23 identified in Dr. Katz's press conference had gone to 24 the pediatric emergency room at North Center Bronx ... 25 [cross-talk]

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	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 146
2	COUNCIL MEMBER LEVINE: Right [cross-
3	talk]
4	JENNIFER HAVENS:because that these
5	kids are in foster care in the Bronx [cross-talk]
6	COUNCIL MEMBER LEVINE: Right [cross-
7	talk]
8	JENNIFER HAVENS: So
9	COUNCIL MEMBER LEVINE: Understood. I was
10	quite alarmed in our panel discussion with the
11	agencies to learn that there are not complete medical
12	records for the kids when they arrive which to me for
13	questions of vaccination is, is quite a serious
14	concern, if, if someone is missing a vaccination that
15	could be life threatening and if someone gets a
16	repeat on the vaccination they already had actually
17	that can be a big very serious health problem not to
18	mention medical allergies and other things. Dr. Allen
19	were you going to speak to this topic?
20	MACHELLE ALLEN: So, I can't speak for
21	what's going in the foster agencies but I have to say
22	having visited them they're doing the best they can
23	with what they have and if you see many of our
24	patients often arrive without their pass medical
25	histories and we have to make a phone call to a

1COMMITTEE ON HEALTH AND GENERAL WELFARE1472doctor in another country or do that kind of outreach3so that's not unusual for our patient population, the4immigrant population and you start with what you5have.

And, and that's 6 JENNIFER HAVENS: 7 certainly true on the mental health side also and one of the reasons in the largest program we chose to put 8 the child psychiatrist in the program is the sources 9 of information about the kids functionality are going 10 to be the agency staff and the foster care staff, you 11 12 know the challenge is you don't know what was the 13 child's baseline and we're dealing with some kids who 14 maybe have developed mental issues, maybe have 15 language issues. We have no background, of course the 16 agencies can help us try to have contact with the biological family members and, and that's part of 17 18 what we do when we're working with them, so we get some backhand history, but you know we have a fair 19 20 amount of ... I'm looking at Commissioner Farber, we have a fair amount of experienced kids come into our 21 2.2 psych emergency room on the ACS side where we have 23 very minimal information, it's easier to find their parents sometimes but it's, it's not uncommon. 24

25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 148
2	MACHELLE ALLEN: And I, I agree with you
3	it's a disservice not to be able to talk to a parent
4	and ask the questions, the basic questions; does your
5	child is your child allergic to tomatoes, does your
6	child have asthma, does your child need to carry an
7	epi pen, certainly understand the concern and that's
8	the unfortunate thing of separating a child from the
9	parent who has that history.
10	COUNCIL MEMBER LEVINE: Do we establish a
11	medical history for them that they travel with the
12	child to their next stop?
13	MACHELLE ALLEN: Absolutely.
14	COUNCIL MEMBER LEVINE: Is that is that
15	an electronic medical record or is that [cross-
16	talk]]
17	MACHELLE ALLEN: So, we're establishing
18	we're in the process of switching to all electronic
19	medical records but absolutely it would be an
20	electronic medical record. When a child comes to us
21	or anybody comes to us we start the medical record,
22	we document in the electronic medical record, it
23	becomes a permanent record, when a person leaves we
24	print out a summary of the visit that they can carry
25	with them and I with I'm not a pediatrician but a

1COMMITTEE ON HEALTH AND GENERAL WELFARE1492mother and you get the little orange passport with3all the vaccinations documented...

4 JENNIFER HAVENS: And, and the agency ... 5 the agencies when they're ... when they're placing kids say with sponsors or with parents they do create a 6 7 packet that contains all their health and mental health information that goes with them, I mean I 8 think one challenge is we're starting to treat some 9 of these kids as they're going to other parts of the 10 country that don't have the same kind of mental 11 12 health infrastructure that New York City does so that's going to be ... that's going to be a piece of 13 14 work for us to help them with.

15 COUNCIL MEMBER LEVINE: And Dr. Belkin 16 can you explain the extent to which DOHMH staff have 17 directly interfaced with either the children or the 18 staff working with the children, have you been on 19 site at the agencies... [cross-talk]

GARY BELKIN: Yeah, so we've, we've been on site working with the leaderships of, of the three agencies and you know you're... you have at the table a lot of people who've known each other for a long time and we started to compare notes very quickly and as I mentioned just briefly as sort of a division of

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 150 2 labor broke out where we with ACS really bringing into the buildings supports to the staff and supports 3 to the foster parents; what skills do they need, what 4 self-care supports do they need and H and H bringing 5 in either directly or by referral more intensive 6 7 child specific clinical consultation or treatment and so we have in, in, in process all the above as the 8 agencies requested they had needs for in terms of 9 staff supports, staff trainings, staff self-care and, 10 and foster parent support. You heard about trauma 11 12 smart as one method that we use across our ACS 13 learning... early learn locations, the early childhood 14 mental health network that we were able to, you know 15 call together in a day, you know 15 Spanish native 16 speaking consultants who every day are consulting to staff who are dealing with unfortunately traumatized ... 17 18 thousands of traumatized New York children in, in our day care and other settings who we were able to 19 20 deploy to be available to these agencies. It underscores I think again the infrastructure issue 21 2.2 and to thank and acknowledge the council, I know 23 Chairman Ayala had to leave but all the assets I just mentioned and I'm just realizing this early childhood 24 25 mental health network, trauma smart, our Thrive NYC

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 151 2 investments, these are now part of the fabric of our resiliency as a city to be able to have a safety net 3 of smart community mental health capabilities to 4 5 respond not just to the needs that they were 6 originally designed for but for any needs that come 7 our way so we were able to act quickly and really bring these things to bear as we can bring them 8 elsewhere and I, I also want to acknowledge the 9 agencies again, they've been transparent, they've 10 been clear about what they need, what they don't 11 12 need, very cooperative, very collaborative, available 13 seven days a week for planning and most of the mental 14 health care happens by them, with them in their 15 buildings from their teachers down to their line 16 staff, the foster parents and we are really kind of their support system and filling in, in the skills 17 18 and support they need with this heightened level of difficult and challenging work that they have really 19 20 risen to the occasion to own and to ... and to lead on. COUNCIL MEMBER LEVINE: 21 Thank you very 2.2 much. Thank you to all of you for your service during 23 this very, very difficult period, thank you. 24 GARY BELKIN: Thank you. 25

COMMITTEE ON HEALTH AND GENERAL WELFARE 152 COUNCIL MEMBER LEVINE: Thank you Mr.

3 Chair.

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4 CHAIRPERSON MENCHACA: Thank you Chair. 5 Before you all leave though I want to ask a question 6 that ... really jumping off of what has been discussed, 7 the three... the three different committees focusing on health, mental health or kind of immigration 8 component and legal services, ACS, etcetera, leave us 9 with a city talking about speaking to, connecting 10 with these agencies, Governor Cuomo has promised a 11 12 lot in his recent testimony and public speeches about bringing more services of different kinds, what has 13 14 you're your connection, relationship, facilitation, 15 collaboration, communication, etcetera with the state 16 agencies and can ... just give us a breakdown of what, what, what's happening right now in terms of your 17 18 communication with OCF... OCFS, the State Department of Health, etcetera? 19 20 JULIE FARBER: So, OCFS obviously is

ACS's oversight and, and regulatory agency and so we've been in regular communication with OCFS as we are, you know on, on all such matters and are, are regularly in... you know connecting and communicating about these issues.

