

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY WITH
COMMITTEE ON CIVIL SERVICE AND LABOR

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April 11, 2016
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HELD AT: Council Chambers - City Hall

B E F O R E: MARGARET S. CHIN
Chairperson

I. DANEEK MILLER
Chairperson

COUNCIL MEMBERS: Karen Koslowitz
Deborah L. Rose
Chaim M. Deutsch
Mark Treyger
Paul A. Vallone
Rafael Salamanca, Jr.
Elizabeth S. Crowley
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A P P E A R A N C E S (CONTINUED)

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Dr. Robin Fenley, Assistant Commissioner
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Bernadette Josephs, Director
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Demand for Filipino Domestic Workers

Stephanie Mulcock, Executive Director
Sodonglobal (sp?)

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[sound check, pause]
[gavel]

CHAIRPERSON CHIN: Good afternoon. I'm Council Member Margaret Chin, Chair of the Council's Aging Committee. I'd like to thank Council Daneek Miller, Chair of the Civil Service and Labor Committee and the members of that committee for joining us today to hear these important bills. According to the Department for the Aging, DFTA, there are over 1.5 million New Yorkers providing unpaid care to a family member or friend, and this number is likely higher as many individuals caring for another do not identify themselves as caregivers. Our city's caregivers include the child caring, for the elderly parents, the grandparents providing care to their grandchild, the parents providing care to their adult child with a disability and, of course, countless non-member caregivers throughout the five boroughs. The Voluntary assistance that these individuals provide significantly reduces public spending for long-term care supports and services. However, this selfless devotion often comes at a high cost for caregivers themselves. Many must rearrange their work schedules, decrease their work hours, take

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2 unpaid leave or even quit their jobs to meet their
3 responsibilities. This results in an estimated of \$3
4 trillion in lost wages, pension and Social Security
5 benefits nationwide. As a larger number of New
6 York's caregiver population reports annual incomes of
7 below \$20,000, these losses can be financially
8 devastating for many families. The demand of
9 caregivers--the demands of caregiving can also take a
10 toll on the health of the caregiver, and employees
11 providing elder care, for example, are significantly
12 more likely to report depression, hypertension or
13 pulmonary disease regardless of age, gender and work
14 type. Caregiving responsibility are associated with
15 great--greater health risk behaviors, negative stress
16 affecting performances in the workplace and
17 difficulty in taking care of their own preventive
18 health needs. Women who make up the majority of
19 caregivers in New York encounter particularly hard
20 circumstances including greater hours of care, and a
21 higher level of care than their male counterparts.
22 Greater level of streets and more significant
23 economic losses due to sacrifices in the workplace.
24 Introduction 1081, which I've introduced with Council
25 Member Debbie Rose and our Council Speaker Melissa

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2 Mark-Viverito is the first step in assuring that the
3 City provides caregivers with the support and
4 resources they need. Speaker Mark-Viverito first
5 announced this initiative in her State of the City
6 Speech in February. This legislation that require
7 DFTA to develop and conduct a survey of unpaid
8 caregivers, providers, and care recipients throughout
9 the city. This will give us a more thorough
10 understanding of our city's unpaid caregivers, their
11 needs and their satisfaction with existing services.
12 DFTA will then utilize this data to work with other
13 city agencies and key stakeholders to develop and
14 publish a comprehensive citywide plan with
15 recommendations to address these needs and improve
16 services available to unpaid caregivers. The City
17 will be held accountable for implementing these
18 recommendations through a period progress report.

19 Today, we will also be hearing Intro
20 1084, introduced by Council Member Andrew Cohen and
21 the Speaker, which would establish a division of paid
22 care to advocate for the right of paid care workforce
23 such as homecare and childcare workers. I want to
24 thank both Council Member Rose and the Speaker for
25 helping put our city's caregivers front and center.

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2 We must support them as they continue to provide
3 invaluable essential care to their loved ones. This
4 includes--including more money in this year's budget
5 for caregiver services. The City has been funding
6 these services almost entirely with limited federal
7 funding for many years. That is why the Council is
8 calling on the Administration to allocate \$4 million
9 for caregiver support services in next year's budget.
10 It is time that the City devote its own resources
11 complementing federal funding to address these
12 critical needs.

13 Before we begin, I would like to
14 acknowledge Council Member Vallone and Council Member
15 Rose from the Aging Committee who's here. Oh, okay.
16 I didn't see that. All right, and council--and
17 Council Member Salamanca from the Aging Committee for
18 joining us today as well as to thank our committee
19 staff Eric Bernstein our Committee Council, Brittany
20 Morrissey, Financial Analyst and Dohini Sompura,
21 Finance Unit Head. I would also like to the staff of
22 the Civil Service and Labor Committee, Matthew
23 Collins, Committee Counsel; Gafar Zaaloff, Policy
24 Analyst, and Kendall Stephenson, Finance Analyst.

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2 Now, I will turn it over to Council Member Miller for
3 his opening statement. Thank you.

4 CHAIRPERSON MILLER: Thank you, Madam
5 Chair. Good afternoon, everyone. I'm Council Member
6 Daneek Miller and I'm the Chair of the Civil Service-
7 -the Committee on Civil Service and Labor, and today
8 we are having a joint hearing with the Committee on
9 Aging and Council Member Margaret Chin, which she
10 chairs. This legislation today will be introducing
11 legislation 1081, which will require the Department
12 of--DFTA to development and con--and conduct the
13 survey informal caregivers public and private service
14 providers and service recipients who access existing
15 informal caregivers' services and identify the needs
16 of informal caregivers. The other piece of
17 legislation, the Introduction 1084 has been submitted
18 by Council Member Andrew Cohen and Speaker Mark-
19 Viverito, which would create the division of paid
20 care with the Office of Labor Standards. The
21 division would work on issues related to homecare
22 workers and childcare workers to recognize the
23 growing importance of these workforces, and the
24 complexities of these issues involved. And the
25 increasing need of care recipients of every age.

1 Those in their in golden years have earned their
2 retirement. I am pleased that the Council is working
3 to make sure that they receive the best of care
4 possible. A part of that means that making sure
5 caregivers are looked out for as well particularly as
6 demands for the services increase. In 2013, AARP
7 detected that as Baby Boomers generation ages, and
8 there are fewer younger people to look after our
9 seniors that by 2030, New York--New Yorkers will only
10 be 4.8 persons available for those at high years 80
11 plus. And that the gap will continue to narrow by
12 2050 when it becomes 3-1/2 eligible persons to
13 caregive. It is not easy being the caregivers. It
14 has been reported that those working these fields
15 continue to experience high levels of stress, limited
16 family time and usually do not have time to consider
17 their own personal mental health and wellbeing.
18 According the Family Caregivers Alliance, the longer
19 one stays an informal caregiver, they stand to lose
20 about \$659,000 over the course of a lifetime, \$25,000
21 in Social Security benefits and \$67 in pension
22 benefits, and a half a million in foregone wages.
23 Without formal caregivers, the Alliance estimates
24 that \$17 billion is lost in productivity because of
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2 absenteeism and finding a replacement for employees
3 who leave to take care of their loved ones and time
4 sensitive, and other time sensitive errands around
5 child rearing is very costly. So I look forward to
6 hearing from everyone today, but before we begin I'd
7 like to thank the Council Member Chin, and Council
8 Member Cohen for this--this vital legislation that
9 we're looking to hear this afternoon. I'd also like
10 to thank members of the Civil Service and Labor
11 Committee along with those on the Aging Committee
12 that joined us to--today, along with Council staff,
13 which was previously mentioned, and with that I would
14 like to turn it back over to Madam Chair.

15 CHAIRPERSON CHIN: Thank you, Chair
16 Miller. We're also joined by Council Member Treyger
17 and also Council Member Deutsch from the Aging
18 Committee. Before we call the panel to start, I'd
19 like to ask Council Member Debbie Rose and also
20 Council Member Cohen to give some remarks about the
21 legislation.

22 COUNCIL MEMBER ROSE: Thank you very
23 much. I'd like to thank Chairs--Chairs Chin and
24 Miller for convening this hearing on Intro 1081 and
25 1084, and I'd like to thank Council Member Cohen for-

1 -being the prime sponsor of Intro 1084. On January
2 5th, landmark legislation, Intro 108-A, the
3 Caregivers Discrimination Bill was signed into law.
4 Intro 108-A prohibits employment discrimination based
5 on an individual's actual or perceived status as a
6 caregiver. I sponsored this legislation because I
7 believe that no worker should face negative
8 consequences at work because of their familial
9 obligations. I all too well that the reality of for
10 many workers is that they juggle the responsibilities
11 of work and caring for children or other family
12 members. With Intro 108-A, they are now protected
13 from being treated differently in the workplace from
14 colleagues who are not caregivers. This is a--this
15 was an important first step in address an issue of
16 critical need for thousands of New Yorkers, that is
17 that they are caring for sick children, parents or
18 other loved ones while struggling to maintain their
19 homes and jobs. This issue looms large in our city's
20 future. The majority of parents including mothers of
21 young children are in the workforce. The population
22 of disabled elderly adults is projected to grow
23 significantly in the next 20 years, and the
24 responsibility for their care will fall on their
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2 loved ones, workers--who are workers and who are
3 unpaid for these services. I have sponsored Intro
4 1081 because I see it as the next logical and
5 important step for the city to take. That is to
6 develop a comprehensive plan to help address the
7 needs of the tens of thousands of unpaid informal
8 caregivers in New York City. I look forward to
9 hearing testimony today on this proposal, and I look
10 forward to hearing testimony Intro 1084, which would
11 establish a division of paid care, both of which
12 bills I think are critical and important to our aging
13 population. Thank you, Chair Chin.

14 COUNCIL MEMBER COHEN: Thank you. Good
15 afternoon. I'm Council Member Andrew Cohen, and I
16 would first like to take this opportunity to thank
17 Chair--the Chairs of these two committees, Chair
18 Margaret Chin and Daneek Miller for hearing Intro
19 1084. I'd also like to thank the Speaker for her
20 initiative and partnership in sponsoring this bill.
21 Intro 1084 establishes a division of paid care
22 within--in the Office of Labor and Standards in order
23 to address issues of homecare--homecare and childcare
24 workers. The division will be led by a coordinator,
25 who will conduct public information and outreach

1 campaigns and clinics to inform paid care workers of
2 their rights and relative labor standards as well as
3 their eligibility for benefits, low-cost health
4 insurance options, financial and tax credit literacy
5 and state approved education or training programs.

6 The coordinator will also engage in research
7 collecting demographic information on paid care
8 workers and their clients as well as the policies and
9 practices within their field. In add--in addition,
10 the division will include an advocate who will
11 develop an intake system for paid care workers to
12 submit workplace grievances, complaints, and provide
13 referrals to legal service organizations. The
14 advocate will also investigate systemic legal
15 violations. The division will report its results to
16 the Council and post the information on its website.

17 The goal of this division is to empower paid care
18 workers against the risk of exploitation and abuse.

19 The individuals who care for our most vulnerable
20 populations are often the most hardworking, underpaid
21 and compassionate people in our society. The
22 services they provide are vital, even so far as to
23 take care of another--another's basic human needs
24 when he or she is unable to do so. By creating this
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2 division, we will be able to protect the ones who
3 look out for our children and homebound loved ones
4 from being taken advantage of themselves. Thank you.

5 CHAIRPERSON CHIN: Thank you, Council
6 Member. I would like to welcome the panel, our
7 Commissioner for DFTA, Donna Corrado; the Assistant
8 Commissioner Robin Fenley, Borough of Healthcare
9 Connections, and Lindsay Greene representing our
10 Deputy Mayor Glen. The counsel will swear you in.

11 LEGAL COUNSEL: Can you raise your right
12 hand, please?

13 COMMISSIONER CORRADO: Uh-huh.

14 LEGAL COUNSEL: Do you affirm to tell the
15 truth, the whole truth and nothing but the truth in
16 your committee be--in your testimony before the
17 committee today, and to respond honestly to council
18 member questions?

19 COMMISSIONER CORRADO: I do.

20 ASSISTANT COMMISSIONER FENLEY: I do.

21 COMMISSIONER CORRADO: [coughs] Good
22 afternoon, Chairpersons Chin, Miller and members of
23 the Aging and Civil Service and Labor Committees.
24 I'm Donna Corrado, Commissioner of the New York City
25 Department for the Aging and I'm joined by my

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2 colleagues Dr. Robin Fenley, Assistant Commissioner
3 for the Bureau of Healthcare Connections and the
4 Director of our Alzheimer's and Caregiver Resource
5 Center. Thank you for this opportunity to discuss
6 Intro 1081 relating to a comprehensive plan to
7 address the needs of informal caregivers. According
8 to the National Center on Caregiving, throughout the
9 U.S., millions of people provide care for family
10 members who are chronically ill, disabled or aging.
11 These caregivers assist family members by running
12 errands, paying bills, preparing meals, picking up
13 medications, helping with dressing, other activities
14 of daily living and instrumental activities of daily
15 living. In New York State there are an estimated 1.9
16 million caregivers, approximately 1.3 million
17 individuals serve as informal family caregivers in
18 New York City. Recognizing that the number would be
19 much larger and that people often do not recognize
20 themselves as caregivers. The average time spent in
21 providing care is more than 24 hours a week, which is
22 essentially a second job for many of these
23 caregivers. Nearly one in four caregivers spend 41
24 hours or more per week providing care, and the
25 economic value of these informal caregivers should

1 these serves be provided by formal caregivers is
2 estimated to be \$470 billion a year. In addition,
3 2.7 million grandparents serve as the primary
4 caregiver for their grandchildren. More than half of
5 these grandparents or 55% have been serving as the
6 primary caregiver for three years or more, and 38%
7 have been doing so for five years or more. Twenty-
8 two percent of family caregivers are living below the
9 poverty level while 10% among the general population
10 of individuals 50 and older are below the poverty
11 level. In New York City about 66,000 grandparents
12 are raising grandchildren under the year--under 18
13 years old.

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15 In 2000, the Older Americans Act was
16 amended for the first time in 25 years in response to
17 the evolving needs of the older adult and advocacy
18 efforts of the caregiving family caregivers. The
19 National Family Caregiver Support Program, Title III-
20 E of the Older Americans Act was enacted to provide a
21 full complement of service options to family members
22 or responsible individuals who provide care for
23 adults age 60 and over and to grandparents or older
24 relatives who have primary responsibility for raising
25 grandchildren ages 18 and younger. The 2006

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2 Reauthorization of Title III-E in response to the ad-
3 -advocacy at the local and national levels has now
4 expanded the definition of those who may be served
5 through this program and includes younger
6 grandparents ages 55 and older, older adults with
7 disabled children of any age, and families caring for
8 individuals of any age with Alzheimer's Disease or a
9 related neurological disorder. [pause] The
10 enactment of the National Family Caregiver Support
11 Program represented a significant departure from the
12 historical approach to service delivery under the
13 Older Americans Act. This legislation took an
14 important step towards dismantling the funding silos
15 of the aging, mental health, and the disabilities
16 communities. The program also expanded the target
17 population for aging services by identifying the
18 caregiver as the primary recipient of services
19 instead of designating the care receive as the
20 exclusive service beneficiary. This recognition of
21 the interrelated nature of caregiving made the
22 provision of direct services possible for the
23 caregiver themselves such as support groups and
24 trainings on aspects of care and how to manage their
25 care responsibilities. Critical services and

1 community linkages are often under the NFCSP,
2 National Family Caregiver Support Program to those
3 who are caring for family members at home. The value
4 of addressing the bio-cycle social needs of informal
5 caregivers is well documented. Maintaining the
6 optimal health of the caregivers has been
7 demonstrated repeatedly [coughs] and it avoids the--
8 the institutionalization of the care receiver and
9 reduces the levels of caregiver and family stress.
10 The importance of supporting caregivers is
11 underscored by the growing cadre of caregivers who
12 are employed raising their own families and now find
13 themselves caring for older relatives as well.
14 Unfamiliar with the kind of service options available
15 to meet their caregiver needs, these individuals
16 understandably overwhelmed individuals, find
17 themselves confronting competing demands from their
18 job, family obligations and caregiver
19 responsibilities. The intent of the National Family
20 Caregiver Support Program as implement--implemented
21 by the Triple A's or the area agencies on aging, of
22 which DFTA is the largest in the country, is to
23 provide one-stop shopping so that the needs of
24 caregivers can be assessed and addressed through
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1 information, education and service linkages for
2 themselves and for their care receivers. There are
3 five services categories authorized under the act.
4 First, is the information about services. Second,
5 assistance with assessing services and benefits,
6 individual counseling support groups and training,
7 respite care and supplemental services. Respite care
8 may include congregate care for the care recipient,
9 in-home care and institutional overnight stays. In
10 order to be eligible for respite care, the care
11 receiver must be impaired in at least two activities
12 of daily living, that is he or she must need physical
13 assistance with bathing, dressing, eating,
14 ambulating, using the toilet or be cognitively
15 impaired requiring--requiring verbal hearing or
16 substantial supervision.

