

**Addressing the "Migrant Crisis "in New York City:
A case study from, New York Presbyterian Hospital, an Academic Medical Center**

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Abstract

Global migration is increasing due to political, socio-economic, and environmental pressures. In 2022, 108.4 million people were forcibly displaced, including 35.3 million refugees and 43.3 million children. In the U.S., particularly New York City, a surge in migrants has been termed a "migrant crisis." The United Nations defines migration crisis as "complex and generally large-scale migration flows, as well as the mobility patterns [...] that often lead to considerable vulnerabilities for affected people and communities, and pose serious migration management challenges" (International Organization for Migration, n.d.). Despite international human rights frameworks, U.S. policies often fail to protect migrant rights, especially for vulnerable children. Increasing migration driven by climate change and environmental, financial, and political crises underscores the need for healthcare systems to innovate and integrate community-engaged strategies. It also emphasizes the crucial role academic health centers can play in supporting marginalized communities. In New York City, many migrants lack community connections, requiring collaboration among grassroots groups, nonprofits, and municipal agencies to meet urgent needs. This paper describes how NewYork-Presbyterian Hospital (NYP), in partnership with community organizations, is addressing these needs through initiatives like needs assessments, clinical services, legal assistance, safe spaces for children, job training, and promoting self-sufficiency.

Keywords: Migrant Health; Global Migration; Displaced Children; Community Collaboration; Asylum Seekers; Health Equity.

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Background

Migration is on the rise globally, because of intersecting political, socio-economic and environmental pressures. An estimated 108.4 million people worldwide were forcibly displaced due to conflict, persecution, violence, or natural disasters in 2022, of whom 35.3 million people are considered refugees (UNHCR, 2022). Children are disproportionately represented among these displaced people: 43.3 million children were displaced in 2022, including 17.5 million refugees or asylum seekers (UNICEF, n.d.). These trends underscore the crucial need for coordination between government and civil society in the United States (US), particularly as the country has received four times as many asylum seekers as compared to the previous year, making the US the largest recipient by a substantial margin (U.S. Customs and Border Protection, n.d.).

An influx of new immigrants in New York City in the spring of 2022, including many children, has posed unique humanitarian, logistical, and financial challenges. While not unprecedented in a ‘city of immigrants’, this influx has been used as a means to weaponize migration as a political issue. At the same time, due to the fact that many have been bused to the city by border state governors, many of these newly arrived migrants lack the previously existing community connections that have helped prior waves of immigrants to acclimatize and navigate the city (Migration Policy Institute, 2023), highlighting the importance of collaboration in addressing this issue through a broad coalition of grassroots groups, community-based nonprofit organizations, municipal agencies and the healthcare sector.

Terminology

It is important to clarify the use of terminology when discussing the “migrant crisis” facing the United States, particularly in New York City. The term is currently being used by local and national politicians to describe the recent arrival of populations entering the country through its southern border, yet the conversation usually fails to capture the complex political, environmental, and economic factors that drive migration, while also neglecting the legal status and rights of the migrants themselves. The International Organization of Migration describes a crisis to include the impact on the migrants and the country receiving them, as it “often leads to considerable vulnerabilities for affected people and communities and pose serious migration management challenges in the longer term” (OIM Oficina Regional para Centroamérica, 2024).

To better understand the situation in New York City and other large urban centers in the United States, it is essential to define the terms refugee, asylum seeker, and migrant. A refugee is someone who has fled their own country due to the risk of human rights violations and persecution and must seek safety elsewhere. Their government cannot or will not protect them. Refugees have a right to protection under international law. An asylum seeker is a person who is seeking refugee status; this person has left their

country and is seeking protection from persecution and serious human rights violations in another country but has not yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim (Amnesty International, n.d.). Refugees and asylum seekers are protected legal classes, and their rights must be upheld. In contrast, the term migrant does not reflect a formal legal status but can be understood to refer to people staying outside their country of origin. Some may be transient, and others may be permanent (immigrant). As there is no internationally accepted legal definition of a migrant, the word, in most instances, is used to generate fear and avoid the country's legal obligation to those who are lawfully seeking asylum.