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	COMMITTEE ON IMMIGRATION JOINTLY WITH THE
1	COMMITTEE ON HEALTH AND GENERAL WELFARE 153
2	CHAIRPERSON MENCHACA: Where, where are
3	we having communication I guess, where, where are the
4	lines open with the state? So, OCFS, great, where
5	else are things open?
6	BITTA MOSTOFI: The Attorney General's
7	Office we've been in communication [cross-talk]
8	CHAIRPERSON MENCHACA: Okay [cross-talk]
9	BITTA MOSTOFI:with around the
10	litigation and how we could support hence the
11	declaration that I submitted in support of that
12	litigation.
13	GARY BELKIN: And the State Office of
14	Mental Health, we always have had good communication
15	with around issues in the city. State, State Office
16	of Mental Health.
17	CHAIRPERSON MENCHACA: Anywhere else?
18	And, and I guess the, the next question is really
19	thinking about how we can elevate efforts and if
20	there's anything that we could we could help you
21	with elevating efforts and coordination, the, the
22	promise of resources is, is not something to, to
23	leave on the table and so how do we how do we kind
24	of get a sense from you all about what those
25	resources might be so that we can put the pressure as

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 154
2	a legislative body for the city council to ensure
3	that those things materialize, connect and bring,
4	bring those services and where we've had some
5	discussions about some possible gaps in legal
6	services we want to make sure that, that we kind of
7	fill every gap, how can we help you do that?
8	BITTA MOSTOFI: So, from the public
9	hospital perspectives this is the work that we do
10	every day, I would like to ask for time to assess the
11	needs that present themselves to us and would be
12	quite happy to come back to you and tell you what
13	needs have been requested that we do not have the
14	resources to meet but as a public hospital system in
15	a city full of immigrants this is our daily work.
16	CHAIRPERSON MENCHACA: I think that's
17	fair, absolutely. We have two final questions from
18	the Chairs, I'm going to go with Levine first and
19	then… and then with… to Levin.
20	COUNCIL MEMBER LEVINE: Thank you Mr.
21	Chair. Just very quickly I know there are a number of
22	pregnant adolescent girls certainly amongst the
23	separate amongst the unaccompanied minors, perhaps
24	amongst the separated children as well I'm not sure,
25	could, could you comment on the number to the extent

COMMITTEE ON HEALTH AND GENERAL WELFARE 155
we know that and the kind of care that's available to
them that's pregnancy related?

BITTA MOSTOFI: We do know that there are 4 these children in these shelters ... or with these 5 social service agencies, our understanding is that 6 7 some have been separated, we don't have a direct or a discreet number, we are delivering services, ACS 8 and H and H are leading I think on those services. Do 9 you want to speak to the, the parental training and 10 11 so forth?

JULIE FARBER: So, so I just say for the medical care when we talked to the agencies they're actually working with one of the other hospitals, they're not actually working with H and H so they actually referred... if I remember correctly St. Barnabas in the Bronx is where they're sending pregnant girls.

19 COUNCIL MEMBER LEVINE: Have any given20 birth, do we know since... [cross-talk]

21	BITTA MOSTOFI: There are infants.
22	COUNCIL MEMBER LEVINE: Excuse me?
23	BITTA MOSTOFI: There are infants, yes.
24	COUNCIL MEMBER LEVINE: There are infants
25	so, so… that, that were born here in New York?

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 156 2 BITTA MOSTOFI: I don't know the answer 3 to that question... [cross-talk] COUNCIL MEMBER LEVINE: Okay ... [cross-4 talk] 5 6 BITTA MOSTOFI: Yeah but we are 7 providing, providing them with parental training and skills through ACS. 8 JULIE FARBER: Right, as I mentioned 9 earlier we are providing a parenting coaching 10 supports for the teenage mothers who are with their 11 12 infants in the group of separated children who've been separated from the adult mother. 13 14 COUNCIL MEMBER LEVINE: Right, so am I 15 correct that even if the young woman is say 17 years 16 old and now is a mother herself that she would still 17 be a foster child that ... so there would be essentially 18 two generations of foster children in that home, is that right? 19 20 JULIE FARBER: Yes, that's my 21 understanding. 2.2 COUNCIL MEMBER LEVINE: That must be a 23 very challenging arrangement for the... for the foster parents, you must have to have specialized training 24 to prepare for that? 25

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 157 2 JULIE FARBER: For sure, I mean again 3 those are ORR programs and they're not supervised by ACS... [cross-talk] 4 5 COUNCIL MEMBER LEVINE: Right ... [cross-6 talk] 7 JULIE FARBER: ...but yes, those foster parents, you know need to receive training because 8 they have both the teenager and then the baby as ... 9 [cross-talk] 10 COUNCIL MEMBER LEVINE: Right... [cross-11 12 talk] 13 JULIE FARBER: ...well. 14 COUNCIL MEMBER LEVINE: Right, okay. 15 Thank you. 16 COUNCIL MEMBER LEVIN: Thank you very 17 much Mr. Chairman. A couple more questions for you. 18 Sorry, following up on this issue... I'm sorry, the, the 46 children that they've announced, that, that 19 20 ORR has announced that they're not going to be reuniting with their parents do any of those ... I mean 21 22 they're not family court... they... who, who's making 23 that decision in, in... I'm sorry, in, in New York City or in any jurisdiction, local jurisdiction we have 24 family court ... we have family court system or family 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 158 2 court judges and consultation with social workers with their local social services agency make a, a, a 3 lengthy determination, I mean the determination of ... a 4 termination of parental rights is a at minimum an 18 5 month process and often goes much longer than that 6 7 with multiple court hearings, representation for everyone involved, legal representation, are any of 8 these things that they've cited the types of grounds 9 for like... does it... does that... is, is this a cause of 10 concern for a local service ... social, social services 11 12 agency seeing this?

13 BITTA MOSTOFI: I mean I quess I'll just start in terms of the, the larger sort of backdrop 14 15 and context of this. I think certainly all of this is a cause for alarm and concern. The, the, you know 16 indication by DOJ and HHS, HHS is largely leading in 17 18 terms of the reunification sort of parental rights determination, you know what they were saying was 19 20 that the sort of heightened level of scrutiny that is typically required under the law for them to do 21 2.2 sponsors is what was taking a very long time, the 23 court rightly NYACLU rightly argued that that's not what we're talking about really in this circumstance 24 they then spoke to the need to be reliant on DNA 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 159
2	testing in order to facilitate the reunification,
3	there's been a back and forth on when the use of the
4	DNA testing is appropriate and what you do with the
5	that information and that data and then sort of what
6	the results mean, all of this is ongoing part of the
7	litigation… [cross-talk]
8	COUNCIL MEMBER LEVIN: Right [cross-
9	talk]
10	BITTA MOSTOFI: Imagine this will
11	continue to be an ongoing [cross-talk]
12	COUNCIL MEMBER LEVIN: Right, since we
13	have… [cross-talk]
14	BITTA MOSTOFI:part of the position
15	[cross-talk]
16	COUNCIL MEMBER LEVIN:due process
17	questions.
18	BITTA MOSTOFI: Correct.
19	JORDAN DRESSLER: May I just add, I think
20	this points up how unpredictable the nature and scale
21	of the legal work may turn out to be on behalf of
22	children and parents. In any given… in any given case
23	it may be as far from a straightforward process in
24	terms of reunification and the legal advocacy needed
25	as you could imagine in multiple venues, so we

1COMMITTEE ON HEALTH AND GENERAL WELFARE1602consider ourselves fortunate that we work with legal3providers who bring to the table such a breadth of4experience and expertise... [cross-talk]

5 COUNCIL MEMBER LEVIN: Uh-huh... [cross-6 talk]

7 JORDAN DRESSLER: We are afraid that much of that experience and expertise may be brought to 8 bear here in some of these very challenging cases, we 9 certainly encourage it, we certainly want our 10 providers to be using every arrow in the quiver and 11 12 what we're going to have to do is continue to work 13 extremely closely to monitor and track frankly what's 14 going on and what's needed.