18 Under supplemental services, which are
19 designed to provide non-traditional assistance, the
20 requirement for two ADLs and cognitive impairment
21 also applies. Examples of supplemental services can
22 include purchase of incontinent supplies,
23 medications, minor home modifications or
24 transportation. Caregiver clients are empowered to
25 identify their care needs while working with a case

1 manager who acts as a liaison to the provider of
2 service. The ADL stipulation does not apply to a
3 grandparent seeking respite or supplemental services
4 on behalf of a grandchild. Respite and supplemental
5 services in this instance can include summer sleep-
6 away camp, tutoring services [coughs] or tutoring
7 services. It is important to note that funding for
8 respite and supplemental services is quite limited.
9 With judicious expenditure to these--of these funds
10 is incumbent upon the caregiver program. DFTA has
11 contracted with community-base organizations citywide
12 since 2001 to provide services under the National
13 Family Caregiver Support Act. It's currently funded
14 at \$4 million. DFTA's ten caregiver programs have
15 served approximately 9,000 individuals throughout the
16 city, providing information about caregiving,
17 discussing the associated stresses and offering
18 pertinent resources such as respite and supplemental
19 services. Also, available for caregivers throughout
20 these programs is supportive counseling, support
21 groups and training.

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23 Seven of the ten programs that are
24 sponsored by DFTA serve designated catchment areas.
25 Of these seven programs, three serve grandparents

1 raising grandchildren in addition to working with
2 adult child and spousal caregivers. The other three
3 programs assist caregivers citywide. One program
4 serve Chinese, Japanese and Korean caregivers.
5 Another program serves the blind and visually
6 impaired, and the third program serves the LGBT
7 caregiver community. In terms of language access,
8 [coughs] caregiver services are provided to
9 individuals who speak Spanish, Russian, Polish,
10 Ukranian, Filipino, Green, Mandarin, Cantonese,
11 Korean and Japanese. Language Line is also available
12 for other languages or dialects. All programs
13 provide ongoing community educational forums on
14 topics related to caregiving and the many aspects of
15 long-term care. Collaborative caregiver public
16 forums have been successful as outreach opportunities
17 while also providing information to its attendees.
18 Programs also take advantage of local media outlets
19 such as public television and community newspapers to
20 discuss caregiving and available resources of the
21 caregiver program. It is important to note that
22 included among the caregivers served are long-
23 distance caregivers who live out of state or out of
24 the country, working caregivers and more recently
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2 even younger caregivers, that is children who have
3 become caregivers for parents or other relatives.
4 This is being seen with a grandparent who has begun
5 to show signs of cognitive impairment whereby the
6 grandchild now cares for the grandparents. Each type
7 of caregiver has their own unique concerns and
8 situations with the commonality of providing care for
9 a loved one crossing all caregivers working to allow
10 the care receiver to remain at home and in their
11 community for as long as possible. Assistance is
12 also available through the social work staff of
13 DFTA's Alzheimer's and caregiver resource center, and
14 they provide information referrals to more than 3,400
15 individuals. Resources discussed with callers
16 include alternative residential options for their
17 care receivers who can no longer safely reside at
18 home, discuss--discussion on accessing the needed
19 long-term supports and linkages to appropriate
20 community services. Consultation is provided to other
21 professionals who are seeking services for their
22 clients, and not familiar with the aging resources.
23 [coughs] DFTA is also a member of a number of
24 caregiver coalitions. DFTA is a member of the State
25 Coalition, the Family Caregiver Council since 2007,

1 which conducted the first New York State Caregiver
2 Survey on the impact of services received through the
3 Caregiver Support Program. DFTA is also involved in
4 New York State for Aging's Caregiver Coordinators
5 Group, and as presented at numerous venues and areas
6 throughout the state on issues facing the diversity
7 of New York City's Family Caregivers. Additionally,
8 Emblem Health launched the New York City Caregiver
9 Coalition in 2006, which now resides with LiveOn New
10 York and DFTA participating in the early development
11 of this coalition as well as partnership for Family
12 Caregiving Corps, a corporate focus coalition
13 spearheaded by Emblem Health.
14

15 Years ago, DFTA recognized that an
16 increasing number of the city's older adults were
17 caring for their grandchildren or younger relatives
18 and responded with programs to support them. The
19 Grandparent Resource Center, the first of its kind in
20 the nation, was established by DFTA in 1994. The
21 Grandparent Resource Center provides a number of
22 supportive services to those older adults who are
23 raising grandchildren and other young relatives.
24 Resource specialists at the [coughs] Grandparent
25 Resource Center are raising grandchildren and other

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2 young relatives. Specialists offer advocacy and case
3 assistance as well as referrals to appropriate
4 community based organizations. These CBOs provide
5 services [coughs] such as financial assistance,
6 advocacy, education, tutoring, family counseling and
7 support groups. The Grandparent Resource Center has
8 worked to provide information and referrals, case
9 assistance and training. Working with community
10 partners, the Center organizes educational forum and
11 events for caregivers throughout the community. The
12 Center presentations and trainings for caregivers are
13 held at local schools, hospitals, churches, and other
14 religious institutions. In calendar year 15, there
15 were 737 grandparent caregivers that were served
16 throughout the Center, and 30--3,247 service units
17 were provided. In order to provide some of the
18 neediest kinship caregiver families, the Grandparent
19 Resource Center expanded in fiscal year 15 under the
20 NYCHA's Anti-Violence Program. The Resource Center
21 received an additional 472,000 for DFTA's community
22 advocates to work with residents at 15 NYCHA
23 developments and provide resources and services to
24 grandparent caregivers. Through this initiative
25 grandparent caregivers have received parenting

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2 education, trainings and peer support on raising
3 their grandchildren.

4 In relation to Intro 1081, we really
5 would like to applaud this laudable effort of--of
6 even concentrating and thinking about expanding
7 services to caregivers. So we really are on--in
8 agreement with the spirit of the legislation, and we
9 would like to work with City Council and with our
10 other stakeholders in developing the survey and a
11 comprehensive plan to move this initiative forward.
12 There's plenty of work to be done as it relates to
13 caregivers and there will only be more work to be
14 done in the future. So we look forward to developing
15 a meaningful and comprehensive survey so that we can
16 come up with a comprehensive plan for the City of New
17 York to move this initiative forward. So thank you.

18 CHAIRPERSON CHIN: Thank you. Ms.
19 Greene, are you providing testimony.

20 LINDSAY GREENE: Yes, I am. Hi.

21 CHAIRPERSON CHIN: Thank you.

22 LINDSAY GREENE: Good morning, Chair--
23 Chairman Miller and Chairwoman Chin and members of
24 the Committees on Civil Service and Labor and the
25 Aging. I am Lindsay Greene, Senior Advisor to Deputy

3 Mayor Glen for Housing and Economic Development. On
4 behalf of Deputy Mayor Glen I work closely with
5 several agencies that are--are deeply involved with
6 labor and the workforce including the Department of
7 Consumer Affairs, DCA, the Department of Department
8 of Small Business Services, SBS, and the New York
9 City Department--New York Economic Development
10 Corporation among others. I'm joined today by
11 colleagues in the audience from DCA's Paid Sick Leave
12 and Commuter Benefits Division, Nick Smithberg, our
13 Executive Director, Steve Kelly our Legal Director
14 and Jill Maxwell, Deputy Director for Legal
15 Investigations and I'm also by Shawna Treyger, the
16 Executive Director of our New York Alliance for
17 Careers in Health Care or NYACH, our healthcare
18 industry partnership which resides at SBS. We are
19 pleased to be representing Mayor Bill de Blasio's
20 Administration here today. Thank you for inviting us
21 to testify on Intro 184, or I'm sorry, 1084, or the
22 paid care bill, which seeks to establish the division
23 of paid care within the Office of Labor Standards.
24 The Administration supports the goal of the bill to
25 establish protections for caregivers, the class of
workers who largely work within the home, and often

1 have access to very little or no supportive systems
2 and benefits provided by traditional employment.

3 This population is typically paid lower wages
4 especially childcare workers and is largely immigrant
5 and foreign born. And thus in need of more support
6 structures than are typically available. We have a
7 variety of city touch points that exist today with
8 home care and childcare workforce already through our
9 existing DCA labor law enforcement and through our
10 healthcare industry partnership at SBS. I'll touch
11 on a couple of those points. Our Paid Sick Leave and
12 Commuter Benefits Division at DCA has had a focus on
13 the homecare industry. Due to the vulnerable nature
14 of the employee population, to date the division has
15 successfully closed 59 cases resulting in restitution
16 for over 5,700 New Yorkers specifically on the Paid
17 Sick Leave legislation. DCA's outreach to this
18 population is strong and ongoing, and DCA is--is
19 planning a targeted outreach campaign specifically
20 for childcare workers, a population that is
21 historically harder to reach particularly on
22 enforcement matters. With regards to the healthcare
23 industry partnership, NYACH, it has developed a
24 strong program supporting the training and licensing
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2 of homecare workers leveraging a curriculum built in
3 partnership with PHI. The organization previously
4 funded by the Council to do landscape research and
5 analysis on homecare workers and workforce
6 programming for that universe of people. NYACH's
7 training program is build on the good jobs equal good
8 care philosophy, and it trains 4 to 500 New Yorkers
9 each year, and the program includes committed
10 employer partners in order to link successful
11 graduates with employment. As you can see, our
12 broader Housing Academic Development Team inclusive
13 of the soon-to-be-created Office of Labor Standards
14 has a good foundation of worker first programming
15 with regards to the homecare population and seeks to
16 build the same with childcare workers. Our team
17 including the forthcoming OLS director looks forward
18 to working closely with the Council to expand upon
19 our labor policy and enforcement work, and further
20 recommendations to support vulnerable workers like
21 caregivers. Thank you.

22 CHAIRPERSON CHIN: Thank you for your
23 testimony. First, I'm going to call on Council
24 Member Rose with some questions.

25

1
2 COUNCIL MEMBER ROSE: Thank you, Madam
3 Chair. I--I think we've heard from your testimony
4 how important and how many caregivers there actually
5 are providing services to their family members
6 without any compensation, and--and the challenges
7 that they present in so--in so doing so. And so I--I
8 was wonder I had--DFTA just previously conducted a
9 survey of programs or program recipients, and in so
10 doing did you find any useful information to help
11 develop new initiatives or improve existing programs?

12 COMMISSIONER CORRADO: I would have to
13 say, you know, family caregiving is a very well
14 researched area, and there are many aging and
15 resource centers throughout the academic institutions
16 through--throughout New York. There's several that I
17 know of that this is their life's work. So yes we
18 consult with them, and the programs that I spoke of
19 earlier in terms of the Grandparent Resource Center
20 would be one example, and also the--the National
21 Family Caregiver Programs. This--all those services
22 under that particular funding stream is also
23 something that--that DFTA supports and that we also
24 provide those services. So, yes, the--the need for
25 those particular services are pretty much well

1 documented, and I think what--what the spirit of the
2 survey here is how in New York City, what are the
3 particular needs of New York City resident--
4 residents, and the--the need for those caregivers.
5 So my suggestion would be that we work with those
6 institutions to come up with a meaningful survey, and
7 a review of the work that's already been done so that
8 we can come up with a comprehensive plan.
9

10 COUNCIL MEMBER ROSE: What is the
11 anticipated funding for caregiver support programs in
12 the 2017 Budget?

13 COMMISSIONER CORRADO: The additional \$4
14 million.

15 COUNCIL MEMBER ROSE: And does this
16 compare--how does this compare with the funding for
17 caregiver support programs that were in fiscal year
18 2016?

19 COMMISSIONER CORRADO: So, it's an
20 additional \$4 million, and how much is that
21 caregiver?

22 LINDSAY GREENE: Four.

23 COMMISSIONER CORRADO: Altogether?

24 LINDSAY GREENE: Yeah.
25

1
2 COMMISSIONER CORRADO: An additional
3 four?

4 LINDSAY GREENE: This--this would be an
5 additional four to the current four.

6 COMMISSIONER CORRADO: Well, actually
7 it's doubling. So it's \$4 million to \$8 million.

8 COUNCIL MEMBER ROSE: From four. Okay,
9 and what percentage of these funds actually came from
10 the federal government pursuing the Older Americans
11 Act?

12 LINDSAY GREENE: [off mic] It's about
13 100% of that.

14 COMMISSIONER CORRADO: Well, the--the
15 original four would be 100%.

16 COUNCIL MEMBER ROSE: The original four:

17 COMMISSIONER CORRADO: Yes.

18 COUNCIL MEMBER ROSE: And the additional
19 four is coming from where?

20 COMMISSIONER CORRADO: From the
21 Administration. Is that correct?

22 LINDSAY GREENE: [off mic] No from the--

23 COUNCIL MEMBER ROSE: [interposing] From
24 the Administration. Okay, and--
25

1
2 COMMISSIONER CORRADO: [off mic] Is this
3 from City Council?

4 LINDSAY GREENE: [off mic] Yes, it's
5 actually four. (sic)

6 COMMISSIONER CORRADO: Oh, I'm sorry.
7 From City Council. It's discretionary.

8 COUNCIL MEMBER ROSE: From City Council.
9 [laughs] Okay. That's a big mistake to make--

10 COMMISSIONER CORRADO: [interposing]
11 Yeah, that's big--

12 COUNCIL MEMBER ROSE: -- in front of this
13 group.

14 COMMISSIONER CORRADO: Yes, it is.
15 [laughter]

16 COUNCIL MEMBER ROSE: I'm surprised
17 everybody was quiet.

18 COUNCIL MEMBER VALLONE: [off mic] We're
19 waiting on that.

20 COUNCIL MEMBER ROSE: Chair Chin.
21 [laughs]

22 CHAIRPERSON CHIN: I thought they were
23 like wow, they agreed with us. So that we need the
24 Administration puts--to put in \$4 million.

25 COMMISSIONER CORRADO: My error.

3 COUNCIL MEMBER ROSE: Would you be able
4 to establish a separate city funding stream for
5 informal caregiver services that's comparable to
6 federal funding?

7 COMMISSIONER CORRADO: I don't know how
8 to answer that question. Is it--?

9 COUNCIL MEMBER ROSE: I'm--I'm looking
10 for a dedicated separate, you know, funding stream
11 for informal caregiver services.