Human Rights Framework

Despite the existence of numerous international statutes that provide a human rights framework for the treatment of asylum seekers (e.g. the 1948 United Nations [UN] Declaration of Human Rights, the 1966 International Covenant on Civil and Political Rights, and the 1989 UN Convention on the Rights of the Child), the erosion of the asylum process in the United States continues to be a pressing issue that directly threatens the human rights of migrants (Meissner, Hipsman, & Aleinikoff, 2018).

After several failed attempts at universal protection of migrants in the US, former President Jimmy Carter signed the Refugee Act of 1980 into law. This act formalized a process for those seeking asylum in the United States as well as creating the Federal Refugee Resettlement Program to provide for the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible after arrival to the US.

Specifically regarding children, the United States and Somalia are still the only two countries in the world which have failed to ratify the UN Convention on the rights of the child, ignoring among others, Article 9.1 that states that a country

“shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine that such separation is necessary for the best interests of the child” (United Nations, 1989)

This lack of protection directly impacts the quality of the lives of migrant children, making them vulnerable and in need of advocacy.

In 1997, the Flores agreement was signed, which established national minimum standards for the treatment, placement, and release of detained immigrant children. However, this agreement was not enough to prevent the ongoing crisis because

“by late 2017, the government led by former president Trump, was separating families along the length of the U.S.-Mexico border, including families arriving through official ports of entry” (Southern Poverty Law Center, 2022).

On May 7th, 2018, the U.S. Department of Justice (DOJ) announced it had implemented a “zero tolerance” policy, dictating that all migrants who cross the border without permission, including those seeking asylum, be referred to the DOJ for prosecution. Undocumented asylum seekers were imprisoned, and any accompanying children under the age of 18 were handed over to the U.S. Department of Health and Human Services (HHS), which sent them miles away from their parents and scattered them among 100 Office of Refugee Resettlement (ORR) shelters and other care arrangements across the country. Hundreds of these children, including infants and toddlers, were under the age of five. When Biden was inaugurated in January 2021, he pledged to end family separations and his administration began to reunite some families. However, the crisis is far from over, as families are still being separated through detention and deportation under the current Biden administration (Lapidus, 2024).

An influx of migrants in New York City

In the spring of 2022, a large influx of migrants from Latin America, Africa and Asia—specifically from countries including Venezuela, Ecuador, Guinea, Colombia, China and Haiti—arrived at the US southern border lawfully seeking asylum (Rubinstein & Ngu, 2023). The Republican governors of Texas and Arizona utilized this surge and initiated a practice known as ‘busing’ (Office of the Texas Governor, 2024). These newly-arrived migrants and their children—who had been legally admitted to the country as asylum seekers—were put on buses without proper consent and transported to urban centers controlled by Democrats such as New York City, Chicago, and Washington. The border state governments instead of coordinating with receiving cities, unloaded the migrants at bus terminals without any resources. The lack of coordination and resources has left these individuals, many of whom lack necessary medications and even basic essentials like shoes, in a dire situation.

By the beginning of summer 2022, an average of 200 migrants, along with many children, were arriving each day at the Port Authority bus terminal in New York City, with no coordination with the city to receive them. The power of community action was demonstrated as a grassroots coalition quickly sprang up to attempt to meet the needs of this population: volunteer navigators greeted new arrivals and helped them to find food, shelter, and to begin the legal process for their asylum applications, a testament to the strength of community. Despite the growth of this ad hoc response into consistent support and increasing efforts, along with the municipal and state governments beginning to offer aid, there continues to be a tremendous need that strains an already threadbare social safety net.