15 COUNCIL MEMBER LEVIN: Is anyone here 16 aware of any children who were separated from their 17 parents as a result of zero tolerance who have been 18 deported from New York?

BITTA MOSTOFI: Children who wereseparated... [cross-talk]

21 COUNCIL MEMBER LEVIN: Children, yeah.
22 BITTA MOSTOFI: Not to my knowledge, no.
23 COUNCIL MEMBER LEVIN: Okay and my final
24 question is and this might have been asked, I
25 apologize if it was that, that... the after care

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 161
2	services for families who are sponsoring children
3	either through unaccompanied program or who were
4	separated as a result of the zero tolerance who were
5	then being reunited or being, being sponsored by a
6	family in New York City, may not have… may not have
7	been here with Cayuga or Lutheran or, or, or Catholic
8	Guardian but… might have been somewhere else in the
9	country but are… then being sponsored here, how are
10	we affirmatively reaching out to those sponsors and
11	what type of services are we offering them?
12	BITTA MOSTOFI: Yeah, so thanks for this
13	question and I think, you know I don't I tried to
14	address this earlier which is to say that it, it is
15	completely an imperfect challenge for us as an
16	administration because of the lack of transparency
17	and cooperation of the federal government. Under the
18	previous administration because we had cooperation we
19	actually had a direct line of communication about how
20	to deliver services to the children once they were
21	placed with sponsors to the extent in which ORR
22	actually started to distribute a manual on how to
23	access services that our office developed alongside
24	providers, so it is a very different day and time and
25	sort of what is possible in reaching the sponsors. We
I	

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 162 2 will continue to work with the providers, we will continue to explore with the federal government what 3 is feasible and with the local court system in trying 4 to in some sort of systematic way reach as many 5 people as we possibly can but it will remain a 6 7 challenge, I mean other ... one other thing I will note to that is that even as people are being reunified 8 just in the last couple of days our understanding of 9 what that looks like is they're not really 10 technically free to go if you will, right, the 11 12 parents are, are being in many cases or I think nearly all fitted for ankle bracelets, they're being 13 required to report to ICE on a consistent basis sort 14 15 of the where they're reporting versus where they're 16 sponsors are, it's a bit chaotic as we've understood it in just a few cases so there's a lot that is still 17 18 unknown, there's a lot of chaos that is still necessitated by the way the federal government is 19 going about this very haphazard lack of reunification 20 21 plan. 2.2 COUNCIL MEMBER LEVIN: And are... do you 23 know if anyone's being denied being reunified with their children because they don't have a fixed 24

25 address because they're you know that's one of the

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 163
2	criteria's that you have a job and you have a fixed
3	address, is, is that are those any of the reasons
4	why people are getting then denied reunification with
5	their children?
6	BITTA MOSTOFI: That's not one of the
7	stated reasons through the, the DHS release though as
8	I noted one of the stated reasons is that the parent
9	was deported.
10	COUNCIL MEMBER LEVIN: Right.
11	JULIE FARBER: One of the things [cross-
12	talk]
13	COUNCIL MEMBER LEVIN: And then and
14	then [cross-talk]
15	JULIE FARBER: Sorry [cross-talk]
16	COUNCIL MEMBER LEVIN:oh, go ahead.
17	JULIE FARBER: I was just going to say
18	one of the things that I would add sort of in line
19	with what the Commissioner said and, and in
20	coordination with MOYA, ACS has been working with the
21	Children's Defense Fund and the Faith Community and
22	we have 11 community based partnerships and have
23	developed materials in, in coordination with our
24	partners around all of the services that are
25	

25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 164 2 available and of course all of our services are available to anyone... [cross-talk] 3 COUNCIL MEMBER LEVIN: Right ... [cross-4 5 talk] 6 JULIE FARBER: ...and so like the 7 Commissioner said it is hard to do it in a targeted way because we don't have information about each 8 exact family but we're working on ensuring that that 9 information is out there through community-based 10 11 entities. 12 COUNCIL MEMBER LEVIN: So, if you are to find somebody that would like services what type of 13 14 services are we talking about that you could provide? 15 JULIE FARBER: Well so, I mean ACS of 16 course has its preventive services which are available and, and voluntary... [cross-talk] 17 18 COUNCIL MEMBER LEVIN: Can be elective, right. 19 20 JULIE FARBER: Can be elective, we also have the new family enrichment centers which are, you 21 2.2 know pure primary prevention, and anyone can walk in 23 and utilize those services and doesn't have to give information about themselves and, and, and so that 24 whole range of primary prevention and prevention 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 165
2	services at ACS is available and obviously we would
3	also make linkages to other services, you know that
4	are available through other city partners and, and
5	community-based agencies.
6	COUNCIL MEMBER LEVIN: Right
7	JENNIFER HAVENS: And you know many of
8	the people that we serve at Health and Hospitals have
9	no documentation and no health insurance so any,
10	anyone living in the city in that circumstance can
11	get mental health or health services regardless of
12	their immigration status and [cross-talk]
13	COUNCIL MEMBER LEVIN: At any H and H
14	facility?
15	JENNIFER HAVENS: At any H and H
16	facility.
17	COUNCIL MEMBER LEVIN: Yeah, okay
18	[cross-talk]
19	BITTA MOSTOFI: I'll add of course
20	education, any child is able to enroll in the public-
21	school system, IDNYC, Legal Services, right, we have
22	developed for this very reason the city's resource
23	and referral guide which we were handing to sponsors,
24	it is still available and it's something that we
25	

1COMMITTEE ON HEALTH AND GENERAL WELFARE1662print and share with all community partners and is3available in many languages.

4 COUNCIL MEMBER LEVIN: Have you thought 5 about doing advertisements in Spanish speaking media?

6 BITTA MOSTOFI: On services that are 7 available?

COUNCIL MEMBER LEVIN: Uh-huh.

BITTA MOSTOFI: You know we, we regularly 9 talk about services available, we do advertise in, 10 in... for different programs and needs but certainly I 11 12 think as we're monitoring and trying to understand 13 what the best way is to make sure we're reaching these kids we'll use every tool at our disposal to do 14 that... [cross-talk] 15 16 GARY BELKIN: I think all our agencies 17 do.