12 COMMISSIONER CORRADO: Let me--I think
13 it--as--as an ideal that would be wonderful. That
14 would match or surpass the National Funding
15 absolutely.

16 COUNCIL MEMBER ROSE: Under the--the
17 definition of informal caregivers, would informal
18 caregivers become a formal designation, and if so,
19 would they incur new liabilities by virtue of this
20 designation?

21 COMMISSIONER CORRADO: I would say no.
22 If you move somebody from an informal category to a
23 formal category, then they're--they're--the
24 assumption is that that's somehow paid caregiving and
25 supported in some way. So in that sense it's a
completely different arena. So we're talking here

3 about informal unpaid caregivers who often times see
4 themselves as formal caregivers, right, but we're
5 talking about unpaid informal family caregivers who
6 may or may not be blood relatives.

7 COUNCIL MEMBER ROSE: So what if any
8 impact do you think this designation would have on an
9 informal caregiver on the power to--to get the power
10 of attorney or healthcare proxy documents. Do you
11 think it would have any impact?

12 COMMISSIONER CORRADO: I--I don't
13 understand the question. What this means?

14 COUNCIL MEMBER ROSE: This being--of
15 becoming a formal designation, would there be any
16 sort of liabilities in terms of whether or not they
17 could become powers of attorney or become healthcare
18 proxies?

19 COMMISSIONER CORRADO: And that's a legal
20 question and I'm--I'm not prepared to answer that.

21 COUNCIL MEMBER ROSE: Okay.

22 COMMISSIONER CORRADO: I just don't have
23 that expertise.

24 COUNCIL MEMBER ROSE: Okay, and might it
25 impact their ability of the person in need to obtain

1 healthcare or similar services because they have this
2 informal healthcare.

3
4 COMMISSIONER CORRADO: No, it does not--
5 it does preclude them at this kind of time. So I
6 don't--I don't anticipate that happening.

7 COUNCIL MEMBER ROSE: Okay, and--and just
8 one more. How many--how many people are currently--
9 currently staffed for Alzheimer's and the Caregiver
10 Resource Center and Grandparent Resource Center?

11 COMMISSIONER CORRADO: [off mic] Just
12 that one. (sic)

13 LINDSAY GREENE: There's a--a total of 13
14 in the Alzheimer's and Caregiver Resource Center, and
15 seven specialists in the Grandparent Resource Center.

16 COUNCIL MEMBER ROSE: And you talked
17 about the coalition event you're working with. Do
18 you think that it's adequate or are there other
19 groups that you think should be added to it?

20 LINDSAY GREENE: Well, certainly the--the
21 State Coalition was robust in terms of who all was
22 invited to the table. It was a very diverse group,
23 and locally with regard to the coalition that's now
24 with LiveOn New York, that's larger providers, and I
25 think for the purpose of it being provider driven is

1
2 good. And with regard to moving into the corporate
3 focused coalition, it's sort of in its infancy, and
4 so it's still taking shape, but that's certainly a
5 good direction to go as well.

6 COUNCIL MEMBER ROSE: And do you think we
7 are going to anticipate any problems with
8 accomplishing this survey and having it ready?

9 [background comments]

10 LINDSAY GREENE: Well, yeah. Yeah, take
11 it.

12 COMMISSIONER CORRADO: You know, I--I
13 think that we have a lot of work needs to be done to
14 structure a survey that's doable, that's reliable and
15 valid. In terms of research methodology, we don't
16 want to do something that is not going to yield any
17 useful results that we could actually develop a real
18 program that you can fund and--and have positive
19 outcomes. So it needs some work just in terms of how
20 we go about and really I think coming to some
21 consensus about what it is we're trying to obtain by
22 even conducting the survey. So I think it--it has--
23 it needs some--some work, but we look forward to
24 doing that work with you. I think that's--that's a
25 given.

1
2 COUNCIL MEMBER ROSE: Will you consider
3 town halls? How--how do you plan to--

4 COMMISSIONER CORRADO: [interposing] I
5 think that would be part--

6 COUNCIL MEMBER ROSE: --to do the reach-
7 out. (sic

8 COMMISSIONER CORRADO: --of the--that we
9 would come up with the methodology that would
10 incorporate the various stakeholders. So we don't--
11 you know, we would have to discuss different ways in
12 how we want to structure that sort of thing. That
13 would become part of the plan.

14 COUNCIL MEMBER ROSE: And isn't the--
15 the--the legislation says that by 2017 you will not
16 only have developed the survey, but will be able to
17 post results of this survey.

18 COMMISSIONER CORRADO: That's an
19 ambitious timeline, but we can do that if we have the
20 help and the resources to pull it together yes.

21 COUNCIL MEMBER ROSE: What would those
22 resources be--

23 COMMISSIONER CORRADO: [interposing] And
24 we have right now--

1
2 COUNCIL MEMBER ROSE: --that you would
3 need to meet the deadlines?

4 COMMISSIONER CORRADO: We would need to
5 engage I would--I would think one of the research
6 institutes or--and the professionals in helping us
7 design a study that can be administered within that
8 timeline, and we also need to look at the scope of
9 the study as it's quite ambitious. So I would look
10 at the legislation, but we--we can--we can talk that
11 through, and I--

12 COUNCIL MEMBER ROSE: [interposing] You
13 probably need additional funding to do that.

14 COMMISSIONER CORRADO: At this point in
15 time, we--we would not need additional funding just
16 to look at and structure the survey. Once we engage
17 the academic institutions, that would involve other
18 resources yes.

19 LINDSAY GREENE: It seems that the--that
20 this level of discussion is premature--

21 COMMISSIONER CORRADO: [interposing] Uh-
22 huh.

23 LINDSAY GREENE: We totally want to work
24 with you on this, but the sort of details, you know,
25 we just need more--more discussion.

1
2 COUNCIL MEMBER ROSE: So, the--the
3 deadline you feel for it being posted, the results
4 being posted is not realistic, or is that what you're
5 saying?

6 COMMISSIONER CORRADO: It depends on the
7 scope of the study, which still remains to--to be
8 worked out, those details.

9 COUNCIL MEMBER ROSE: Thank you. Thank
10 you, Madam Chair.

11 CHAIRPERSON CHIN: Okay. I think we
12 will, you know, have those discussions because I
13 think you agree with us that it's really important to
14 get that information so we can see what additional
15 resources we should advocate for. Because so far I
16 think for the last couple of years, the budget has
17 been at \$4 million, and most of that money has been
18 just coming from the federal government. Is that
19 correct?

20 LINDSAY GREENE: Yes, that's correct.

21 CHAIRPERSON CHIN: And wouldn't it be
22 nice to match it with city resources.

23 COMMISSIONER CORRADO: Of course, of
24 course. I mean, you know. [laughter]

1
2 CHAIRPERSON CHIN: And then OMB would ask
3 to jump the line, right?

4 COMMISSIONER CORRADO: Right.

5 CHAIRPERSON CHIN: And then when we talk
6 to Director Fuleihan, he's going to say well how do
7 you justify doubling the funding? So I think we--we
8 need to get the information data. But I think with
9 what we have, we probably could justify the
10 additional resource, and that's why we're asking for
11 it in this--this Administration to do it in this
12 year's budget to match what the federal government is
13 giving us. Has the State given the City any funding
14 for care--caregiver support services?

15 LINDSAY GREENE: This money is funneled
16 through the State. It's from the feds to the state,
17 through the state to us.

18 CHAIRPERSON CHIN: But the State hasn't
19 given additional funding?

20 COMMISSIONER CORRADO: The State has and
21 other people can speak more eloquently about this,
22 but the State has allocated money in their budget to
23 caregiving programs. So they've--they've added
24 money, yes.

1
2 CHAIRPERSON CHIN: So for this year's
3 budget, the recent budget they just passed--?

4 COMMISSIONER CORRADO: [interposing] The
5 recent budget that they just passed, there is
6 additional caregiver money in that budget.

7 CHAIRPERSON CHIN: And that's not the
8 federal dollar that they just passed through?

9 COMMISSIONER CORRADO: It might be.

10 LINDSAY GREENE: And I'd actually just
11 like to add, if I may, there's DIP (sic) funding
12 that's coming from the State, and actually through
13 DOH, State DOH there's an enormous amount of money
14 that's just been infused in New York City for
15 caregivers of persons with Alzheimer's Disease. So
16 the state is on board in recognizing the caregiving
17 crisis that's facing us all.

18 COMMISSIONER CORRADO: Right. It's part
19 of the Medicaid redesign.

20 CHAIRPERSON CHIN: Right. So we will
21 definitely look into that and see what kind of
22 additional resources there are. I'm going to pass it
23 over to Chair Miller for some questions.

24 CHAIRPERSON MILLER: Yeah, and I-I have
25 very few on--on--on 1081, but I--I do want to say

1 that it is such a pleasure and thank you Madam Chair
2 and members of--of--of the Committee to--to really be
3 here to hold to substantive hearing about how do we
4 enhance the quality of life for caregivers having an--
5 --an individual spend a great deal of their adult life
6 caregiving first as a--a young spouse and a single
7 parent, then as a single parent, there were very,
8 very little resources out there 20 years ago. And
9 as---in fact, I started my career as an advocate as a
10 childcare caregiving advocate, and have been a part
11 of early conversations around paid family leave and
12 paid sick and all those things that was just a blip
13 on the radar. And I am so glad to be a part of the
14 Council that are now addressing those issues. So--
15 and if you live long enough and things go well, you
16 go from childcare to elder care. And so now that is
17 my--my new function, right? And, obviously before
18 getting here I have doctor's appointments and all
19 that stuff that you learn before I--I--I made this
20 trip into City Hall. So how--how--how do we--are--
21 are--are these outreach services directly attached to
22 caregiving services that are being provided? How do
23 we identify the caregivers and connect them with the
24 necessary services that are currently being provided?
25

1
2 COMMISSIONER CORRADO: Okay, so you want
3 to answer that?

4 LINDSAY GREENE: Yeah, sure. Through the
5 outreach that each of the programs are required to
6 do, they'll participate in any and all versions and
7 varieties of public events, health--health events. T
8 They'll--some will go on public TV. You know, it
9 could--it can go from prints to being in person
10 telling people about the kinds of services that will
11 be available, and often times the people in the
12 audience will come up afterwards to the presents and
13 talk about their story, and then--and then that's how
14 the link is often made.

15 CHAIRPERSON MILLER: Oh, so for--for
16 caregivers that are--aren't often getting out in that
17 their time is in--is so limited that they're taking
18 care of others, and then trying to maintain their own
19 life--lifestyles, and then for those seniors that are
20 involved and those grandparents that are involved in--
21 -in--in trying to manage their own life, and at the
22 same time--and--and--and I saw the numbers that--that
23 said that 75 and 80-year-old grandparents are
24 certainly still taking care of grandchildren. How do
25 we then reach them? Certainly, are--are we doing it

1 through their involvement in--in their--their--their
2 caregiving, childcare, perhaps activities or vice
3 versa, someone like myself and, you know, are--are we
4 doing it through applications for Meals on Wheels or
5 senior? Like what is the direct correlation between
6 the--the services that are being delivered and the
7 caregiver so that we could enhance their caregiving
8 experience? Are--are we connecting the dots or--
9 because we're not often, you know, I certainly don't
10 have time to do those type of--if I'm not hosting a
11 town hall, I'm not attending the town hall. So, you
12 know, how--how do we access that information?

14 LINDSAY GREENE: That's correct I mean
15 and--and reaching the unreachable is I think a
16 continual challenge. But again through many of the
17 services even that DFTA provides, thinking its case
18 management agencies, there is conversation among the--
19 the caseworker so that they'll realize that their
20 client also has a family member who is at home or who
21 is in the work place, and--and the providers. So the
22 providers of our case management and providers of our
23 caregiver programs will talk to each other so that
24 there will be almost wraparound services, if you
25 will. So that there would be that kind of contact.

1
2 Recognizing that we have--it's a younger population
3 that's becoming caregivers. There's also the use of
4 social media, and so the outreach is happening that
5 way as well. And certainly as I was mentioning
6 before, the Emblems partnership through the corporate
7 world, we've had the opportunity to do some
8 presentations at Time Life for instance, and all of
9 the workers within Time Life who identified as
10 caregivers or thought they might be doing some
11 caregiving work came, and there are tremendous
12 opportunities to get the word out that way.

13 CHAIRPERSON MILLER: So, I'd like to
14 acknowledge that we've been joined by Council Members
15 Dromm, Koslowitiz, Johnson--

16 LEGAL COUNSEL: [interposing] [off mic]
17 And Lander.

18 CHAIRPERSON MILLER: --and Lander. So
19 with that, so--in--in your opinion, how--how many
20 contracts so DFTA currently have around caregiving?

21 LINDSAY GREENE: We have ten--

22 CHAIRPERSON MILLER: Ten.

23 LINDSAY GREENE: --caregiver contracts.

24 COUNCIL MEMBER Do--do you find that that
25 they're--they're adequately--adequately providing the

3 necessary services or do you foresee an RFP in the
4 future, and if--if--if so, what could we do
5 differently with the workforce that we have or, you
6 know, or do you find it necessary to contract some--
7 an additional?

8 LINDSAY GREENE: Well, first of all,
9 they're awesome. Each of these providers are just
10 tremendous. When we hear the stories of the cases
11 and situations that they respond to, you know, I'm
12 very, very proud of them.

13 COMMISSIONER CORRADO: Uh-huh.

14 LINDSAY GREENE: In terms of RFPing, yes,
15 you know, there will be an RFP somewhere down the--
16 the line. It hasn't been exactly determined yet.
17 And I would expect frankly just as when the previous
18 RPFs happened, it was a collaborative affair looking
19 at what the landscape was telling us, and--and things
20 are changing now. So I would expect--well, actually,
21 I don't know what I would expect to see of our next
22 caregiving contractors because it would--it's a to be
23 determined as we see where we are at that point in
24 time.

25 COMMISSIONER CORRADO: And certainly, you
know, the--the whole service and provider network

1 they pretty much do assessments and refer to each
2 other's programs. So there is a lot of cross-
3 pollination, if you will, around programs and what's
4 available and what available resources are out there.
5 So we're very fortunate in New York City that we do
6 have a significant reach in terms of programs and
7 services for older adults, and they do speak to each
8 other and through comprehensive assessments and our
9 case management programs, through our--our social
10 service providers and case aids in senior centers,
11 and our caregiver--our caregiver programs that
12 actually go out and do significant amounts of
13 outreach, there is quite a bit of--of services.
14 It's--it's people--if they don't identify them as
15 themselves as a caregiver, it's hard to even know
16 what you don't know, and what's available to you. So
17 there is a--a lot to be done, but in--just terms of
18 if somebody picks up the phone, and identifies as a
19 caregiver, if they go through many doors throughout
20 our service network, they will be--that will be
21 addressed.

23 CHAIRPERSON MILLER: Great so we--we do
24 have one great senior service coordinator within the
25 Borough of Queens, and his organization moves

1 quickly, and--and I hope that you're utilizing them
2 because we do for everything. I know from my--my
3 colleagues and points (sic) as well that we do.