As of June 2024, more than 200,000 individuals have arrived to New York City, with an average of 300-500 new arrivals daily (New York City Mayor's Office, 2024). Social services remain severely stretched, with an overloaded shelter system and many barriers to accessing healthcare as well as other services. Meanwhile, new limits on shelter stays place increasing pressure on these asylum seekers as they are removed from shelters. Although most, if not all, recently arrived people want to work, under federal law they are not able to do so until they have begun adjudication of their asylum cases, a process which can take over a year. This lack of resources, coupled with an inability to work legally, places them in danger of food and housing insecurities, as well as labor exploitation and sexual trafficking. The situation is particularly dire for children. Despite being eligible for public health insurance, school attendance, and supplemental nutrition, the lack of safe spaces for young children means that many are forced to accompany their parents as they look for work, beg for money or sell cheap goods in the streets and subways (Ashford, 2024).

Support for Asylum Seekers

NewYork-Presbyterian (NYP) is one of the nation's most comprehensive integrated academic healthcare systems. In collaboration with two world-class medical schools, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, NYP is comprised of ten campuses with over 4,000 beds and more than 10,000 affiliated physicians and nearly 40,000 employees. NewYork-Presbyterian sees more than 5.2 million visits annually, including over 25,000 infant births and more than 608,000 emergency department visits. NYP's Division of Community and Population Health has a 25-year history of collaborating with community partners across New York City, through a community-academic partnership framework, to improve the health and well-being of communities as it strives to achieve health equity for all. Over the past two years, the division has crafted a strategic framework, to guide NYP's response to asylum seekers. This framework incorporates a needs assessment and promotion of self-sufficiency as a guiding principle.

Convening across the hospital's campuses and community programs to coordinate care, the division has fostered a culture of collaboration, a culture that is deeply informed by our invaluable community partners. A large group of physicians, social workers, public health practitioners, students and hospital administrators, collaborating with community organizers, non-profits, and city agencies, have been able to create several initiatives to address pressing needs. These initiatives are focused on providing direct clinical services and offering resources to promote autonomy and self-sufficiency, which are a testament to the power of teamwork and shared goals. Specifically, we will now describe our involvement in a needs assessment, our model to provide direct clinical services, our efforts to promote self-sufficiency, and our collaboration with an organization, Early Starters International, that offers safe spaces for children.

Identifying needs

In February 2024, NewYork-Presbyterian in partnership with Make the Road NY, a community-based immigration advocacy and service organization, conducted a survey of migrants. The findings revealed significant challenges, with nearly half (44%) not currently English-speaking, and only 39% reported having family or loved ones in New York City. Nearly all (92%) were looking for work, but only 3% reported having found steady work. Of those with steady work, about a third reported not receiving minimum wage or timely pay or feeling threatened due to their immigration status. While 32% reported having applied for a work authorization, only 7% reported having received their permit. A lack of childcare options was identified by a significant number (37%) as a major hurdle to finding work (Make the Road NY, 2024). These findings underscore the urgent need for support and awareness in our community and highlights the importance of community support in addressing these challenges.

At the same time, in March and April of 2024, a grassroots network of volunteers and social workers conducted a survey of community needs among asylum seekers who were selling candy in the subway (Algún Día & New York Immigration Coalition, 2024). Their findings indicated a significant issue: that despite the fact that the New York State department of labor has identified over 40,000 positions open to migrants, a staggering 88% of migrant respondents indicated that they began vending in the subway due to lack of other options. The survey also revealed that 42% of the respondents identified a lack of childcare as a major obstacle, a distressing situation that echoed the findings of the previous Make the Road NY and NewYork-Presbyterian survey.

Provision of direct clinical services

In partnership with an immigration non-profit organization, the hospital performed a clinical needs assessment of migrants to guide further initiatives and provision of care. Consistent needs identified included resource navigation, dental care, treatment for mental health, acute injuries, chronic conditions, provision of medications, and prenatal care for pregnant women. Migrants were arriving at all hours with multiple needs, sometimes including urgent medical care such as a diabetic child in crisis because their insulin and other medications were confiscated at the border; a child requiring urgent knee surgery because of an untreated infection acquired on their journey from South America; and children with asthma in acute severe respiratory distress due to a lack of medication. In response, a group of volunteers developed a city-wide resource map to assist in meeting basic needs that included accessing medical care. In addition, volunteer doctors ‘staffed’ nascent migrant WhatsApp groups, providing guidance on who might need urgent medical care, and assisting in triage. To bring care to where the people were congregated, the division began to organize a comprehensive series of pop-up clinics in churches and community centers where asylum seekers could access doctors, receive free medications, needed vaccines, resource navigation, along with basic essentials like diapers, hygiene products, food and clothing. The division developed a system of expedited referral pathways for free medical care to enable quick access to hospital emergency rooms and primary care. Using the hospital’s school-based health center program, the division