JENNIFER HAVENS: Frankly what I worry about is kids going to other parts of the country where they're much less robust... [cross-talk]

21 COUNCIL MEMBER LEVIN: Right, right...
22 [cross-talk]

23 JENNIFER HAVENS: ...services.24 COUNCIL MEMBER LEVIN: Yeah.

25

8

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 167 2 MACHELLE ALLEN: Just asking my colleague 3 are you familiar with NYLAG? 4 COUNCIL MEMBER LEVIN: Sorry? 5 MACHELLE ALLEN: NYLAG. 6 COUNCIL MEMBER LEVIN: NYLAG, yes. 7 MACHELLE ALLEN: Yeah, they're in our ... in 8 all of our hospitals. COUNCIL MEMBER LEVIN: Right, right, they 9 do a very good job. 10 BITTA MOSTOFI: That's through the Action 11 12 NYC program as well that we have hospital based legal services programs through NYLAG. 13 14 COUNCIL MEMBER LEVIN: Yep. Thank you 15 very much, thank you. 16 CHAIRPERSON MENCHACA: And as, as we let you go I just want to say again thank you for your 17 18 time, your efforts, your coordination, your, your, your testimony today and the continued commitment 19 20 that was shown through the work that you're each doing shows what I think was very present in the 21 2.2 first panel which is that we have been doing this for 23 a while together, council and the city agencies and all the work that the community has been pushing us 24 to do to ensure that there's a fabric and a 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 168 2 foundation of support for our immigrant communities at whatever crisis is hitting us. We get ... we get to 3 go back and look at our service providers and, and, 4 5 and really rely on them to do the work and so this is 6 a telltale sign for us to continue to support that 7 work as, as a city and ensure that they have what they need as the storms that are coming from 8 Washington continue and that's just the reality and 9 so I feel so hopeful as we move forward and each of 10 your commitments today showed that we are ... we are in 11 12 good hands and so thank you so much for that work. This is not going to stop, and this is heavy in our... 13 on our hearts but I think we are lifting the voices 14 15 of our community, those who have just arrived in New 16 York City and those who are here already watching us, listening to us today and knowing that this is New 17 18 York City, and this is what we do and this is how we do what we do. So, thank you. Thank you for, for your 19 20 public service. This has been a long hearing and I really want to be thankful to everyone who's been 21 2.2 here, we have three panels, we know that some of you 23 have already left and have submitted your testimony for record, but we want to make sure that everyone 24 who wants to testify before this committee testifies 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 169 2 before this committee both Chair Levin and I are here to ensure that we listen to everyone of you. The next 3 4 panel if we could get you up here as quickly as 5 possible from the Legal Aid Society Hasan Shafiqullah; Karina Albistequi-Amaya, New York 6 7 Lawyers for the Public Interest; Julia Davis, Children's Defense Fund; Stephanie Gendell, Citizens 8 Committee for Children; Vivian Martinez, a member of 9 the public. I will also remind you if you have not 10 filled out a slip to fill one out if you want to 11 12 speak at ... on the panel, I want to make sure you do 13 that, and you can fill that out right here. I want to make sure that we have a good panel here. Julia had 14 15 to leave, okay, yeah, she submitted her ... okay, is 16 this the three? Yes, we want to make sure that we say thank you for ... to Johannes Jacome for the Mexican 17 18 Consulate who is here today and is heading the Department of Protection for the Mexican, Mexican 19 20 community abroad and has been a good, incredible partner with us as we understand everything to help 21 2.2 us understand what's happening at the consulate, so I 23 just want to say thank you to them. We have three ... okay, Jo-Ann Yoo, are you here, can you come and join 24 25 this panel as well?

COMMITTEE ON IMMIGRATION JOINTLY WITH THE 1 COMMITTEE ON HEALTH AND GENERAL WELFARE 170 2 [off mic dialogue] CHAIRPERSON MENCHACA: Thank you, you 3 were about to leave, weren't you? 4 5 JO-ANN YOO: Yeah. 6 CHAIRPERSON MENCHACA: I'm really happy I 7 caught you. Okay and I think that'll round us out here for this panel. 8 [off mic dialogue] 9 CHAIRPERSON MENCHACA: Raise your hand if 10 you're waiting to testify; one, two, three, four, 11 12 five ... okay, I think we can ... we can do another panel, one more panel. We're going to put a clock on for 13 three minutes each, if you need the three minutes 14 15 take them, we know you have testimony so we'll have 16 that testimony, we want you to concentrate on anything that has been discussed that you want to 17 18 respond to, that you want to focus on, that you want to under ... want us to understand as the gap of 19 20 services for these kids, thank you so much and we can start, we'll start with you Jo-Ann. 21 2.2 JO-ANN YOO: Thank you so much Council 23 Member Menchaca, happy to be here with my own Council Member, Council Member Levin. My name is Jo-Ann Yoo 24 and I'm the Executive Director of the Asian American 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 171 2 Federation. I am here ... I was actually leaving to go to a fundraiser to support some of the work that's 3 being done in the Southern border so I'll make this 4 5 quick and get out of here and go do good work elsewhere but I am here on behalf of the Pan-Asian 6 7 New Yorkers who make up over 15 percent of the city's population, 70 percent of the Asian New Yorkers are 8 immigrants and 90 percent of Asian children live in 9 poverty and have, have at least one immigrant parent. 10 So, this immigration obviously is of utmost 11 12 importance to our community and we have ... and we also 13 remember that the very first anti-immigration law that was enacted in this country was geared towards 14 15 the Asian Americans to, to exclude Chinese from 16 bringing their families here so obviously when we 17 look at what's happening in the Southern border it is 18 incredibly painful and frustrating that here we are in 2018 having our country implement horrendous laws 19 20 and so we want to be able to ... we want ... we support the city council, we salute all the work that you are 21 2.2 doing and we're very grateful. We heard that ... I know 23 that this issue really hasn't hit the Asian American community right now, but we've heard that there are 24 folks who are being detained in Oregon and then we 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 172 2 got ... we work with ... closely with the Governor's Office and they told us that there are folks being held in 3 detention in Albany and they, they need folks who can 4 do the ... do translations so we're coordinating with 5 6 them. We ... you know because we have seen this before, 7 I mean I feel like in every, you know every horrendous law that, you know targeted immigrants our 8 community has felt that, you know with the Japanese 9 interment, the Chinese exclusion act, with the Muslim 10 ban so obviously we want to lend our support for ... to 11 12 the city council to ask you to continue to be vocal and to continue to be a leader. Family separation 13 will have obviously lasting impacts for generations 14 15 to come with kids suffering trauma and, you know we're seeing the, the conditions of those, those 16 detentions and it's just horrific. The couple of 17 18 things I want to ask if I can make a suggestion is that I think a lot of the nonprofit workers, you know 19 20 I think, you know in New York City everybody serves an immigrant community and a lot of the folks who 21 2.2 work in ... work with the population there's tremendous 23 anxiety and, you know we have in the Asian American communities so many of the nonprofit leaders and 24 workers are leaving because of stress and so if 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 173 2 there's an opportunity for us to create ... for city council to create a program that, you know we can 3 really do some mental health support for the 4 frontline folks I think that would be really helpful 5 but overall I just want to thank the council for 6 7 taking action and leading the ... leading our nation in upholding sanctuary city values and working 8 tirelessly to protect our immigrant community. 9 Thanks. 10