4 LINDSAY GREENE: Right.

5 CHAIRPERSON MILLER: And we lean upon
6 them greatly. So if there's anything that--that
7 needs to get out--

8 LINDSAY GREENE: [interposing] Yes.

9 CHAIRPERSON MILLER: --and to be
10 coordinated in that manner that it's--

11 COMMISSIONER CORRADO: [interposing] And
12 those venues--

13 CHAIRPERSON MILLER: --a great resource.

14 COMMISSIONER CORRADO: Those venues are
15 very valuable. The Interagency Council, the trade
16 organizations, different aging venues, we need to be
17 out in--in--in all of them, and through those
18 educational forums--I was at one last week out in Bay
19 Ridge, the--the--one of the umbrella groups, and--and
20 they were doing educational activities at their--at
21 their morning legislative breakfast. So these are--
22 are very important venues that we need to continue to
23 support and get the word out. So that should be part
24 of any outreach plan as well.
25

3 CHAIRPERSON MILLER: And we really--we
4 really appreciate that. I just want to make sure
5 that--that--that--

6 COMMISSIONER CORRADO: [interposing] Uh-
7 huh.

8 CHAIRPERSON MILLER: --we have access,
9 and I'll leave it to the--my co-chair to kind of
10 figure out how we're going to fund it, but I'm sure
11 she has that. So, on--I'm--I'm going to jump around
12 a little bit and talk about 1084, and I--I do have a
13 question about something that I--I--I--I--I'm not
14 quite sure where we are in terms of Office of Labor
15 Standards. But I'm sure you can catch me up to speed
16 and--and talk about where exactly this legislation
17 would fit in, and if, in fact, there is something
18 that like legislation state or city that currently
19 over--oversees policy around paid hours and all those
20 working enforcement issues that--that concern us that
21 we're looking to drive in the direction of the Office
22 of Labor Standards.

23 LINDSAY GREENE: Sure.

24 CHAIRPERSON MILLER: Could you--?

25 LINDSAY GREENE: Sure. So OLS, you know,
it's an incredibly important office. It's an

1
2 incredibly important mission to all of us, and we
3 want to make sure we get it right. It's--the place
4 and process is--is complex. It involves a lot of
5 different stakeholders both inside the City
6 Administration and external stakeholders, and we're
7 working through that process, and we hope to have the
8 office fully set up within the month.

9 CHAIRPERSON MILLER: One month, 30 days?

10 LINDSAY GREENE: Yes.

11 CHAIRPERSON MILLER: Okay, good. We're
12 excited about and--and--and I think that would
13 obviously--are going to be transferring some of the
14 responsibilities from other agencies or are we going
15 to be just undertaking new responsibilities from this
16 point on? So in other words, are we looking at, you
17 know, paid sick leave and things of that nature, not
18 necessarily that, but some of the stuff that are
19 being undertaken by DCA and other agencies. Are we
20 looking to move that into Labor Standards.

21 LINDSAY GREENE: You know, the Paid Sick
22 Leave Team and the Community Benefits Team it's--it's
23 the same team at DCA. They're doing an incredibly
24 good job. You know, they can speak to some of their-
25 -their metrics for the number of cases they've

1
2 investigated and closed and, you know, it's--it's an
3 office we really support. You know, and they're
4 doing enforcement, and will continue to for the--the
5 immediate term. I think with regards to OLS and, you
6 know, consolidating any other--any other laws, you
7 know, at the moment we're--we're focused on those two
8 and, you know, finding the right home for the
9 enforcement folks that are at DCA and--and how we
10 structure the Office of Labor Standards, but we don't
11 have further details on that right now. That's
12 something that we, you know, look to work forward--
13 look to work with you on when we have the director.

14 CHAIRPERSON MILLER: So currently, what
15 is the current mechanism for--for enforcement of
16 those labor standards that currently exist, wages,
17 hours, and so forth. What--who's overseeing that
18 now? What city agency?

19 LINDSAY GREENE: I believe minimum wage
20 is the--is the comptroller I believe. There are--
21 there are certain things that are not in the specific
22 jurisdiction of--of a particular city that we
23 think.(sic) Nick, did I get that right? Sorry, this
24 is Nick Smithberg.

25

3 CHAIRPERSON MILLER: Yeah, and--and
4 please identify yourself.

5 LEGAL COUNSEL: One question.

6 CHAIRPERSON MILLER: One second here.

7 NICK SMITHBERG: It's Nick Smithberg.

8 CHAIRPERSON MILLER: The counsel has to
9 swear you in.

10 LEGAL COUNSEL: Can you raise your right
11 hand, please. Do you affirm to tell the truth, the
12 whole truth and nothing but the truth in your
13 testimony before the committee today, and to respond
14 honestly to council member questions?

15 NICK SMITHBERG: I do. My name is Nick
16 Smithberg. I'm the Executive Director the Paid Sick
17 Leave Division and the Commuter Benefits Division at
18 DCA, and the jurisdictional question you raised
19 relative to wage an hour laws is a complicated one.
20 Much of this is at the state level. So the city
21 doesn't have enforcement powers relative to issues
22 like overtime or Workers Comp and things of that
23 nature, but we do enforce a discrete portfolio with
24 certain labor related laws that are in existing in
25 the city. Paid sick leave obviously. There is a
living wage law of--a New York City Prevailing Wage

1 Law, and those are all housed within our office kind
2 of.
3

4 CHAIRPERSON MILLER: Okay, and--and that
5 would include wage theft?

6 NICK SMITHBERG: We include--

7 CHAIRPERSON MILLER: [interposing] Wage
8 theft in--in--in--?

9 NICK SMITHBERG: In some of those yes
10 paid sick leave.

11 CHAIRPERSON MILLER: But obviously not
12 in--not in the and so we're--we're talking about say
13 for instance domestic workers who's--who's--has
14 enforcement oversight?

15 NICK SMITHBERG: Well, in--in terms of
16 wage an hour law generally that's the state, and I--I
17 can't speak in any great detail which part of the
18 State government it is. There's a small piece of the
19 domestic workers enforcement that is covered by the
20 Paid Sick Leave Law, and that actually is one of our
21 bigger areas of enforcement. You know, the Mayor's
22 Office alluded to that during the testimony We've
23 closed about 59 cases resulting in about half a
24 million dollars of fines and restitution for some
25 5,700 workers, which is to us a--we're--we're very

1 proud of that result because we managed to leverage a
2 small number of cases.

3
4 CHAIRPERSON MILLER: What--what kind of
5 cases are you seeing there?

6 NICK SMITHBERG: Well, it's the--sort of
7 the usual variety of paid sick leave cases. They--
8 they don't either--I mean the primary types of cases
9 either they don't allow it, or they don't pay for it
10 or both, and that--those--those have been the--the
11 main out-- You know, there's some more technical
12 violations in terms of notices, et cetera, but--but
13 primarily substantive violations.

14 CHAIRPERSON MILLER: Okay. So [pause]
15 What--what role do you see for--for the Office of
16 Labor Standards relevant to--to--to the--this
17 legislation, these workers, these particular workers
18 here?

19 LINDSAY GREENE: Sure I think we would
20 like to have the--the Director and our team, you
21 know, meet with you and different members of the
22 committee to talk about the--the way we would
23 approach outreach and some--some scoping of some of
24 the work that's specified in the bill. I think
25 there's some details about how we would engage--

3 engage in that in terms of real execution, but it's
4 something we--we support the concept, and we really
5 want to do the right thing, with regards to a real
6 strategic policy for this particular population.

7 CHAIRPERSON MILLER: Okay, because
8 obviously this would be--upon passage of this bill,
9 it would be the purview of the Council and obviously
10 the city here. So, we're trying to really ascertain
11 who--would it, in fact, be something would be the
12 purview of the Office of Labor Standards.

13 LINDSAY GREENE: Yeah, I mean--

14 CHAIRPERSON MILLER: Yeah, and not pace
15 it and DCA.

16 LINDSAY GREENE: We fully expect to have
17 OLS set up within the month like I said, and so this
18 would definitely be something that that team would
19 engage with you on for sure.

20 CHAIRPERSON MILLER: Okay, thank you.
21 We've been joined by Council Member Cornegy and
22 Council member Crowley, and this is it.

23 CHAIRPERSON CHIN: We have Council Member
24 Vallone with questions followed by Council Member
25 Lander.

1
2 COUNCIL MEMBER VALLONE: Thank you, Madam
3 Chair and to our Co-Chairs, and first off,
4 congratulations to the council members on these
5 bills. These are two very important bills. As you
6 could see from today's testimony, there's not really
7 much opposition to them. Good afternoon, Madam
8 Commissioner. Always good to see you here at the
9 hearings. I'm sure your deputies are very happy that
10 you're taking this one today. I would like to add,
11 you know, we've had many of our hearings together
12 over the years. This is a topic that really has kind
13 of come up on some type of level at all of them. As-
14 -as we focus on the quote "aging tsunami", that we've
15 all been taught so well about, the residual effect of
16 that is the real life impact of family members that
17 now have to perform tasks that they are maybe not
18 qualified or ever thought they were--would be doing,
19 but out of love will do almost anything for a family
20 member or a friend. The letters that are being
21 submitted from the audience and from those who can't
22 make--make it today, we always appreciate everyone
23 for sending them up. We read them, and they do
24 impact us as a council. There are executives here.
25 There are social workers here. There are wives and

1 husbands saying how hard they have been impacted by
2 taking care of a loved one. So, I get frustrated
3 when I hear that this conversation is premature. It's
4 anything but premature. These are questions that
5 have been asked hearing after hearing, and we look
6 DFTA for leadership not waiting for results of
7 studies. So what I would like to see is an
8 initiative, an approach both fiscally and program
9 wise that we can discuss when talking about
10 caregivers. I think it's only fair to those who come
11 as social workers, as our CBOs, as our providers who
12 time and time again say this is the forgotten realm
13 of support. So with that being said, I would really
14 like to hear from someone what the plan would be
15 other than relaying on state and federal funding. As
16 the greatest city of New York as to helping those
17 caregivers. Is there going to be a push for City
18 Administration funding to finally get into this
19 situation?
20

21 COMMISSIONER CORRADO: When the comment
22 about it's premature was related to a question of in
23 particular about the survey, and funding for the
24 survey when we--we just need to do some work in terms
25 of developing the scope of the particular survey. So

1
2 that in no way undermines the need or the concern of
3 the department to address family caregiving. I think
4 that, you know, on a national level and on a--on a
5 state and citywide level it needs to be addressed.
6 That's a number one issue is--is family caregiving,
7 and I've been saying that for the last two years as,
8 you know, the--the call across the network and the
9 City Council and all of us. I think we're all in
10 agreement that there are not enough resources to help
11 family caregivers, and if we don't address that, the
12 issue will only become more and more burdensome and
13 more and more problematic. As people age and--and
14 the whole issue around Alzheimer's Disease and how do
15 we support people who are taking care of people, and
16 it really impacts not only the mental health and
17 wellbeing of people, but the whole economy in terms
18 of what informal caregivers and what they leverage in
19 terms of resources. So on thing I--I, you know, I do
20 know just in the pragmatic sense is that we, you
21 know, we cannot boil the ocean, and that's not what
22 we want to do. And sometimes when I--my initial
23 reaction the scope of the survey was it really takes
24 on a lot. So what can we do in a reasonable amount
25 of time in terms of crafting a survey and addressing

1
2 it and coming up with a plan that is both
3 comprehensive--comprehensive and doable. And that's
4 no necessarily going to supplant the \$476 billion in
5 funding that the information network now provides.
6 So what can do that's doable, that's not going to
7 bankrupt the city in terms of resources because the--
8 the need is so tremendous that we need to, you know,
9 do this in a very thoughtful way. That's all we're
10 saying.

11 COUNCIL MEMBER VALLONE: No, I agree with
12 that, but we're certainly not bankrupting the city
13 when it's zero, and--

14 COMMISSIONER CORRADO: [interposing] And
15 you're--you're absolutely right but, you know, it's--

16 COUNCIL MEMBER VALLONE: [interposing]
17 That to me is--I cannot go back as City Council
18 member for a district with the amount of seniors and
19 every one of our council members here and say that
20 the City's plan here is raise out the old--revisit--
21 re--

22 COMMISSIONER CORRADO: [interposing]
23 Right.

24 COUNCIL MEMBER VALLONE: --depend on
25 state and federal funds.

2 COMMISSIONER CORRADO: Right, and as she
3 said this is--

4 COUNCIL MEMBER VALLONE: It's not a plan.
5 Period.

6 COMMISSIONER CORRADO: --not a budget
7 hearing. So we were not prepared to come up with a--
8 a budget ask today. We're basically telling this.
9 (sic)

10 COUNCIL MEMBER VALLONE: [interposing]
11 Well, it--it's--I--I--I appreciate that. It's not so
12 much a budget ask as it is you just acknowledged in
13 your testimony--

14 COMMISSIONER CORRADO: [interposing] Uh-
15 huh.

16 COUNCIL MEMBER VALLONE: --as to the
17 critical impact of what's going on and what we're
18 talking about.

19 COMMISSIONER CORRADO: [interposing]
20 Right.

21 COUNCIL MEMBER VALLONE: So now what we--
22 what we need, and DFTA has always looked at--

23 COMMISSIONER CORRADO: [interposing] Uh-
24 huh.

1
2 COUNCIL MEMBER VALLONE: --right, because
3 that's the one we--we can't unfortunately have states
4 sitting here. We don't have federal.

5 COMMISSIONER CORRADO: Okay.

6 COUNCIL MEMBER VALLONE: So we look to
7 you, and I know you're handcuffed in many ways,
8 whether it's state laws or federal laws or state
9 funding, but we do have control here--

10 COMMISSIONER CORRADO: [interposing]
11 Right.

12 COUNCIL MEMBER VALLONE: --at least. So
13 unfortunately, you're the one that gets the brunt of
14 all of that because have--

15 COMMISSIONER CORRADO: [interposing] Uh-
16 huh.

17 COUNCIL MEMBER VALLONE: --no one else we
18 can yell at. So we have to focus our ability to--to
19 go to you and say we need you to go to bat. I mean
20 you--you did say we have ten contracts.

21 COMMISSIONER CORRADO: [interposing] We
22 have ten contracts--

23 COUNCIL MEMBER VALLONE: --with our CBOs.

24 COMMISSIONER CORRADO: --and they're all
25 doing a terrific job. If you--if you wanted to--

1
2 COUNCIL MEMBER VALLONE: [interposing]
3 Like wouldn't that be a great place to start?

4 COMMISSIONER CORRADO: That would be--

5 COUNCIL MEMBER VALLONE: Wouldn't that
6 be--

7 COMMISSIONER CORRADO: [interposing] That
8 would be a terrific place--

9 COUNCIL MEMBER VALLONE: --we don't need
10 a study to work on that.

11 COMMISSIONER CORRADO: --to start, and I
12 could even-- You know, defunded a few years ago was
13 our Social Adult Day Programs that DFTA sponsored and
14 operated. Refunding those programs and finding a way
15 to support them would be for--a very good first step.
16 So there are many ways. I mean the--it--we can fund
17 existing programs. We have a community provider
18 network, a case management network that, you know, if
19 they can pro--they have clients who are caregivers,
20 and they're support caregivers throughout their
21 caseloads. If we can provide supplemental services
22 and monies to those programs, and I believe that we--
23 we tried to do that, and experiment with that this
24 past fiscal year by just putting in a small amount of
25 supplemental dollars into contracts so that they have

1
2 that flexibility that they can actually give money to
3 families to--to purchase respite services.

4 COUNCIL MEMBER VALLONE: Well, that--
5 that's exactly--

6 COMMISSIONER CORRADO: [interposing] That
7 was--

8 COUNCIL MEMBER VALLONE: --it's exactly
9 the testimony we want to hear.

10 COMMISSIONER CORRADO: And--and we've got
11 some very good feedback from the community service
12 providers that they found that to be very helpful.
13 So continuing that vain and piloting some small
14 innovative ideas like that would--would go a long way
15 as well.