has been able to address the significant ongoing need for childhood vaccinations. Specific workflows, order sets and clinical note templates were created to better care for children interfacing with the hospital system (Berlant, Brighton, Estrada Guzman, & Banker, 2023). Training of medical trainees has been integral to our work to ensure that doctors in the future have the knowledge skills and attitude required to treat this patient population.

Promotion of self-sufficiency

People arriving in New York City (with or without their consent) want to work, provide for their families and embark on the long journey of establishing a life in this country. The overall goal is to help people attain self-sufficiency and give them the basic tools needed to achieve this. This has included offering legal assistance, job training opportunities and provision of cellphones to facilitate employment applications. Through our city-wide network of partnerships with social service agencies, grass root and other community-based organizations, we have been able to achieve this. For example, NYP partners with legal non-profits which have sponsored clinics to assist with asylum applications. Community-based organizations provide job training opportunities including the ability to obtain essential certifications such as with the federal Occupational Safety and Health Administration (OSHA), which is required to find construction work. Our collective efforts have made a significant impact, and we are proud of the success stories that have emerged from our work.

Safe spaces for children

Our needs assessments have repeatedly underscored the urgent need for safe spaces for children. To better address the pressing need, NYP has partnered with Early Starters International, a nonprofit educational humanitarian organization. This partnership is dedicated to providing safe early learning and play spaces for children from zero to three years of age who are experiencing disasters and emergency situations worldwide.

The model for the safe space is designed to provide stability and community for children who have been displaced and who are often traumatized by their journeys. It offers an opportunity for children to connect with others and help them develop social and emotional skills crucial to their wellbeing. The spaces are located in New York City shelters where migrants reside, serving a dual purpose. It is run by mothers who are residing in the shelter, making them linguistically and culturally competent. These mothers, who not only receive financial stipends but also undergo training in early childhood education and child development, are empowered to make a significant difference in their children's lives and are equipped with useful workforce skills, fostering optimism about their future.

The partnership with Early Starters is not just about the present, but also about supporting their success for the future. We’ve conducted doctor-led pediatric and maternal health workshops for all caregivers at the shelter, delivered age-appropriate books to promote early literacy, and provided healthy snacks to balance the families’ lack of cooking space in the shelters. However, it’s the community health workers who are currently helping caregivers navigate the complex early childhood education system for children with developmental delays. The division is also planning to offer their medical mobile unit to provide maternal health services to those in need. Our long-term goal is to provide every child with the opportunity to lead a healthy and well-balanced life, regardless of their mode of entry to the country or current immigration status. This vision of a healthier future for all children is what drives our partnership with Early Starters.

Conclusions: A path forward

The “migrant crisis” continues to present a series of complex challenges in New York City. Regardless of the cause, its impacts on health and wellbeing, especially for children and families, are unmistakable and must be addressed. The scale of the challenge has forced grassroots groups, nonprofits, schools, and health systems to stretch in new ways to meet overwhelming needs, often in ways that feel novel or unorthodox. For health systems, more often accustomed to providing biomedical care within the walls of clinics and hospitals, it has reinforced the interconnectedness of health with environment and circumstances, enlightening us about the broader factors influencing health. This understanding has prompted to focus efforts on addressing upstream factors of health. It is time to innovate to expand our outreach efforts and to create new collaborations, workflows, and systems to respond to this growing need.

The certainty of increased worldwide migration due to worsening climate change and other environmental, financial, and political crises underlines the need for health care systems like ours to be creative and continue to embed this work within community-engaged strategies. It highlights the meaningful role that an academic health center can play in supporting the most marginalized communities.

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