HASAN SHAFIQULLAH: I'll make my remarks 11 12 brief because I know we're late in the day. My name is Hasan Shafiqullah, I'm the Attorney in Charge of 13 the Immigration Unit at Legal Aid Society and thank 14 15 you to Chair Menchaca and the other Council Members 16 for holding this hearing. So, we did provide written testimony which I'll mostly stand on. Just a couple 17 18 of things to, to point out, it is as a result of the legal services community that the city council and 19 20 the Mayor's Office helped to build up that we have been able to meet the needs so far on an emergency 21 2.2 basis, various providers have been screening 23 potential sponsors, we've been meeting with the children, determining their wishes, reuniting where 24 possible and representing the children in their 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 174 2 independent claims for relief where possible as well. The things that we need now are actual new resources 3 to do this work. Our staff have stepped away from 4 their current caseloads in order to meet this need 5 6 that we need attorneys and social workers, these are 7 a lot of traumatized children and paralegals to meet the need that's there. Some of these cases will 8 resolve fairly quickly as people reunite but to the 9 10 extent that folks are staying here and fighting their cases in New York these cases may go on for several 11 12 years as these do in removal cases. So, we'll need to be able to reenroll these cases and so that's one of 13 14 the issues that we have with city contracts to be 15 able to continue the work more than two years and 16 really be able to see this through to completion. Given that some of the shelters where the kids are 17 18 being held are outside the five boroughs there's a concern about resources to, to help those children 19 20 and we're speaking with the ... with the city about that and we look forward to brainstorming ways in which we 21 2.2 can find the resources to help the kids not just 23 within the five boroughs but also outside. Thank you. KARINA ALBISTEQUI: Good afternoon, my 24 name is Karina Albistegui-Amaya, I'm an Immigrant 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 175 2 Health Advocate at New York Lawyers for the Public Interest. I want to thank you for the invitation to 3 present testimony today. I'm going to read a very 4 brief statement. So, the forced separation of 5 families at our country's border cannot be viewed 6 7 separate and apart from the deplorable conditions of the jails used to incarcerate immigrants detained by 8 ICE. Much like the punitive incarceration that 9 undocumented New Yorkers live in fear every day, the 10 separation of families and the mistreatment of our 11 12 youngest immigrants is heart wrenching. As you know many New York City residents are currently detained 13 14 in ICE jails, they are not charged with criminal 15 violations but are denied freedom under the guise of 16 ensuring that they attend administrative hearings. 17 Taking immigrant children from their parents is but 18 another manner of dehumanizing undocumented people living in the country and those seeking asylum. On 19 20 this continuum we have seen our friends and our neighbors labeled racist ... rapists, drug dealers and 21 2.2 animals, their presence has been described as an 23 infestation and this hatful rhetoric simply seeks to normalize abhorrent conditions that both adults and 24 children face inside detention centers as well as the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 176 2 continued denial of vital medical care of ... to the people held there. Through our work we have witnessed 3 how a policy of dehumanizing non-citizens plays out 4 within the walls of detention facilities in New York ... 5 here in New York. The most sovereign cases of course 6 7 are of deaths of immigrants in detention, we have also documented instances of ICE and the facilities 8 with which it contracts denying and delaying critical 9 medical treatment including adequate care for cancer, 10 medication for diabetes and in one case an emergency 11 12 surgery for a ruptured eyeball. These are but a few examples in a long history of ICE's disregard for the 13 humanity and dignity of people in their custody. We 14 15 have seen over and over the grave impact that 16 detention has on the families separated, separated with our adult, adult clients but it's difficult to 17 imagine the extent of the trauma that has been 18 inflicted on the children who are being shuffled 19 20 unanimously through the system far away from their parents. Of course, history will judge the 21 2.2 administration's separation of families harshly, 23 we're glad to see that our city's taking action against this quo policy and we support the council's 24 25 resolution for the keep families together act. We do

1COMMITTEE ON HEALTH AND GENERAL WELFARE1772encourage the city council to continue to take3actions to improve the treatment of people in ICE4custody and to promote alternatives to civil5detention for undocumented people. Thank you.

STEPHANIE GENDELL: Good afternoon, my 6 7 name is Stephanie Gendell, I'm the Associate Executive Director for Policy and Advocacy at 8 Citizens' Committee for Children. COMMITTEE CLERK 9 DISTEFANOC is deeply opposed to separation of 10 children from their parents from family detention and 11 12 from the zero-tolerance policy. We are incredibly 13 grateful to the City Council for your long-standing 14 commitment to these families that started long before 15 this crisis as well as to the administration, to the 16 agencies that were here today, the providers, the 17 hardworking staff, we thank you all for all you're 18 doing for these children in an incredibly terrible situation that was created by the federal government. 19 20 As most people by this point know trauma caused by this separation will have both short term and long-21 term implications for these children that will haunt 2.2 them for the rest of their lives and this child abuse 23 being inflicted upon them is created by the, the 24 United States government. The fact that the 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 178 2 government also has no plan or, or feels like there's no plan anyway or tracking system to reunify children 3 with their parents is almost incomprehensible 4 5 although at this point anything seems possible. I feel like it goes without saying that there should 6 7 have always been a tracking system, literally Chucky Cheese has a system to ensure children leave with the 8 parents they came with, the federal government should 9 have also been able to do so. We do thank really 10 everybody; my testimony goes on and on thanking 11 12 everybody, but I do have a couple of recommendations 13 that we wanted to make. The first is starting off with a thank you for the funding for the ICARE 14 15 program, we supported that this past session as well 16 as others, we were ... had been asking to increase it to four million at that point in June thinking that 17 18 anything could happen but really knowing what could have happened so we're still asking to increase the 19 20 funding ICARE and that that model also be funded to include social workers given the children and youth 21 2.2 that the attorneys are now working with through 23 ICARE. In terms of the reunification when they do 24 happen, we've been hearing that the federal 25 government is not paying any of the funding for

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 179 2 flights or any of the transportation costs for reunification that parents who are in detention can't 3 afford the bail or the bond and so if the city could 4 set up a fund to help with the travel costs and the 5 bail and bond that could help with the reunification 6 7 process. We obviously support the resolution and we ask that we continue to reassess this situation 8 continuously as the ... every day is something new and 9 different and so ... lastly, we ask that you remember 10 that there are other systems in New York and New York 11 12 City that separate children from their families and that as this hopefully crisis ends at some point we 13 make sure those same providers who work in foster 14 15 care, juvenile justice and corrections have the 16 resources they need for those families. Thank you. 17 VIVIAN MARTINEZ: So, first of all good 18 afternoon. My name is Vivian Martinez, I'm a member of Make the Road New York and New York City resident. 19 20 As a mother of a four-month-old and a two-year-old I'm horrified by what is happening at our border. 21 2.2 Children as young as mine are being taken from their 23 mother's arms. To any mother, to any human being that is unjust and inhumane. No child or no baby should be 24

separated by their parents especially as young ... at a

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1 COMMITTEE ON HEALTH AND GENERAL WELFARE 180 2 young age when the face of their mother or father is all they know. Unfortunately, this crisis is not just 3 happening at the border, I know, and I have seen 4 firsthand the nightmare of family separation. My 5 6 husband, my partner for the last 14 years was 7 detained by ICE when we went to our marriage-based interview at 26 Federal Plaza just a few blocks away, 8 I'm sorry... an interview that is part of a process to 9 get a lawful permanent residency, this happened two 10 months ago and today he is ... he still remains under 11 12 ICE custody. Two months has passed since my husband has not been able to be at home with our children, 13 two months since my children have not been able to 14 15 play around and bond with their father. My two-year-16 old as a young ... my two-year-old as young as she is she still asks for her dad. I've had ... I have had a 17 18 hard markup ... I have had marked calendar ... the calendar for my child to see that she could probably 19 understand that on Saturdays is the only day that we 20 could go and actually see her father, is the only day 21 2.2 that she could actually bond with him or see him at a 23 detention center for the last two months. Today I stand in front of you to tell you to stand up against 24 ICE tearing apart... families apart and arguing ... and 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 181 2 I'm, I'm urging you to call upon congress to pass the keep families together act, ICE is separating 3 families and separating children from their parents. 4 5 Every day and this is not just happening at the border and we ask New York City ... we ask New York City 6 7 to do everything in its power to protect immigrant families. Separate, separation of children from their 8 parents is happening everywhere from Queens, New York 9 to U.S... to the U.S. Mexican border, we must fight to 10 end family separations at the border and our... and at 11 12 our communities.