16 COUNCIL MEMBER VALLONE: So on that frame
17 and that will be my last question. You mentioned
18 that there's possibly an RFP down the line. I think--
19 -what I'm hopping is we're going to wait for the
20 results of us passing legislation and they're getting
21 funding, and having a survey to do any RFP. I--I
22 want to see that there's enough information out there
23 now for a generation of people that are screaming for
24 help, but we don't have to wait. So do you have any
25

1
2 timeline or idea on when that RFP may--can be
3 circulated?

4 [background comments]

5 COMMISSIONER CORRADO: It takes 18 months
6 generally, the cycle, to get an RFP out, but we have
7 an existing provider network that we could support
8 with caregiver dollars by amending contracts as well,
9 and supporting existing agencies. There are many
10 ways that we--that we can--we can support an existing
11 caregiver network that's out there already. So we
12 can talk about that in the days to come and I--I
13 really look forward to that because--and I--and I
14 applaud all of you. Just talking about caregivers in
15 this forum is a--is a big step forward. So thank
16 you.

17 COUNCIL MEMBER VALLONE: Thank you,
18 Commissioner.

19 CHAIRPERSON CHIN: Council Member Lander
20 followed by Council Member Treyger and Council Member
21 Deutsch.

22 COUNCIL MEMBER LANDER: Thank you very
23 much Madam Chair and to the other bill sponsors for
24 this important legislation and the administration. I
25 certainly agree with the, you know, with the urgency

1
2 of this. While I am also passionate about and have
3 the good fortune to work in my community with Judy
4 Willig (sp?) at Heights and Hills on the support of
5 informal caregiving. I'm going to ask my questions
6 about 1084--

7 COMMISSIONER CORRADO: [interposing] Uh-
8 huh.

9 COUNCIL MEMBER LANDER: --and the new
10 division of paid care, and I guess I just want to
11 start by making sure we still all have the same
12 understanding and ambition of the Office of Labor
13 Standards. So, we are--I'm an enthusiast for the
14 work that the Department of Consumer Affairs is doing
15 on sick days and transit benefits, and I think that
16 enforcement is going well, and I'm glad to see it
17 combined here. But I just want to make sure we all
18 remember that the idea of the Office of Labor
19 Standards is--is much broader and more ambitious, and
20 I'm a little concerned. It is true that it only has
21 narrow jurisdictional enforcement power on those two
22 bills. But just to quote from what it's going to do,
23 it's going to plan, make recommendations; conduct
24 research and develop programs for worker education
25 and worker safety and worker protection; recommend

3 efforts to achieve workplace equity for women;
4 communities of color; immigrants and refugees; and
5 other vulnerable workers; collect and analyze
6 federal; state and local data on the city's
7 workforce; coordinate with federal and state
8 agencies; prioritize areas for the improvement of
9 working conditions; and promote the implementation
10 and enforcement of laws, rules and regulations
11 designed to improve working conditions and practices.

12 So just before we get to the division of paid care,
13 and that's from the law. We're not advocating. We
14 already passed that. The Mayor signed it. So just
15 to be clear, that's--that's the Office of Labor
16 Standards that we're setting up within a month. Yes?

17 LINDSAY GREENE: Correct. Yes. What--
18 I--I--I don't mean to suggest that we think of it as--
19 --as just enforcement and--and just as the two laws.
20 We are fully aware that it has a huge policy
21 component, a huge coordination component, and we, you
22 know, that's part of the things we're trying to
23 assess the best way to optimize, and make sure that
24 those things are set up with the best chance for
25 success.

1
2 COUNCIL MEMBER LANDER: Great. So that's
3 helpful to hear, and I appreciate that we--

4 LINDSAY GREENE: [interposing] Yes.

5 COUNCIL MEMBER LANDER: --could get the
6 location right, and that there's some complexity to
7 how to navigate between the place that those laws are
8 currently enforced, and all the different places
9 within the City and then the state and the federal
10 government--

11 LINDSAY GREENE: [interposing] We print
12 those topics. (sic)

13 COUNCIL MEMBER LANDER: But, what we're
14 looking for is real leadership on these issues--

15 LINDSAY GREENE: [interposing] Uh-huh.

16 COUNCIL MEMBER LANDER: --to help
17 exploited workers and make sure--that's part of why
18 it's so exciting to think about a division of paid
19 care. That's a very vulnerable part of our workforce
20 since they work in people's homes and, you know,
21 regardless of whether we wind up having wage an hour
22 or other workplace enforcement power over state laws,
23 this is going to be a place where somebody can think
24 out of the box with us, with advocates on ways we can
25

1
2 stand up for and advance the ideas and causes of
3 those works.

4 LINDSAY GREENE: [interposing]

5 Absolutely, absolutely. We're--we're on the same
6 page there.

7 COUNCIL MEMBER LANDER: So if--if someone
8 wanted to dream up a benefits program and say, you
9 know, how could we get health insurance or other
10 kinds of benefits that paid care workers don't have,
11 can we think about that in relationship to the new
12 retirement security the City is thinking about or
13 other things? This will be a place we're going to be
14 able to have a partner in some--

15 LINDSAY GREENE: [interposing] Yes. Yeah,
16 I think we--we--we think of it as the central place
17 for all like labor worker first thinking and policy
18 in the city, and that's again part of the reason why
19 we're trying to be really diligent in how we get it
20 right, and how we set it up. But, you know, to your
21 point, there's a lot of different things, and a lot
22 of different recommendations that have come out of,
23 you know, various other city agencies and it is--it
24 is anticipated that that would be a citywide

3 coordinated effort led by the Office of Labor
4 Standards.

5 COUNCIL MEMBER LANDER: Super and even
6 beyond, City agencies have got some great advocates
7 in the room--

8 LINDSAY GREENE: [interposing]
9 Absolutely.

10 COUNCIL MEMBER LANDER: --who have done
11 good outreach. We'll be able to work with them.
12 Might even have a situation where we could contract
13 with some of them I guess in a similar way we do with
14 our senior care agencies to have them help with
15 education and outreach. I'm not asking for a
16 commitment of dollars today on that front, but that's
17 the kind of thing we'll be thinking about and working
18 on.

19 LINDSAY GREENE: Definitely and the
20 Office of Labor Standards would absolutely be the
21 central place for a lot engagement with community
22 groups, advocates across the spectrum employers those
23 of whom are, you know, certainly trying to be forward
24 thinking on--on labor issues. So, it definitely
25 would where that would live.

1
2 COUNCIL MEMBER LANDER: And then I guess
3 just my last question goes to the particular issues
4 facing paid care workers, and there's some overlap
5 with sort of domestic and in-home workers. This bill
6 really covers childcare and--and homecare workers.
7 Obviously, house cleaners--

8 LINDSAY GREENE: [interposing] Uh-huh.

9 COUNCIL MEMBER LANDER: --are sort of in
10 a similar vulnerable employment position, and I just
11 wonder, you know, how--how you guys see the
12 particular challenge. Obviously, the--the idea of
13 the legislation is that that set of workers have a--a
14 particular set of challenges in getting the right
15 kinds of worker protections and supports relative to
16 other workers. So we wouldn't need this particular
17 division. So I just wonder what--what initial
18 thoughts and reflections you might have on the
19 particular--both challenges and opportunities that we
20 can achieve for--for paid care workers.

21 LINDSAY GREENE: Sure. I think in--in--
22 in discussing the bill with my colleagues, we
23 certainly recognize there's a huge--there's
24 challenges with--with regard to outreach. How do
25 you--how do you--how do you find these workers? How

1 do you engage them in conversation. You know,
2 certainly I know Nick and his division have, you
3 know, done a lot of partnerships with schools and
4 things like that to sort of get people to be aware of
5 different benefits, and--and options they have for
6 the laws we do currently enforce, and that are
7 available to--to these folks. So I think outreach is
8 a big--is a big potential area where we want to do
9 some--some focus on figuring out how to do that
10 right, and how to get it off the ground. And I think
11 certainly with regard to what are the right policies?
12 How do you engage that group of people who's
13 employing them is--is--is another--is another
14 complexity. I--I don't have the expertise myself to
15 know--know some of the other things, but those are
16 certainly two of the--the biggest that we've
17 foreseen.

19 COUNCIL MEMBER LANDER: Super. Thank you
20 and I'll just echo again that I think in the room
21 today actually both on the domestic worker and
22 domestic employer's side we have some folks who are
23 really knowledgeable in helping us get at all these
24 issues.

25 LINDSAY GREENE: Yes.

3 COUNCIL MEMBER LANDER: So I'm excited
4 about passing these bills, and then being able to
5 move forward with our new Office of Labor Standards
6 to make some real progress here. Thank you very
7 much, Madam Chair.

8 CHAIRPERSON CHIN: Council Member
9 Treyger.

10 COUNCIL MEMBER TREYGER: Thank you. I
11 want to thank both Chairs Chin and--and Miller and my
12 colleagues for these very important pieces of
13 legislation, and I want to welcome the Commissioner.
14 I--I just want to just first begin with a brief
15 comment saying that I--I don't think--I think that
16 we're just really reaching the top of the iceberg
17 here with--with regards particularly to Intro 1081. I
18 don't think we have the full picture. I think
19 there's an understanding I think from all sides here
20 how critical this--this issues is, but I--I don't
21 think we have a full picture. Particularly being that
22 we are such a diverse city, I'm not sure if every
23 immigrant family registers themselves consciously as
24 caregiver. Some people just see it as a hearing and
25 then--but quite frankly, they are providing care and
love when quite frankly the government can be and

1 should be providing some services as well. So I
2 don't think we have a full picture of this, and
3 that's what makes this bill so--so timely. I'm just
4 curious to know what current protections are in place
5 because I--in research we found that caregivers of
6 younger adults are three times more likely to have
7 faced adverse consequences at work being issued a
8 warning or having been fired related to their
9 caregiving responsibilities. I remember being an
10 educator, you're only allowed up to ten excused
11 absences during the entire school years. But there
12 were times when like teachers had children who were
13 very sick, a parent that got very sick, a long stay
14 in the hospital. And yes, you're allowed excused
15 absence but--but they put letters in your file, and
16 sometimes they would call you in for a meeting, and
17 say you're out now two or three days in a row.
18 What's going on? So what protections are in place
19 right now for caregivers?

21 COMMISSIONER CORRADO: Well, Council
22 Member Rose just spoke of some protections, and I
23 don't know if you want to repeat that, but certainly
24 that it was--I'm being educated. So I'm--I--I
25 appreciate that. I don't know if you can repeat

1 that, but I think it was an important point that you
2 made, and an important I think piece of legislation
3 that you introduced.

4
5 COUNCIL MEMBER TREYGER: No, but--but
6 what I'm talking about and I appreciate my
7 colleague's--the information, but I'm talking about
8 this is--these are government workers. These are not
9 like contracted people. The are government workers--

10 LINDSAY GREENE: [interposing] Uh-huh.

11 COUNCIL MEMBER TREYGER: --teachers or
12 municipal employees, and they were told--and they
13 were at times disciplined because they had to care
14 for a loved one and--and so I--I believe that-- I--I
15 don't think that everyone is registering themselves
16 consciously as providing care. So that's why I--
17 Commissioner, I--I appreciate the fact that you
18 acknowledge how important and--and big of an issues
19 this is, but there are people currently who are
20 afraid sometimes to take off because they're not sure
21 what consequences are--are in store for their job--

22 LINDSAY GREENE: [interposing] Right.

23 COUNCIL MEMBER TREYGER: --and their
24 career and their livelihood.

25 LINDSAY GREENE: Right, so--

3 COUNCIL MEMBER TREYGER: [interposing]

4 So what protections are in place even for municipal
5 employees?

6 NICK SMITHBERG: Well, I can speak--

7 LINDSAY GREENE: [interposing] It's
8 related to--(sic)

9 NICK SMITHBERG: --certainly on the--the
10 Paid Sick Leave side of the equation. Where an
11 employer is covered under the New York City Paid Sick
12 Leave Law, if a person wanted to take off time to
13 care for a family member, for example, and they--they
14 got points on their records as, you know, sort of
15 step discipline process, we take a position that
16 that's a form of retaliation, and--and--and we will
17 go after them. And--and we have cases that we're
18 working right now where, in fact, employers do that.
19 So, you know, it--it--there's a sensitivity on our
20 part to a situation in which people say, oh, yeah,
21 sure you--you know, you need a day off. You can go
22 take the day off, and--and, you know, take your kid
23 to the doctor, but then they write you up, and if it
24 happens too many times, you get in trouble. We--
25 that--that--that's an adverse job action and even
our--

1
2 COUNCIL MEMBER TREYGER: Right, but I'm--
3 but I'm just talking about, you know, the legislation
4 that this council voted and passed and the Mayor
5 signed extended to even that the private sector with
6 regards to certain conditions. I'm talking about
7 even in our own city workforce, city employees at
8 times are being told that they will be punished or
9 they can be disciplined for caring for a loved one as
10 well, and that is directly within the city's control.
11 And I'm not sure if people are always registering
12 themselves as caregivers. These are our teachers.
13 They can be our--our nurses. They could be our
14 trans--or they can be our, you know, workforce and
15 gov--government employees. So we just need to be
16 mindful and--and I--and I was a former union delegate
17 myself, and we've seen these issue happen. That's
18 why I--I speak from experience where colleagues of
19 mine would talk to me about these things happening.
20 I'm sure Chair Miller could share stories as well.
21 So, yes, we need to be mindful of--of--of certainly
22 of the private sectors and when--and--and the
23 contracted sectors. But even our municipal workforce
24 I think is being subjected to unfair labor practices
25 as well. I just want to bring that to the attention

3 of the chairs, and lend my support to this very
4 important piece of legislation. Thank you.

5 CHAIRPERSON CHIN: Thank you. Council
6 Member Deutsch.

7 COUNCIL MEMBER DEUTSCH: Thank you.
8 Thank you, Madam Chair. Good afternoon,
9 Commissioner.

10 COMMISSIONER CORRADO: Okay.

11 COUNCIL MEMBER DEUTSCH: First, I wanted
12 to mentioned that when you do your outreach I hope
13 you're going to include the DFTA (sic) Report.

14 COMMISSIONER CORRADO: Yes.

15 COUNCIL MEMBER DEUTSCH: If you'll let me
16 know. Okay.

17 COMMISSIONER CORRADO: Uh-huh.

18 COUNCIL MEMBER DEUTSCH: Secondly, if a
19 caregiver would--will need the services, will 311 be
20 a--the number--a phone that they'll be able to call,
21 and would they be updated on what these services are
22 so this way they could get this information over?

23 COMMISSIONER CORRADO: Yes, as it is
24 currently, and we're also establishing New York
25 Connects in New York City, which is a one-stop shop
in terms of long-term care services and supports. So

1
2 there's a whole other outreach effort around, and
3 it's--it's really working along with 311. So if they
4 call 311 and they need long-term care services and
5 supports, they're directed to a 1-800 number, and we
6 have a fully staffed Aging and Disability Resource
7 Center where they should get a 360-degree information
8 and referral type service about whatever their issue
9 is, and that is, you know, extends beyond New York
10 City. It's--it's--and--and the Department for the
11 Aging. It also includes the Office, OPWDD, which is
12 Office of Persons With Development Disabilities as
13 well, and it's serving all people of all disabilities
14 in all age groups. So we've very excited about that.
15 That's a new initiative that we just started this
16 past year, and we're training our community-based
17 providers. We have the network of like five or
18 seven?

19 LINDSAY GREENE: [off mic] Four or five.

20 COMMISSIONER CORRADO: Five community-
21 based organizations that are working with us, and
22 with New York State to get that up and running.

