Testimony of Hayley Gorenberg, Legal Director of New York Lawyers for the Public Interest

To the Committees on Immigration and Hospitals of the New York City Council on February 28, 2020

Regarding ICE’s Escalated Attacks on NYC Policies Protecting Immigrants

Violent arrests and medical abuses in custody, executed by United States Immigration and Customs Enforcement and entities with which it contracts, are ravaging the health of New Yorkers, harming their families and friends, and sending shock waves through entire immigrant communities. My name is Hayley Gorenberg, and I am the Legal Director of New York Lawyers for the Public Interest, or NYLPI. NYLPI runs an extensive Health Justice Program largely focused on the wellbeing of immigrants, including people in detention or at-risk of being detained. Our individual casework and our partnership with doctors through the NYLPI Medical Provider Network drive our systemic advocacy and litigation. That litigation includes federal appellate precedent we won in 2019 to cement applying the constitution to guarantee mental health discharge planning for people confined to immigration detention. We continue to bring cases on behalf of people harmed in detention, or in one current matter, for the family of a detained man who hemorrhaged to death. This extensive work
by the Health Justice team at New York Lawyers for the Public Interest informs our recommendations to the Council.

NYLPI has documented injuries during ICE arrests and extensive neglect of medical needs once detained. Earlier this month, we activated our Medical Provider Network after an urgent request from our colleagues at Make the Road New York. Within hours Emergency Medicine specialist Dr. Marie DeLuca, from whom you heard on the first panel, was ready to review Gaspar Avendaño-Hernandez’s medical records and documentation from his medical care team at Maimonides Medical Center. Dr. DeLuca assessed Mr. Avendaño-Hernandez’s diagnosis of rhabdomyolysis, likely caused by the repeated electric shocks Mr. Avendaño-Hernandez received when ICE tasered him extensively. As Dr. DeLuca explained, rhabdomyolysis “can result in damage to the kidneys, dangerous electrolyte abnormalities, and death if left untreated.” As she set forth, hydration is one of the most important treatments for this condition, and this critical information was clearly set forth in Mr. Avendaño-Hernandez’s discharge summary from Maimonides.

In direct conflict, we are informed that when Mr. Avendaño-Hernandez was transferred to Hudson County Correctional Center, he was placed in solitary confinement without rationale, stripped nude, and given water only every eight hours. Mr. Avendaño-Hernandez’s experience is not an isolated incident. Our medical-legal-community partnership has documented multiple examples of arrest-related injuries that go unaddressed once the individual is in a detention center and away from community support. One person was handled so roughly by ICE agents that their shoulder was dislocated, with tears to musculoskeletal structures that required emergency surgery. After surgery to repair the damaged shoulder, they were left in an
arm sling for months in detention, without any further follow-up from a surgeon or orthopedic specialist. In another violent arrest, a person with a metal implant in their arm had the same arm reinjured by the arresting ICE agents. The individual reported pain and loss of mobility while detained, but their pleas for medical assistance were ignored for weeks.

In our reporting, NYLPI has documented egregious delays and denials of necessary medical care in immigration detention, cutoffs of treatment underway before detention, inadequate recording of medical history and care (which undermines subsequent care), language access barriers, neglect of people in severe pain, failure to evaluate and manage chronic illnesses, and failure to evaluate and manage mental health conditions. ICE has physically injured people in the course of taking them into custody and then ignored legal responsibility – and I would say moral and ethical and basic human responsibility – to provide adequate medical care after taking physical control of people and separating them from their doctors.

Throughout, ICE continues fomenting fear in immigrant communities. These communities already experience disparities in access to health care and in medical outcomes, all of which is further concerning in the wake of the new public charge rule targeting immigrants. Many immigrant New Yorkers are already grappling with decisions about whether to forgo medical care in hope of someday having the opportunity to become legal permanent residents. We fear that ICE’s actions, including presence in hospitals, will deepen the healthcare divide in our city by stoking avoidance of what should be safe spaces.

In the face of grave danger to the lives of immigrant New Yorkers, we cannot overstate the importance of the City Council’s continued support for high-quality, free
immigration representation; we therefore ask you to continue funding New York Immigrant Family Unity (NYIFUP) programs to ensure New Yorkers have access to counsel. We hope the City Council will continue to monitor ICE operations in the City and work closely with the Mayor’s Office and local advocates to promote timely notice of ICE presence, particularly in sensitive locations such as hospitals. We encourage elected officials and hospital administrators to work with immigration and health advocates like the New York Immigration Coalition to implement and publicize policies for managing encounters with ICE and to offer know-your-rights workshops in healthcare settings. Specifically, we encourage private hospital systems to follow Health and Hospitals’ lead in creating a more welcoming environment for immigrant, undocumented and limited English proficient New Yorkers, training frontline staff, and creating written policies addressing ICE. The violence our communities experience underscores the importance of sanctuary spaces, and we ask the City Council to continue to stand firm in the face of increasing attacks on the values of our diverse city.

Our entire team at New York Lawyers for the Public Interest thanks you – Chairpersons Menchaca and Rivera, the Committee on Immigration, and the Committee on Hospitals – for the continuing opportunity to address the immigrant healthcare crisis.

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Since 1976 New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers opposing marginalization on the basis of race, poverty, disability, and immigration status. Our community-driven work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to create equal access to health care, achieve equality of opportunity and self-determination for people with disabilities, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI’s Health Justice Program brings a racial justice and immigrant rights focus to health care advocacy in New York City and State. NYPI’s Health Justice Program has documented conditions in immigration detention and assisted seriously ill immigrants in obtaining necessary medical care. (See “Detained and Denied,” https://nylpi.org/wp-content/uploads/2017/02/HJ-Health-in-Immigration-Detention-Report_2017.pdf) With the help of doctors in NYLPI’s Medical Provider Network, we connect numerous detained people with medical providers to advocate on their behalf.