13 CHAIRPERSON MENCHACA: Thank you Vivian you're your testimony today and for reminding us that 14 15 as we talk about the work that we're doing to support 16 our families the ones that are coming here separated at the border and those like your family who is 17 18 experiencing a separation that all these families need support, they need advocacy and you should feel 19 20 loved and supported by this council and the ... and the resolution that we just passed today will show that 21 2.2 the council is committed to ensuring that congress 23 hears our voice as the largest city and that we know that these moments don't always change the things 24 25 immediately but that you have all the resources and

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 182 2 so maybe afterwards I want to make sure that you have everything that you need for your case, I'm assuming 3 that you have all the legal services that you need 4 and these battles are not easy right now as we call 5 for abolishing ICE as the tool that this 6 7 administration is using to rip our families apart and so know that that call is being made as well and we 8 stand with you and we stand with you... [cross-talk] 9 10 VIVIAN MARTINEZ: Thank you. COUNCIL MEMBER LEVIN: And thank you so 11 12 much for, for, for making us fully acknowledge what is happening right here in our city every day and I 13 want to thank you for your courage and determination 14 15 in testifying here and I, I wish that your family be 16 reunited as quickly as possible. 17 VIVIAN MARTINEZ: Thank you. CHAIRPERSON MENCHACA: I have one 18 question ... a, a few questions really quick for ... or on 19 20 the topic of legal services and the, the unaccompanied minors work that we've been doing 21 2.2 together as service providers and the city council 23 and, and the city of New York gave us a lot of understanding about unaccompanied minors in the ... in 24 the... in the first place, understanding that these, 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 183 2 these are cases that'll take a long time and that the social ... so, I'm hearing social work is needed to 3 supplement and the other piece to this is really 4 5 understanding what I was probing the, the, the administration on which is ensuring that every kid 6 7 that comes through gets representation and so do you have a sense about what that is, there wasn't a 8 commitment and I think that the, the, the lack of 9 commitment was really around this idea that this is a 10 changing infrastructure ... or a changing crisis, the 11 12 crisis is... but we, we know the world of the unaccompanied minor, do we have a sense about what 13 14 that need is and are you already seeing kind of gaps 15 in ensuring that every child gets representation that comes through the courts here in the city? 16 17 HASAN SHAFIQULLAH: So, there's never 18 been universal representation for children, there's not currently a 26 Federal Plaza for unaccompanied 19 20 minor children or kids on the juvenile docket otherwise and there's ... we're hoping to meet the need 21 2.2 for all the forcibly separated children with this 23 manufactured crisis. Right now, we actually just

found out this week that there's another wave of almost 400 kids who are now arriving, and legal aid

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 184 2 just got another group of those children that we'll be meeting with over the next couple of days and so 3 it's, it's continuing. The needs are within the city 4 and in the surrounding communities and one of the 5 things that I've heard from the city and, and I 6 7 under, understand this is that the city with its city tax dollars has to prioritize people within the city 8 and I... and I get that and if we go outside the city 9 how far do we go and so our question for, for the 10 council and for the Mayor's Office is can we work 11 12 together to figure out how do we draw down resources for kids not only in shelters within the five 13 boroughs but in the neighboring communities who are 14 15 all going through the same horrific experience. 16 CHAIRPERSON MENCHACA: Thank you for that 17 and that's an ongoing conversation. I think this is 18 an ongoing conversation across multiple streams of funding and I think what, what we need to ... we need to 19 20 determine is how ... what, what are the values here, what values are we... are we upholding and ensuring 21 2.2 that, that we set the model across the entire country 23 for the kind of representation that every city should be creating and there's been cracks in that here, 24 we're fighting some other things right now about what 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 185
2	the city is willing to do and, and not hide behind
3	this idea that there's a gap in funding as, as a… as
4	a reason, if we are the richest city in this entire
5	country then we should be able to fund and really
6	show the commitment to these kids who in this
7	manufactured crisis deserve every single opportunity
8	that we can as New Yorkers, as Americans, as people
9	with, with values and compassion [cross-talk]
10	STEPHANIE GENDELL: Can I add one more
11	thing on the complexity of I think even costing out
12	the legal services, aside… [cross-talk]
13	CHAIRPERSON MENCHACA: Sure… [cross-talk]
14	STEPHANIE GENDELL:from not knowing how
15	many children we're talking about and will continue
16	to have come through is the legal service
17	organizations have experience now working with the
18	unaccompanied minors and the court process the
19	separated children issue is a whole new area and so
20	in some ways it's unclear how long that process will
21	take, will those be quick, will those families go
22	back to their home country quickly, will children and
23	parents have different positions about what they want
24	to do, will it be a complicated court proceeding, I
25	think those are still unknowns and makes it hard to
I	

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 186 2 cost out but certainly agree that we should ensure that everyone of these children have representation 3 and we figure out how to pay for it including, you 4 know in our neighboring ... you know some of these 5 Westchester facilities have New York City children 6 7 side by side with these children and no ensuring they all have legal representation. 8

HASAN SHAFIQULLAH: Just one point on 9 10 that if I may. So, in terms of the parents with the children both the City Council and the Mayor's Office 11 12 have been funding on what's called the adults with children population where often it's an asylum claim 13 for the parent and the child is a derivative, maybe a 14 15 separate asylum case for the child so it's, it's not 16 something entirely new but they're incredibly complex 17 cases.

18 CHAIRPERSON MENCHACA: Okay, thank you. Thank you to this panel and we want to bring up our, 19 20 I think our final panel and we have Melanie Weniger from the Public Advocate's Office, are you here? 21 2.2 Meghan Finn, Immigrant Families Together; Miss Hickey 23 from the Brooklyn Defender Services, you might have left already; Children's Defense Fund, Julia Davis, 24 25 oh we I think we already mentioned her name, we have

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 187 2 two so far? Okay, we're going to keep going, I think we're going to go for the last panel, we're getting a 3 4 big panel... actually ... yeah, I'm going to read your 5 name; Lorilei Williams, AILA; Denise Bell, City Bar of New York City; Chelsea Sahai, Sahi, Sahai, Legal 6 7 Services; Albert Kahn, I think he already left; Council American Islamic Relations; Stephanie Gomez 8 and Alejandra Sorto, Hispanic Federation. Who else, 9 did I miss anyone here that wanted to testify that 10 has not testified ... or not been called? Okay, so we 11 12 are ... we are here with our final panel. I want to say thank you all for being here today and making your 13 voices heard but we'll start here on our right. 14 15 MELANIE WENIGER: Thank you. Good 16 afternoon Chairs Levin, Menchaca, Levine and other Committee Members. My name is Melanie Weniger and I 17 18 work in the Office of Public Advocate Letitia James. Thank you for convening this very important hearing