23 COUNCIL MEMBER DEUTSCH: Great. That's--
24 that's excellent. Secondly, I want to ask--wanted to
25 ask you that when a caregiver, it would be like a

1 grandparent taking care grandchild or a grandchild
2 taking care of the grandparents. So when does--when
3 we're talking about our special children and adults,
4 the Alzheimer's patients, so when does that come in?
5 When--when can someone get services, a caregiver
6 taking care of a--and individual that has
7 Alzheimer's.

9 LINDSAY GREENE: Whenever it's needed.
10 You know, as the Commissioner was just saying,
11 individuals can call 311, and get hooked up to the
12 appropriate services. We have in the audience who is
13 going to testify later on, Caring Kind, formerly
14 known as the Alzheimer's Association. There is
15 collaboration among all of the agencies. DFTA
16 providers and Caring Kind, particularly with relation
17 to Alzheimer's issues.

18 COUNCIL MEMBER DEUTSCH: Yeah, okay. So
19 what scenario? For example, we're talking about
20 DFTA, the Department for the Aging.

21 LINDSAY GREENE: [interposing] Uh-huh.

22 COUNCIL MEMBER DEUTSCH: So give me one--
23 one example of when someone--a caregiver can call the
24 Department of Aging if their--if they're a caregiver
25 for a person who has Alzheimer's. And is there any

3 scenario when--when they can't when they're work
4 Department of Aging?

5 LINDSAY GREENE: People can always call.
6 There's not a situation where they cannot call us.

7 COUNCIL MEMBER DEUTSCH: So the caregiver
8 does not have to be a senior?

9 LINDSAY GREENE: That's correct.

10 COMMISSIONER CORRADO: [interposing] No.

11 COUNCIL MEMBER DEUTSCH: Okay. That's
12 fine.

13 LINDSAY GREENE: It can--a person of any
14 age. 311 also sends calls to the Alzheimer's and
15 Caregiver Resource Center. The three full-time
16 social workers out of the team of 13. One of them
17 will talk to the caller, hear what the situation is
18 and depending on what their particular need is, then
19 send the referrals to the appropriate community
20 agency.

21 COUNCIL MEMBER DEUTSCH: So is this
22 something that's going to be with this legislation,
23 or currently you do have services for caregivers who
24 are taking care of that?

25 LINDSAY GREENE: We currently have these
services.

3 COUNCIL MEMBER DEUTSCH: Okay, great.

4 All right, thank you so much.

5 LINDSAY GREENE: Uh-huh.

6 COUNCIL MEMBER DEUTSCH: Thank you.

7 CHAIRPERSON CHIN: Thank you. I just want
8 to follow up with a question that according to the
9 New York State--the New York State Law authorized
10 social adult daycare programs to provide caregiver
11 assistance. Does DFTA provide any oversight of the
12 caregiver services provided at the city's social
13 adult daycare centers?

14 LINDSAY GREENE: The services through
15 NYSOFA for the social adult day, those caregiver
16 services are optional. So that means that not all of
17 them will provide them, although there is
18 conversation and certainly there is discussion that
19 we know of anecdotally, but we--our oversight really
20 extends to the program operations of the mandated
21 services.

22 CHAIRPERSON CHIN: So with the--the ones
23 that are funded by the City, or funded by the
24 government, those are the ones that you have direct
25 oversight?

LINDSAY GREENE: That's correct.

3 CHAIRPERSON CHIN: So do you know that if
4 all of those social adult daycare programs provide
5 caregiver assistance?

6 LINDSAY GREENE: Again, just by virtue of
7 having conversations with the caregivers, there would
8 be the opportunity to provide, you know, referrals if
9 the caregiver feels especially stressed or if they're
10 looking for a particular service.

11 CHAIRPERSON CHIN: Uh-huh.

12 LINDSAY GREENE: But again, this is not
13 a mandated service under the standards.

14 CHAIRPERSON CHIN: Right.

15 COMMISSIONER CORRADO: But may I add that
16 just by virtue of have a social adult day program and
17 any respite, you're really serving the caregiver as
18 well.

19 LINDSAY GREENE: Yes.

20 COMMISSIONER CORRADO: So in essence, it
21 really, it--it exists in service of the caregiver.

22 LINDSAY GREENE: Right, that's the
23 respite service that's being provided.

24 CHAIRPERSON CHIN: That's--that's good.
25 The other--the other question is like do we know
that, you know, from the--all the agents--the agency

3 that you contract with, what is the--frequently what
4 is the most--what kind of service are the ones in the
5 most demand?

6 LINDSAY GREENE: Are you talk about the
7 caregiver--

8 CHAIRPERSON CHIN: [interposing] Yeah.

9 LINDSAY GREENE: --program.

10 CHAIRPERSON CHIN: Uh-huh.

11 LINDSAY GREENE: Information. You know,
12 often times it's individuals who are seeing a change
13 in their parent's behavior or their neighbor's
14 behavior, and they're not sure what to do with it,
15 where to go, what's going on with them. And so it's
16 really just having that sort of initial conversation
17 with them to hear exactly what's going on, and--and
18 then [coughing] providing referrals from that.

19 CHAIRPERSON CHIN: Okay, and lastly is
20 what kind of--what type of technical assistance does
21 DFTA provide to the local caregivers programs? Like
22 for example, you know, the Elder Abuse Prevention or
23 other kind of technical assistance?

24 LINDSAY GREENE: Well, again, you know,
25 as the Commissioner has said throughout her
26 testimony, there's a lot of conversation and cross-

1 fertilization even by way of shared webinars,
2 information about webinars, trainings, et cetera.
3 And so there is a lot of--the technical assistance in
4 that regard would be, you know, through say the
5 webinars for instance, as well as sharing the context
6 of, you know, who's the worker in the case
7 management? Who's the worker in elder abuse? Who's
8 the worker in--in caregiving so that you can have
9 that conversation about a case that you might have
10 some questions about.
11

12 CHAIRPERSON CHIN: Well, does my
13 colleague have any other questions? Debbie, Council
14 Member Rose.

15 COUNCIL MEMBER ROSE: I'm--I'm really
16 concerned about elder abuse and the--the potential
17 for elder abuse to happen, and the educating--the
18 education of caregivers. So what does that mean?
19 Because often times, recently in my office we've seen
20 a case of neglect in terms of--an--an elderly parent,
21 and the family caregivers are--don't seem to be
22 cognizant of the fact that neglect is a part of
23 abuse. And what--how do you get this information to
24 caregivers. I--I know that you make available
25 information, but is elder abuse and what sort of

3 qualifies certain actions or inactions of elder
4 abuse.

5 LINDSAY GREENE: [interposing] Uh-huh.

6 COUNCIL MEMBER ROSE: You know, now are
7 they related to caregivers, and, you know, is neglect
8 included in that conversation?

9 COMMISSIONER CORRADO: Absolutely, it is
10 and in terms of when--when we discuss elder abuse,
11 neglect is--is, you know, a topic that always comes
12 up, and it certainly is a form of abuse. And within
13 the conversations, we had an earlier discussion
14 around the different venues that we discuss cases,
15 and we discuss topics that are related--[coughs]
16 excuse me--to older adults. And certainly, that does
17 come up. Starting on April 18th, we're rolling out,
18 the department is rolling its Elder Abuse Campaign.
19 So you'll see subway ads that address this issue in
20 particular, and nothing says it better than a
21 picture. So you'll see the advertisements on--on
22 subways and in--in bus stations from April 18th I
23 believe to the beginning of May.

24 COUNCIL MEMBER ROSE: And prior to this
25 campaign, was that a responsibility of the contracted
agencies that are providing caregiver services, or

1 did DFTA--does DFTA have their own sort of outreach
2 program where this is--prior to this campaign I'm
3 talking about now--where, you know, this was also
4 addressed?
5

6 COMMISSIONER CORRADO: It's a--it's a
7 part of the elder abuse community-based organizations
8 that--that we've funded for elder abuse services, and
9 it's always been a part of case management, and my
10 understanding is this such--this is just a part of
11 elder services, and anyone who has competency in
12 older adult services needs to know about elder abuse,
13 and how to identify it, and how to recognize when
14 someone is--is--is--it's an abusive situation, and
15 what to do in that instance. So it's a regular part
16 of that education. We do it and actually it's a
17 mandated training for our case managers that the
18 Department for the Aging for provides, and I believe
19 within their first year--

20 COUNCIL MEMBER ROSE: [interposing] Uh-
21 huh.

22 COMMISSIONER CORRADO: --that they have
23 to--they have to go and get the same training, and it
24 has to be documented. So that becomes part of
25 everyone's repertoire.

1
2 COUNCIL MEMBER ROSE: And--this is really
3 honestly my last one.

4 COMMISSIONER CORRADO: Uh-huh.

5 COUNCIL MEMBER ROSE: Each agency that
6 you contract with, are each of them versed and
7 prepared to deliver culturally competent services or
8 is it that an individual has to seek out sort of a
9 specialized--

10 COMMISSIONER CORRADO: [interposing] Uh-
11 huh.

12 COUNCIL MEMBER ROSE: --contracted, you
13 know, provider.

14 COMMISSIONER CORRADO: That--I mean this
15 is--naturally, when we went and we chose which
16 programs to fund, those that, you know, that was a
17 question and they had to speak to that and have some,
18 a good track record in--in sort--in--in providing
19 culturally relevant and competent services. But it's
20 something, you know, in all honestly that we always
21 struggle with, and it's something that we're always
22 trying to improve how we do that. New Immigrant
23 groups come in and new--new--new groups come in that
24 we need to serve, and serve in--in--in a different
25 way, and then we're always educating ourselves on how

1 best to do that. So it's always a moving target, but
2 we're always trying to--to take that into
3 consideration, and develop competencies even within
4 the department as well.

5
6 COUNCIL MEMBER ROSE: I--I really hope
7 that that's a part of that survey, that the survey
8 clearly addresses it--

9 COMMISSIONER CORRADO: [interposing] Uh-
10 huh.

11 COUNCIL MEMBER ROSE: --and when you
12 contract service providers that it is the function of
13 all of them--

14 COMMISSIONER CORRADO: [interposing] Uh-
15 huh.

16 COUNCIL MEMBER ROSE: --because in some
17 boroughs we don't have the specialized--

18 COMMISSIONER CORRADO: [interposing] Uh-
19 huh.

20 COUNCIL MEMBER ROSE: --agencies to deal
21 with certain cultural groups. So I--I hope that the
22 survey and the services consequently address cultural
23 competency across the board. Thank you,
24 Commissioner.

25 COMMISSIONER CORRADO: Thank you.

1
2 CHAIRPERSON CHIN: Chair Miller had some
3 other questions.

4 CHAIRPERSON MILLER: Yep, I just want to
5 kind of digress and go back what Council Member
6 Treyger talked about caregivers, and some of the
7 problems they have with their employer, often city
8 agencies in--in--in getting time off or being able to
9 address that. So is there a--a--a universal policy
10 that the City has or is it up to each individual
11 agency to create or address this issue of caregiving
12 on their own?

13 LINDSAY GREENE: I--I believe at least
14 for, you know, paid sick leave that's not a
15 particular piece of legislation that is applicable to
16 city workers. I--I do know that a lot of different
17 issues regarded to caregiving I believe are covered
18 by the various collective bargaining agreements that
19 the city has with its various employees. But, I
20 unfortunately can't speak to the specifics of how we--
21 -how we handle that citywide beyond those.

22 CHAIRPERSON MILLER: So did you just say
23 that FMLA is not applicable that there is each--
24 within each collective bargaining agreement there
25 should be a caregiving provision?

3 LINDSAY GREENE: And--

4 CHAIRPERSON MILLER: [interposing] That
5 supersedes that?

6 LINDSAY GREENE: And Nick can clarify
7 that.

8 CHAIRPERSON MILLER: Nick--Nick, yeah,
9 he--

10 NICK SMITHBERG: [interposing] The--the
11 Paid Sick Leave Law does not apply to these
12 caregivers.

13 CHAIRPERSON MILLER: No, I'm not taking
14 about paid sick leave. I'm talking about--

15 LINDSAY GREENE: [interposing] Oh, Family
16 Leave.

17 CHAIRPERSON MILLER: --Family Medical
18 Leave Act.

19 NICK SMITHBERG: I'--I'm--

20 CHAIRPERSON MILLER: [interposing] Who---
21 who--who--is there a policy for each agency that
22 addresses caregiving, and if not, obviously that
23 would fall under the purview of FMLA, and--and--and
24 who oversees that policy within the city?

25 LINDSAY GREENE: I--again, I--I don't
know the specifics, but I--I would presume with--for

1 most of the city workers that would probably some
2 aspect of the OLR.
3

4 CHAIRPERSON MILLER: I would definitely
5 like to know the answer to that one. So if you guys
6 can--

7 LINDSAY GREENE: [interposing] Okay,
8 we'll follow up.

9 CHAIRPERSON MILLER: --get back to me,
10 and--and let me know who's actually overseeing that
11 now, I'd appreciate that. That's it. Thank you,
12 Madam Chair.

13 CHAIRPERSON CHIN: Okay. I want to thank
14 the panel for testifying today, and we're looking
15 forward to work with you to pass these two
16 legislations. Thank you.

17 NICK SMITHBERG: Thank you.

18 CHAIRPERSON CHIN: We're going to call up
19 the next panel. Helen Schaub from 1199 SEIU; Allison
20 Juilen, NDWA; Irene Jor, National Domestic Workers
21 Alliance; Maggie Marin, National Domestic Worker
22 Alliance; and Sarah Leberstein from National
23 Employment Law Project. [background comments, pause]
24 Thank you for coming in because we have--do have
25 quite a few panels. So we're putting each person on

3 the clock for four minutes. So if you could
4 summarize your testimony, and really gives us the--
5 the highlights, and the important points that you
6 want to make sure that we get it, that would be
7 great. So would you like to begin?

8 HELEN SCHAUB: I think is on, correct?

9 Good afternoon. My name is Helen Schaub. I'm the
10 New York State Director of Policy and Legislation for
11 1199 SIEU, United Healthcare Workers East. We
12 represent approximately 70,000 homecare workers in
13 New York City. As you know, these dedicated
14 caregivers provide assistance to seniors and people
15 with disabilities so that they can remain living
16 independently in their own homes. They're employed
17 by homecare services agencies, which are licensed by
18 the New York State Department of Health, and their
19 work is funded by Medicaid predominantly, but also by
20 Medicare and private insurers and individuals.
21 Despite this dedicated work, and the value that they
22 produce for the healthcare system in helping to
23 reduce unnecessary home and--nursing home and
24 hospital costs. Homecare workers have been an
25 exploited workforce. They have struggled to survive
on poverty wages with few benefits. Unscrupulous

1
2 employers have failed to follow labor laws on minimum
3 wage, overtime and paid time off as well as
4 regulations regarding training and the release of
5 certificates, which allow workers to seek other
6 employment. Because, of course, workers are isolated
7 in individual workplaces, it can be difficult for
8 them to learn of and to exercise their rights. One
9 key point I want to make is that over the last 30
10 years as this industry has grown, workers have
11 organized with our union and with other organizations
12 to change the situation. They won union
13 representation. They bargained for contracts,
14 employer by employer and then they work together to
15 advocate for increased funding into the system to
16 make sure that wages and benefits could be increased.
17 Over the years, they were also able to establish a
18 health benefit fund providing low-cost comprehensive
19 healthcare benefits. An education fund, which
20 provide workers--provides workers with the
21 opportunity to earn certificates and degrees and
22 advance in the health professions, and the first in
23 the nation pension fund for homecare workers. And
24 the last five years have seen a huge leap forward in
25 terms of winning the Wage Parity Law at the state

3 level, which sets minimum compensation for homecare
4 workers on Medicaid cases. And in New York City at
5 \$14.09 with at least \$10 in cash wage, and then just
6 a few weeks ago, they were very instrumental in the
7 fight for 15--minimum wage fight in Albany winning
8 passage of a law, which is going to raise their cash
9 compensation to \$15 over the next three years while
10 preserving that \$4.09 in--in benefits, healthcare and
11 otherwise. And, of course, nationally, people have
12 been able to change the policy at the U.S. Department
13 of Labor to reverse the discriminatory exclusion of
14 homecare workers from the Fair Labor Standards Act.
15 You know, these achievements, of course, have not
16 only improved lives for benefit--for workers and
17 their families, but they've improved the quality of
18 care for seniors and--and people with disabilities
19 because they've been able to reduce the level of
20 turnover quite significantly in the industry ensuring
21 that people who have experience are able to--to stay
22 in the workforce.

23 So we're excited that the New York City
24 Council is recognizing this important workforce by
25 considering to the creation of the division of paid
care at the Office of Labor Standards, and we look

1 forward--if this office is established to coordinate
2 closely (sic) with the staff to ensure that New York
3 City's homecare workers are informed of their rights,
4 and opportunities they have training and other
5 workforce supports that may be available to them. We
6 just wanted to point out one area, for example, that
7 that might be useful. While people discussed before
8 that it is the State Department of Labor and other
9 state agencies that have primary responsibility for
10 enforcing many of the--the labor laws related to
11 homecare workers. You know, under the Wage Parity
12 Law, for example, it is often very difficult for
13 workers to understand whether their employer is, in
14 fact, providing the required level of benefits
15 because that's not something that they see in their
16 paycheck how much their employer is spending on those
17 benefits. So this might be an important way to
18 gather information that can be--[bell]--that can be
19 used to help enforce those laws. And just in
20 conclusion, there's one--only one concern that we had
21 with the legislation as proposed. There's a--a very
22 specific list of topics from research in Section
23 6(c)(1). We think those topics are all very
24 important, but we think that it is limited, and that
25

1
2 there are many other equally important topics under
3 these broad areas of worker and patient rights. So
4 even though there's a catchall phase at the end, we
5 think specifying these things and not other things
6 would lead to a pro--prioritization of those issues
7 that maybe is a little too narrow in scope. So we
8 would suggest broadening it out to broader areas, and
9 allowing the department--excuse me--the division, if
10 it's established, to work with stakeholders and thank
11 about the priority areas for research. Just finally,
12 while we came to focus on Intro 1084, you know, we
13 also commend the Council and its focus on unpaid
14 caregivers, and family caregivers, and--and support
15 the other two pieces of legislation being discussed
16 today. Thank you.

17 IRENE JOR: Good afternoon. My name is
18 Irene Jor, and I'm the New York Organizer with the
19 National Domestic Workers Alliance. I'm also the
20 Coordinator of the New York Domestic Workers
21 Coalition, and I'm honored to actually be joined by a
22 number of my colleagues in the Coalition from Hand-
23 in-Hand Domestic Employers Network, Jews for Racial
24 and Economic Justice, Damayan Migrant Workers
25 Association and also New York--New Immigrant

1
2 Community Empowerment, and my other colleagues from
3 both national and New York Work and NDWA, and some of
4 our members are members who are at the heart of what
5 we do in our organizing. So for us we are very, very
6 excited about the possibility of this division being
7 established. We have been grappling with this
8 question of how do we effectively implement and
9 enforce domestic worker rights, and really across all
10 the enforcement agencies, and we thinking about it in
11 conversation with the broader questions and issues of
12 caregiving. We feel this division is not just a
13 right step, but it's actually an incredible model and
14 it will be the first in the country, a division of
15 paid care that is focusing in on what paid care
16 workers needs, the supports they need to understand
17 their rights, and actually really fully see the
18 manifested in their lives. For us, we are super
19 excited about it, and we also have some
20 recommendations about what we'd like to see. So,
21 paid childcare workers are identified and defined in
22 the proposed bill, and definitely would love to see
23 sort of more concrete ways of reaching out to them
24 and making interventions in the legislation, and are
25 happy to partner and support the research that goes

1 into figuring that out. One of the things that we
2 would specifically ask for is to include referral
3 agencies as one of the entities that should be
4 regulated in conjunction with our homecare service
5 agencies. While there are not employers like many
6 homecare agencies, referral agencies connect many
7 childcare workers who work in private residences.
8 Back in the spring and summer of 2015, I received an
9 anonymous letter from an Employee No. 168. They
10 didn't sign their name, but they wrote a letter
11 really describing the extent of the abuses that they
12 faced as a worker who found work through an
13 employment agency. Talked about abuse, and talked
14 about the long hours, the low pay, but also the
15 feeling like they could not come forward and they did
16 not know where to go. And they wrote this letter as
17 a complaint that should have gone to the enforcement
18 agency, but ended up at our desk. And so, I think
19 figuring out how to create an infrastructure where
20 government and also community-based organizations can
21 collaborate whereas state and city governments can
22 also collaborate, and where there's a central force
23 where workers know like this is the place I can go
24 to. This is the place that will back me up, and will
25

1 connect me with the right process. We have a number
2 of other recommendations we've outlined. I'm not
3 going to go through all of them, but I will kind of
4 summarize a few. So we definitely would love as a
5 worker center and community-based organizations
6 network to really collaborate with this--this office,
7 and undertaking education outreach and enforcement
8 efforts. We know that San Francisco's Office of
9 Labor Standards and Enforcement has a really great
10 model. We'd love to kind of look and point to as
11 something we can emulate. We also I think as City--
12 City Council Member Lander had mentioned are
13 concerned about house cleaners, and know that in
14 domestic work there is a really large continuum. And
15 a lot of people who do homecare and childcare work
16 are also doing house cleaning on the side. And
17 whether or not this division will cover house
18 cleaners, we hope that there will be efforts to
19 really think about what makes up a health--a healthy
20 and safe working environment for workers. And in
21 regards to Bill 1081, we have a number of workers in
22 our membership who are also family caregivers, who
23 are caring for their husbands, who are caring for
24 their grandchildren, the children who have
25

1 disabilities, who are also caring from friends who
2 were long-time domestic workers that are retired now
3 and have no family care. And so we're excited to
4 also see this piece, and really urge you to think
5 about the ways that we're supporting domestic
6 caregivers is also by supporting their needs as
7 workers in this workforce. [bell]

9 ALLISON JULIEN: Good afternoon, ladies
10 and gentlemen, my name is Allison Julien. I am a New
11 York organizer with the National Domestic Worker
12 Alliance. I have been a nanny for over 20 years here
13 in New York City, and I have been organizing domestic
14 workers across the city for more than 13 years. In
15 those 13 years, I was a part of the organizing that
16 led to the passage of the country's first Domestic
17 Workers Bill of Rights for domestic workers here in
18 New York. The passage of the New York State
19 Domestic Worker Bill of Rights in 2010 was a historic
20 victory for thousands of domestic workers. I testify
21 today in support of Intro 1084 to establish through
22 the division of paid care in the city's Office of
23 Labor Standards because it is important for domestic
24 workers to have a place to learn about their rights,
25 and to get support as needed to enforce them. Having

1
2 been a nanny for over two decades, I have seen first
3 hand the ways legal protections and visible
4 government agencies support and provide an
5 affirmation to domestic workers that they are
6 professional--that their profession is real work and
7 is protected by laws. Implementation and enforcement
8 is a challenge. The enforcement of the bill and
9 other protections that domestic workers have
10 including New York City Paid Sick Leave depends on
11 the workers' awareness of their rights, and
12 employers' awareness of their obligations.
13 Information and resources on rights and
14 responsibilities can be hard to come by. Public
15 education has been limited, and at this stage falls
16 largely on community-based organization like those in
17 the New York Domestic Worker Coalition, which have
18 limited resources and are unable to sustain and scale
19 their efforts along. The division of paid care could
20 be a way for us to get creative about continuous
21 education and effort--and outreach efforts, and
22 collaboration between government and community
23 partnerships. In addition to education, the division
24 can play a role in lifting up the visibility and
25 value of domestic work in New York City. As a former

1 nanny, I would also like to see the bill amended to
2 include employment referral agencies, in addition to
3 homecare services in both industry research and also
4 system legal violation investigation conducted by the
5 division. From many years of hearing from my peers in
6 the domestic work industry about the types of jobs
7 they received through agencies, I know they often
8 work for lower pay, longer hours and are involved in
9 extensive job responsibilities that seem to just keep
10 piling on. Workers often times do the job of a nanny
11 and housekeeper working 14--sorry--12 to 14-hour days
12 without overtime pay is not uncommon. I do believe
13 agencies have to play a role in providing these
14 standards to be so low. Employers know these
15 agencies can deliver vulnerable workers who were
16 willing to accept these conditions, and often
17 agencies do not share an accurate job description or
18 information with workers about their rights. Workers
19 are also paying ridiculous fees, sometimes one to two
20 weeks of their salary to use many of these agencies.
21 These agencies need to be investigated. We need to
22 pressure them to raise their standards when they do
23 not uphold the law. Consequences and penalties need
24 to be in place for such violations from the agencies.
25

1
2 I hope the division will also recognize the important
3 role of community based organizations have to play in
4 truly transforming the landscape of the domestic work
5 industry, and support workers in continuing with
6 them. They offer workers the opportunity to find a
7 community in which they can belong, and secure longer
8 term support needed to [bell]--needed to navigate the
9 industry. I know this first hand because my journey
10 started 13 years ago.

11 SARAH LEBERSTEIN: Good afternoon. is
12 this on? And thanks to the committee chairs and
13 committee members for giving us the opportunity to
14 testify today. My name is Sara Leberstein. I'm a
15 senior staff attorney at the National Employment Law-
16 -Law Project, a non-profit, non-partisan research and
17 advocacy organization specializing employment policy.
18 We support today in support of Intro No. 1084, which
19 would establish a new division of paid care. The
20 domestic and homecare force is labor in uniquely
21 isolated circumstances, and these industries are
22 shaped by idiosyncratic funding, and regulatory
23 regimes. Given this context having the dedicated
24 staff well versed in the particularities of the
25 industries has enormous potential to address

1 pervasively low standards and improve workers' lives.
2 Boosting job standards and stabilizing the workforce
3 is not only the right thing to do for the workers, it
4 will also be a really smart investment in workers'
5 families and their communities who count on workers'
6 wages, and also in the services on which tens of
7 thousands of New Yorkers rely to live independently
8 or to support a loved one so they can work and
9 participate in the community. This reform is
10 desperately needed now for the following reasons:

12 First, care workers' wages are extremely
13 low despite some of the important reforms that we've
14 talked about just now, average wages for nannies
15 according to research by National Domestic Workers
16 Alliance in 2011 and 2012 were only \$11 per hour, and
17 wages at least the base hourly rate for homecare
18 workers was even less at between at \$10 and \$11 per
19 hour. These wages are obviously so short of what we
20 need to live in New York City, but that's not all.
21 Care workers also suffer from pervasive wage theft,
22 and other types of workplace violations. For
23 example, according to a NELP(sic) survey of low-wage
24 workers in New York City, 8.4% of homecare workers
25 are suffering a minimum wage violation; 83% suffered

1 an overtime violation; 86% worked before or after
2 their scheduled shift without being paid for that
3 time; and close to 84% experienced a meal break
4 violation. Many workers never even attempt to
5 address the violation out of fear of retaliation, and
6 those who do speak up are often retaliated against
7 through an illegal change to schedule or firing. The
8 effect of lost wages is devastating. Workers with
9 full-time, full-year work lose on average an
10 estimated \$2,634 annually due to these workplace
11 violations. These lost wages depress family income.
12 They siphon money from worker's communities, but
13 they're also a huge burden on city and state tax
14 revenues and create a heavier need for city services.
15 So we've also heard about numerous reforms that have
16 recently gone into effect, including the Wage Parity
17 Law, the Domestic Worker Bill of Rights, the
18 extension of federal minimum wage and overtime
19 rights, and the impending statement on wage hikes.
20 These reforms have such enormous potential to raise
21 standards, but if they aren't enforced, if workers
22 don't know about, if we're not making sure he
23 employers are held accountable, all of this enormous
24 work that's into passing these reforms could go
25

1 unfulfilled. So it's--now really is the time to act
2 to ensure that these reforms deliver on their
3 promises to workers.
4

5 NELP has a few suggestions, which I'll
6 try to summarize very briefly. Given the enormous
7 resources and knowledge and community ties of the
8 organizations represented at this table and many more
9 in the room, we feel very strongly that the Office of
10 Paid Care should collaborate with workers' rights
11 organizations to fulfill its mission, and if possible
12 even to contract with them to reach out to
13 communities, and to build upon the good work that
14 those organizations have done. Also, in addition to
15 the city offices that were represented here, there
16 are many state and city offices that have enormous
17 potential [bell] to affect the homecare and--and paid
18 care markets, and conditions through their role as
19 payers and licensers of employers. And collaborating
20 with those agencies also holds enormous potential to
21 solve some of the endemic problems that we've seen in
22 this industry. Thank you very much.

23 MAGGIE MARIN: Hi. Good afternoon, Chairs
24 and members of the committees. My name is Maggie
25 Marin (sp?), and I'm law fellow with the National

1 Domestic Workers Alliance. You've heard already from
2 some of my colleagues our excitement for and the
3 importance of this division of paid care more
4 broadly, and I'm just going to take a moment to focus
5 on one provision of the bill that provides for an
6 intake system to take complaints from workers and
7 advise them of their rights. First of all, we find
8 it very exciting that there could be an intake system
9 that would support workers in enforcing their rights.
10 The division should account for and incorporate
11 existing legal services providers in the this
12 infrastructure, and for instance MDWA is currently
13 coordinating a legal clinic for paid care workers,
14 and house cleaners assessing their claims, connecting
15 them to legal services, and supporting them with
16 filing complaints with enforcement agencies such as
17 the Department of Labor and DCA. But it is limited
18 how many people we can reach alone. Scaling up
19 enforcement in this industry and raising standards
20 meaningfully is going to require investment from
21 stakeholders, and creative long-term partnership
22 between government and community groups and legal
23 service providers. We suggest--well, I suggest to
24 the City Council that you look to New York City
25

1
2 Family Justice Centers, which are a project of the
3 Mayor's Office to Combat Domestic Violence as a model
4 of the type of interagency collaboration and
5 government partnership with community groups and
6 legal services that will be necessary to reach this
7 disbursed workforce at scale and meaningfully raise
8 standards. The Family Justice Centers are one-stop
9 shops for legal and social services for domestic
10 violence survivors. The centers receive funding from
11 the U.S. Department of Justice and the New York
12 State, and comprise an institutionalized partnership
13 between six city agencies and over 30 community
14 organizations.

15 Imagine a place where a paid care worker
16 or perhaps under the Office of Labor Standards any
17 low-wage worker could access information about their
18 rights and benefits, speak with a legal service
19 provider, file complaints for paid sick leave with
20 DCA, apply for an individual tax payer identification
21 number, and get their CPR certification. One in
22 seven low-wage workers in New York City is a homecare
23 worker, and that doesn't include the tens of
24 thousands of childcare workers and nannies that this
25 division would also serve. This workforce is

1
2 extremely deferred--disbursed, and it faces intense
3 barriers to enforcing their rights. It will be
4 essential for the division to partner closely and
5 creatively with existing community groups and service
6 providers, many of whom are in the room to day, in
7 order to significantly scale up enforcement of
8 workers' rights in this industry. Thank you.