19 Thank you for convening this very important hearing 20 and allowing me to speak on behalf of Public Advocate 21 James today. At this very moment our country is 22 witnessing a human rights crisis, one that we have 23 not seen in the likes of this country in generations. 24 Last month the new policy established by President 25 Trump and Attorney General Sessions caused the

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 188 2 separation of more than 2,300 children from their parents at the Mexican border. Here in New York State 3 Governor Cuomo estimates that 700 children who have 4 5 been separated from their parents as part of this inhumane policy have been brought to our state. These 6 7 children many of whom are babies have been ripped away from everyone and everything they know to be 8 used as bargaining chips for a pointless wall who's 9 only purpose is to demonstrate the blind xenophobia 10 of our President and his supporters. The City of New 11 12 York must find a way to resist this historical 13 injustice and do everything in our power to provide 14 comfort and safety for the families impacted by it. 15 public Advocate James wants to thank Mayor De Blasio 16 and the city agencies who are providing a range of services to help the estimated 300 children that were 17 18 separated from their parents at the border and brought here to New York City. Most of the separated 19 20 children are living in foster homes around the city and thanks to our city government they are now 21 2.2 receiving education, recreation and health care 23 services in the daytime at nonprofit agencies. Public Advocate James joined City Council Speaker Corey 24 Johnson and State Senator Brian Benjamin at a meeting 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 189 2 with Edward Hays, the President and CEO of the Cayuga Center for Children to offer our support and ensure 3 that these children are safe, healthy and well cared 4 for. As city elected officials we must continue to 5 push the federal government to reunite these children 6 7 with their families, that is why our office sent a letter to Attorney General Sessions demanding the 8 Trump administration release a plan that ensures 9 these families are reunited immediately but as of now 10 all we have is chaos. We cannot and must not tolerate 11 12 the incompetence of this administration and their 13 inability to clean up a humanitarian mess of their own making. On behalf of the Public Advocate I want 14 15 to state our office is strong resolved to do anything 16 we can to help this body or this city to make the 17 lives of these children and their families better and 18 to ensure that they are reunited as quickly as possible. Thank you again for inviting me to speak 19 20 today and for your time and attention on this important issue. 21 2.2 MEGHAN FINN: Good afternoon. My name is

23 Meghan Finn and I'm here representing a new group 24 called Immigrant Families Together. We are founded by 25 Julie Collazo and just three weeks ago we organized

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 190 2 this group of New York moms brought together by our mutual disgust for the abhorrent practice of family 3 separations at the border that resulted from 4 President Trump's zero tolerance policy. In that 5 time, we've mobilized a couple of thousand at least 6 7 Americans to participate in direct action to reunify migrant families. Our strategy has been crowd funding 8 for the increasingly insane bond, to date we have 9 raised nearly 150,000 dollars to pay for bonds and 10 relocated moms separated from their children and 11 12 families, transporting the mothers to the 13 destinations where their children are and laying the groundwork for reunification and proceedings through 14 15 immigration courts. We've quickly established 16 partnerships with local and national immigrant 17 advocacy and legal organizations as well as local 18 elected officials here in New York all of whom have been key to our work. As of yesterday, we have bonded 19 20 out six moms, transported them to their final destinations securing medical, legal and other 21 2.2 support services for them working with the local 23 communities. In listening to the stories of the women we have bonded out we have heard abuses that are 24 unimaginable, women who were told their children ... 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 191 2 excuse me, women who were told their children would be taken for a shower and returned to them, this is 3 verifiable, we have heard this from their own mouths 4 5 but who were removed and sent to, to the care of 6 other people in faraway states, women who were put in 7 the icebox for periods of up to 19 days where they were interrogated mercilessly for weeks at a time, 8 women who were fed spoiled food and were thus forced 9 to buy their own food from commissary, they... some of 10 them don't have money in their account so one women 11 12 will buy it for the group, women who were not allowed to hug or touch one another and begged for a hug by a 13 volunteer as soon as being released because they were 14 15 so sad to lose their children, women who have come 16 out of ICE with medical conditions, this is going to be something that we will hear more and more about 17 18 that they've never had raw peeling skin conditions such as hair loss and excessive weight loss. New York 19 20 City has risen to the challenges that the Trump administration has posed the near daily changes in 21 2.2 policy impacting ICE detention and family 23 reunification but we do have much more work to do and we are all bracing here and around the country 24 25 frantically trying to assess what the looming

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 192 2 reunification deadline will mean, how the currently detained will end up in the cities where their 3 children are and we ask, which I'm, I'm very hopeful 4 5 listening today to all the testimony as we see these families come that we work together to make sure that 6 7 reunification in New York City happens as quickly as possible beyond the... getting through these barriers 8 that these court cases are, are getting rid of on the 9 daily, we need to just keep pushing to try to make it 10 easier because as these women come and get to see 11 12 their kids and then at the end of the day have to say goodbye it's, it's mutually deeply painful for the 13 14 children and the mothers. 15 DENISE BELL: Hello, my name is Denise

16 Bell and I am here to testify on behalf of the 17 Immigration and Nationality Law Committee of the New 18 York City Bar Association. I'd like to thank the City Council for this invitation to appear and testify on 19 20 the urgent humanitarian crisis before us one that as we've all commented is a manufactured unnecessary 21 2.2 crisis. The Immigration and Nationality Law Committee 23 has previously provided recommendations to the Mayor and City Council on ways in which New York City can 24 25 ensure immigrant New Yorkers have equal access to

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 193 2 justice and services during this time of increased federal immigration enforcement. Recently our 3 committee joined with six other city bar committees 4 in issuing a letter to the U.S. Attorney General Jeff 5 Sessions and Secretary of the Department of Homeland 6 7 Security Kirstjen Nielsen regarding their departments... their department's policies and 8 Practices on mandatory criminal prosecution, the 9 zero-tolerance policy, the forceable separation of 10 families, the detention of families seeking asylum. 11 12 On behalf of the city we have submitted written 13 testimony and here I'd just like to briefly outline what is in that testimony, describing how the Trump 14 15 administration's zero tolerance policy of criminally 16 prosecuting migrants entering or attempting to enter the U.S. between ports of entry has led to forceable 17 18 family separation, the specter of mass and indefinite family detention which would return us to 2014 and 19 20 those due dark years, how it has violated the violated the United States obligations under 21 2.2 international human rights and refugee law as well as 23 U.S. law, inflicted toxic trauma and long lasting harm on children and families and betrayed our long 24 standing bipartisan tradition of providing refuge to 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 194 2 those seeking safety. It's a long list, the letter is long and it's a stain on this country's legacy of 3 offering refuge to people seeking safety. I would 4 just like to say briefly that the city bar believes 5 that families separation and family detention 6 7 undermine the fundamental right to seek asylum and other forms of humanitarian protection. The only 8 effective way to address increased number of families 9 and children seeking safety in the U.S. is to provide 10 full access to the U.S. asylum system to determine 11 12 who meets the legal standard for such protection. Family detention is not a solution for family 13 separation, both policies tearing children away from 14 15 their parents and holding children in jail like 16 conditions with their parents are repugnant to American values and contrary to U.S. and 17 18 international human rights law. As everyone has noted both will have lasting psychological and physical 19 20 impacts on vulnerable children and families fleeing for their lives and afraid to return to their 21 2.2 countries of origin. Parents and children should not 23 be separated in the absence of good calls and due process and members of families apprehended while 24 fleeing harm should be released together whenever 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 195 2 feasible in order to peruse claims for asylum or another humanitarian relief. We thank the City 3 Council for their leadership on this, for our 4 colleagues for providing direct services and for the 5 advocacy at the federal and local levels to prevent a 6 7 return to mass family detention and to stop family separation. 8

LORILEI WILLIAMS: Good afternoon, thank 9 you. My name is Lorilei Williams, I'm the Immigration 10 and LGBTO HIV Advocacy Director for Staten Island 11 12 Legal Services which is part of Legal Services NYC. I am here today in my capacity as Secretary for the 13 American Immigration Lawyers Association, the New 14 15 York Chapter. I just want to point out that our 16 testimony is very technical about some of the language that the keep families together act has 17 18 because I think there's some ... potentially ambiguous and dangerous language there. So, should the City 19 20 Council choose to provide specific commentary to congress about this act I would ask that you refer to 21 2.2 my written testimony. Right now, I want to comment a 23 little bit about on things that were discussed in the first two panels. First, I used to be an attorney 24 with Catholic Charities New York and also with 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 196 2 Catholic Charities Houston providing services to detained unaccompanied minors. The biggest issue I 3 see is the right of access to counsel, the children 4 right now only have access really to legal service 5 providers who are funded by ORR and I can say that in 6 7 my personal capacity as an attorney who was funded by ORR my hands were tied, I could not zealously 8 advocate for my children. When I had US citizen 9 children who were detained, when I had children who 10 were detained for prolonged periods the right thing 11 12 would have been to do Hiatus petition or at least refer it out and my hands were tied I couldn't do 13 that. When abuse allegations come up among shelters 14 15 sometimes those were not open and were not 16 transparent, there were no repercussions, there was 17 no clear investigation again my hands were tied, 18 there wasn't much that I could do. I would like to also point out I found this citation subsequent to 19 20 writing my testimony so if you go to documented NY dot com and this is a website, a news agency that is 21 2.2 focusing on immigrant's issues in New York City, 23 there's an article that was published on June 28th, 2018, it's called Lawsuits Alleged Misconduct at 24 Agencies Taking in Unaccompanied Minors. This article 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 197 2 specifically addresses abuse allegations at Abbott House, Mercy First, and Children's Village and I 3 could just remind the council that agencies who 4 5 receive ORR funding are going to greatly limit or 6 possibly change some of the things that they say 7 publicly because their funding could be at risk. The other thing that I want to point out as you work with 8 HRA and other services to provide services to 9 children the issue of confidentiality, children are 10 not given any true confidentiality with their medical 11 12 providers in shelters. In fact, I used to find 13 information that they thought was being confidentially told to psychological professional 14 15 show up in ICE records in court and that was hugely 16 problematic and weighed heavily against the children. 17 On top of that this is mentioned briefly in my 18 testimony some shelters are medicating children without their consent and without the informed 19 20 consent of their parents, this is most notable in a lawsuit against the Shiloh Residential Treatment 21 2.2 Center in Houston, Texas ... well the shelter's actually 23 in Manville, Texas but I was an attorney who represented a lot of these kids as an ORR funded 24 attorney, I couldn't do anything to raise these 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 198 2 issues to light so if there are opportunities for the 3 City Council to help bring those issues to light so 4 that way this system is not so opaque that is the 5 first thing that needs to happen to help all 6 unaccompanied minors. Thank you.

7 CHAIRPERSON MENCHACA: Thank you for that review, each of you brought a I think critical 8 component as a last panel about the multiple levels 9 of work be it advocacy at a bully pulpit or folks on 10 the ground who are organizing right now to fill the 11 12 gaps from medication and volunteers and travel, 13 travel to these gaps in the bill itself that can allow us to actually advocate to solve some of those 14 15 issues and the... and the idea that lawyers who are ... who are currently being funded to support the legal ... 16 17 the legal needs of these kids that it's falling short 18 is, is incredibly important for us to hear right now as we think about how this city can come up and ... 19 with, with a right to counsel so that every kid has 20 that opportunity to have the best legal counsel, 21 2.2 that's a commitment that this council has been making 23 over and over again and we want a partner in the administration to make that happen and, and ensure 24 that if anyone gets in our way that we call it out 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 199 2 and remind them of the values that make New York New York, New York City, New York City and just humanity ... 3 return humanity to what has been removed through 4 these policies both at the border and in our own 5 homes as ICE removes our, our loved ones from, from 6 7 our homes, from our jobs, from our schools and so we ... I'm going to end... I'm going to end the, the hearing 8 here and say that what has been incredibly important 9 here as a thread is that the people are rising and 10 that we as public servants, we as people on the 11 12 ground are filling those gaps and as we understand 13 this to be a no-plan response from this administration and that the damage and the trauma 14 15 that they've caused to these kids to us as a country, 16 to this world is real and it's impacting us and I want to thank you for, for bringing not only your, 17 18 your minds and your thoughts but your hearts to this discussion and let us remain connected to those 19 20 things, our hearts and our minds as we move forward in our advocacy to demand that the city fill in the 21 2.2 gap that the state fill the gap as we see it but that 23 there's a strong foundation here of incredible folks that have done so much work already with 24 unaccompanied minors, the work that the council has 25

1 COMMITTEE ON HEALTH AND GENERAL WELFARE 200 2 done and that we remain committed to that to build upon that because these storms are going to come and 3 they're going to continue to come and what we've seen 4 right now and the courts that have stepped up and 5 said no, are slow but they're good and they're not 6 7 the solution and that I hope that people who are listening right now can stand with us as we ask for a 8 right to counsel for all immigrants period; children, 9 families, etcetera, that we give access to health 10 care, that we give access to mental health, that we 11 12 give access to housing, that we give access to people and resources because this is the richest city that ... 13 14 we are the richest city in the ... in the country and we 15 deserve to be able to set the tone across the entire 16 country for what we believe is, is true that all people are created equal and have the opportunity to, 17 18 to live a good life. And so, we're going to call on you to come back to us to, to inform us of this work 19 20 and to keep us accountable and that the city council is with you and that the three, three chairs today 21 2.2 are committed to continuing this conversation, we've 23 agreed to meet next week and continue this conversation with our consulates, with our Office of 24 their different agencies and continue to set the tone 25

1	COMMITTEE ON HEALTH AND GENERAL WELFARE 201
2	as we move forward on this on this bigger topic.
3	Thank you to Council Member Levin, Chair Levin, Chair
4	Levine, Elizabeth Kronk, Indiana Porta… yes, well you
5	can do your… you want to do thank, thank yous, go
6	ahead.
7	COUNCIL MEMBER LEVIN: Aminta Kilawan and
8	the General Welfare Committee staff.
9	CHAIRPERSON MENCHACA: Cesar Vargas, Sam,
10	Sam Manuel…
11	[off mic dialogue]
12	CHAIRPERSON MENCHACA: No yeah, who
13	else… we have Tony Charito, we have incredible staff
14	that have been working with you with us in this in
15	this work and so we just want to say thank you to all
16	the staff here, we're going to remain committed,
17	thank you so much for being here today and let's keep
18	working. Thank you. And this hearing is now ended.
19	[gavel]
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<u>C E R T I F I C A T E</u>

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

July 29, 2018