9 [pause]

10 CHAIRPERSON MILLER: So thank you to the
11 panel for coming out. I had the opportunity of
12 speaking with several of you in the past, it has been
13 a great learning experience and sharing experience.
14 I look forward to working with you as we--as the
15 division gets up and running. However, I--I do have
16 a question. Currently for your members, what is--
17 when--when--with the outstanding grievances what does
18 that process look like?

19 MAGGIE MARIN: What type of grievances
20 are you talking about?

21 CHAIRPERSON MILLER: Anything that's--
22 well, what--well, basically you--you--you have
23 collective bargaining agreements with agencies and--
24 and so forth. Do you have--what--what is the
25

1 mechanism to resolve those whether their pay is paid
2 leave or any other grievances there?
3

4 SARA LEBERSTEIN: So, you know, we
5 represent I would say about 60% of the agency
6 workforce in New York City so we can certainly speak
7 for the--for the side that we represent. It's about
8 60 employers. It's a mix of both for-profit and non-
9 profit employers have signed union contracts. So
10 under the contract we have the ability to both have a
11 formal grievance process with the agency and then go
12 to arbitration if the--if there's a violation of the
13 contract. So we feel pretty comfortable in our
14 ability to enforce for the members that we represent
15 and for those agencies the--the provisions of the
16 contract, which generally speaking go beyond what's
17 legally required. On the other hand, there are 1,200
18 homecare services agencies, licensed in the State of
19 New York. Many of those are licensed in New York
20 City. Every month the--the Public Health Council
21 licenses more agencies. And so it is very difficult
22 for enforcement agencies to really track what is
23 happening at--at that multitude of small and in some
24 cases large agencies where the workers have not yet
25 had the opportunity to organize and form a union and-

1
2 -and bargain a contract. And we think that there's a
3 lot of opportunity to help enforce--both inform those
4 workers of their rights, and enforce the existing
5 laws at those agencies. And, you know, not all of
6 them are staff flaws, (sic) but some set of them are,
7 and who, you know, who need more attention that
8 they've been able to get up to this point from a
9 regulatory system just because of the sheer volume.

10 CHAIRPERSON MILLER: So--so do you think
11 some of the standards that you've created through
12 your collective bargaining will--will then--obviously
13 it's been difficult to have this--to see them
14 transfer over now because it would have happened
15 already--already. I'm sure not--not through a lack
16 of bargain--organizing efforts on--on both sides
17 there, but do you see this legislation--how do you
18 see this legislation assisting in bringing the rest
19 of the industry into a fold that we really achieve
20 the type of standards that we're looking for?

21 SARA LEBERSTEIN: So I think--I think the
22 primary role as far as I understand it is certainly
23 being able to give information to serve as this kind
24 of outreach for--you know, and I know once it's
25 established all sort of community organizations and

1
2 elected officials and other people if they talk to
3 someone who is experience a problem at work will be
4 able to refer them to--to this division. And then I
5 think the division is going to be able to collect
6 complaints and see pattern and, you know, if it is
7 not at the city level able to enforce laws
8 independently, they can certainly work both with the
9 state officials and potentially with--with litigators
10 who can help enforce those standards. So I think
11 shining a light making sure that there's a
12 centralized system to--to intake complaints and then
13 seeing patterns that can be brought to a higher level
14 are all important functions.

15 CHAIRPERSON MILLER: Okay, thank you. I-
16 -I just want to make sure that--that we--that this
17 legislation is doing as we set out to do, and that we
18 have all the departments in place and all the
19 mechanics in place that we achieve our goal in really
20 providing a better quality of life for all of our
21 healthcare providers. So I want to thank all of you
22 ladies for testifying today, and really for your
23 advocacy. Thank you.

24 CHAIRPERSON CHIN: Yes, thank you for
25 testifying, and thank you for your recommendations,

1 and also thank you for organizing some of the workers
2 who submitted testimony also. I'm going to call the
3 next panel. Bobbie Sackman from LiveOn New York; Jan
4 Levine, Caring Kind; Chris Widelo from AARP; Molly
5 Krakowski from JASA and Carol Rodan from PHI.

6 [background comments, pause] Bobbie, you want to
7 start?
8

9 BOBBIE SACKMAN: Sure. Thank you. My
10 name is Bobbie Sackman, Director of Public Policy
11 with Live On New York, and first of all, I just want
12 to thank you for holding this hearing. We have not
13 ever had a hearing that really focused on family
14 caregivers, and talking about trying to get funding,
15 and establish a study. So these are great steps
16 forward and, of course, we'll agree they're long
17 overdue. I'm just going to summarize some of my--my--
18 my points here. Some of this you've perhaps heard
19 me say in the past. We believe that access to
20 affordable elder care and support for family
21 caregivers is the workforce issue of the 21st Century
22 especially for women who do the lion's share of the
23 care. Sometimes they have to leave their jobs or
24 even if they don't, they're--they're very pressed for
25 time, and as we've heard over and over, they lose--

1 they lose money. They lose compensation over the
2 course of their careers, and--and so having supports
3 out there, and we hope eventually having paid leave
4 kick in in a meaningful way, would really go a long
5 way to help these family caregivers. Also, in terms
6 of DFTA doing a survey, one of the things I--I wanted
7 to say is my colleague is here is Widelo from the
8 AARP. The AARP and the National Caregivers Alliance
9 have done many, many surveys. So have others. There
10 are tools out there. I don't think we need to
11 reinvent the wheel. They probably have to be tweaked
12 because, you know, we're New York City. I get that,
13 but hopefully this doesn't have to take way too long
14 to at least put the survey to--together. It should
15 be done with advice from community members, but I
16 just--this--this has been done as DFTA themselves
17 actually pointed out. So I don't think we're
18 starting from scratch here. The other thing is yes
19 to include community based organizations' advocates
20 and--and caregivers themselves in--in every step of--
21 of the planning process. I want to circle back, as I
22 always would do to the funding services case
23 management, which comes up at every hearing we could
24 have ever possibly want to--to talk about aging, and-

1 -and the whole thing around the salary parity and--
2 and--and being able to stabilize that workforce and
3 that that service. But you'll see in my testimony I
4 think we need to have universal daycare the same way
5 we have Universal Pre-K. You know, when you put a
6 day together the city is now in a good way supporting
7 younger parents, young mothers through Universal Pre-
8 K. With the kids in school all day, after school
9 programs, mom could go out and work or get an
10 education. But we don't do that at the other end.
11 We--we expect that that 50-year-old woman give or
12 take is somehow just going to balance life, and
13 universal adult day without getting into a discussion
14 about pop-ups because these would be good ones, for
15 non-Medicaid eligible individuals would-- Imagine
16 that you would have an adult day near your house
17 where you--or your--or your, you know, parents' house
18 for example where you could have your parent go if
19 not everyday, a few days a week. I know this sounds
20 like, sort of like a pipe dream, but--but I actually
21 think it's something we need to consider because I've
22 heard stories of someone traveling from Jamaica,
23 Queens to Ridgeway, Bushwick for an hour a day to
24 bring her mother to adult day. I don't know how long
25

1
2 somebody can sustain that. So I really wanted to
3 sort of put out there. And the legal assistance, you
4 know, caregivers run into a myriad of problems where
5 they need elder attorneys or other legal assistance.
6 And I don't know in all our legal programs that the
7 city is funding if anyone has paid attention to this
8 particular piece of the population and--and their
9 needs. And--and added to that Thrive NYC. Thrive
10 NYC besides the money that goes to the Department for
11 the Aging, there is really no other money in Thrive
12 NYC for older adults. A coalition is actually about
13 to come out with sort of a letter that we've put
14 together to see where seniors could be incorporated.
15 But likewise, there's--we need a place where
16 caregivers who need mental health services can be
17 specifically identified as a group that needs to be
18 attended to within ThriveNYC. And I--I think that's--
19 --that's sort of it, and then the whole public
20 awareness campaign. When Councilman Treyger was here
21 before, we were talking on the side, and he said,
22 people don't identify as caregivers. They're taking
23 care of their parent, their husband and his wife,
24 loved one. They don't walk around saying I'm a
25 family caregiver. So I think there's a lot of

1
2 isolation and struggle out there, and--and sometimes
3 public awareness that there are services that you're
4 not alone can really help folks to know that maybe
5 there's a place they could reach out, and not--and
6 not just struggle alone. Thank you very much.

7 JED LEVINE: Good afternoon and thank you
8 for this opportunity to discuss the issues of
9 caregiving, and thank you for holding this hearing.
10 I'm Jed Levine, Executive Vice President and Director
11 of Programs at Caring Kind, formerly known as the
12 Alzheimer's Association, New York City Chapter.
13 Recently we returned to our roots as an independent
14 501(c)(3) independent charity. Only our public name
15 has changed. We continue to do the same kinds of
16 supports and activities that we always have. I'm not
17 going to go into the statistics about Alzheimer's
18 because you--you know, I think you know them. You
19 can read them in the report. I do want to remind you
20 that when you're living with a chronic progressive
21 cognitively impairing disease, the stability--this
22 debilitating disease not only robs the person with
23 dementia of their memory, but also cause--causes
24 problems with thinking and behavior and function
25 severe enough to adversely impact nearly as every

1 aspect of their daily lives, and the lives of their
2 family members are profoundly affected as well. They
3 become increasingly isolated as their caregiving
4 responsibilities escalate. Alzheimer's and other
5 dementias are one of the leading causes of dependency
6 and disability in older adults. Caring Kind is on
7 the frontlines everyday providing a wide variety of
8 educational and support programs including over 90
9 monthly support groups, a Wanderer's Safety Program,
10 a 24-hour help line, and social work services with
11 professional counselors all designed to assist
12 caregivers, family members and professionals with
13 supports, and to help people successfully cope with
14 this progressive and terminal illness. We also train
15 homecare workers, and other professionals to better
16 care for persons with dementia, and in addition a
17 major focus of our organization is outreach to the
18 Latino, Chinese, African-American, Russian, LGBT and
19 Orthodox Jewish pop--populations and other
20 underserved immigrant--immigrant groups. Caring for
21 a relative with Alzheimer's is exhausting and
22 demanding. One that is often done out of a deep
23 sense of love to the unfilial obligation, but in many
24 cases those relationships are fractured, and there is
25

1 deep resentment and frustration. Usually, there's a
2 mix of emotions colored by bone tiring fatigue and
3 even the best intentioned caregiver quickly is
4 drained of his or her emotional, spiritual as well as
5 financial resources. The physical effects of caring
6 for a person with dementia are well documented. In
7 2015, more than 15.9 million caregivers provided an
8 estimated 18.1 billion hours of unpaid care to
9 persons with dementia nationwide. This care is
10 valued at \$221 billion. Caregivers are known to
11 neglect their own health and needs as a result of
12 their responsibilities. This burdens caregivers with
13 physical illness, depression, fatigue, and increased
14 medical expenses of their own. We know that
15 caregivers for persons with dementia are at greater
16 risk for first time heart attack, first time
17 hypertension, greater rates of depression, more
18 doctors visits. So the impact on our health system
19 is--is certainly profound. Presently, New York City
20 is unprepared to meet the needs of the estimated
21 250,000 persons living with Alzheimer's Disease or
22 other forms of dementia, and their caregivers. I
23 have given you a copy of a report that we did with
24 the borough president's office back in 2003,
25

1
2 Manhattan Borough President, now Controller Scott
3 Stringer, that we did in partnership with them, which
4 shows the significant impact of Alzheimer's Disease
5 and related dementias on New York City and the
6 inadequate support or awareness of support provided
7 to caregivers. Our findings revealed the following:
8 Caregivers spent a significant amount of time
9 providing unpaid care. With 40% spending as many or
10 more than 40 hours a week. That's a full-time work
11 week caring for a relative. A majority of
12 respondents, two-thirds, missed at least one day of
13 work due to caregiving responsibilities. Seventeen
14 percent missed 21 days or more, and survey
15 respondents were deeply dissatisfied with the level
16 of services in terms of homecare, daycare and nursing
17 homecare to persons with Alzheimer's Disease, and
18 more than 95% believed there needs to be a citywide
19 plan. So this is a perfectly aligned finding with
20 this hearing. So, persons with dementia their
21 families and caregivers face unique challenges when
22 navigating New York City services. It's critical to
23 look at accessing those services through the lens of
24 a family caregiver, many of whom are not familiar
25 with the complicated and--and often the labyrinth

1 themed maze of access [bell] to care. Whoops, let--
2 [laughs]--let me just me just--I will finish with
3 just a note about Intro 84 that--that we support
4 that--that legislation to create a division of paid
5 care, which would provide homecare workers with
6 access to information about their rights, workers'
7 safety and protections, et cetera, and to increase
8 and improve access to the city's senior and caregiver
9 services. We recommend the following action items:

11 New York City Council and Department of
12 Health and Mental Health and the Department for the
13 Aging should consider making information on aging
14 related health conditions more available and to web
15 and print media the idea of a public awareness
16 campaign so people can identify themselves as
17 caregivers I think is really important. We should
18 promote the Department for the Aging, Alzheimer's and
19 Caregiver Resource Center, and Caring Kind's 24-hour
20 help line. Fund caregiver support services at the \$4
21 million level that we talked about consistent with
22 the recommendation from this Council and supported by
23 Live On New York. The only funding available of the
24 city is for caregiver--for caregiver support services
25 is through that federal older Americans Act. Yes,

1 there is some state funding now, but that's going to-
2 -to community based agencies, and we are one of the
3 recipients of those--of that expanded funding from
4 the State Department of Health. I noticed that PSS
5 was here earlier, and Sunnyside and NYU just recently
6 got some contracts as well to provide ongoing
7 expanded care and support for persons with caring for
8 a relative with dementia. Thank you.

10 CHRIS WIDELO: Chairman Chin and Chairman
11 Miller, thank you very for the opportunity to testify
12 here today. My name is Chris Widelo. I'm the
13 Associate State Director for AARP here in New York
14 City, and on behalf of our 800,000 members in the
15 five boroughs, it's my pleasure to testify be--before
16 you on these important bills. First on Introduction
17 1081, the need, talking about surveying our
18 information family caregivers. I think we're all
19 aware it's a very big job, but most of our caregivers
20 wouldn't really have it any other way. It's a labor
21 of love. You really don't know what it is--what they
22 go through until you're thrust into that position,
23 and most of us are either going to very--you know,
24 our--our caregivers now, we may need care ourselves,
25 or we'll become a caregiver for others. So, it's--

1 it's really likely that all of us will experience
2 one side or the other of this--of the caregiving
3 issue. A few years ago, AARP went around the state
4 and conducted a number of listening sessions with
5 caregivers, and we had a few that were in five
6 boroughs, and I had the opportunity to attend many of
7 them, and then ear from caregivers directly about
8 things that they were going through. They talked a
9 lot about the frustration, and especially in dealing
10 with things like red tape and bureaucracy and
11 figuring out where to go for this or for that. But
12 what was really even more heartbreaking was hearing
13 stories of caregivers that are really unable to care
14 for themselves, and find what services are available
15 for them should they need to take a break, should
16 they respite care, or to--to, you know, take the time
17 to keep themselves healthy. Because without them,
18 who-who else is going to provide that care if they're
19 unable to do it. And often it's a spouse, it's an
20 older spouse caring for their equally older, you
21 know, husband or wife or partner. So it's--it's
22 important that we think about this as we--as we look
23 at, you know, how we construct this survey to make
24 sure that we're capturing as much information as
25

1 possible. And I think I'd invite you to--to visit
2 our iHeart--H-e-a-r-t Caregiver's website. It's
3 iheartcaregivers.com, and in there you can see
4 stories that are left by caregivers that really
5 outline the struggles that they have encountered and-
6 -and leaving their personal story about what they've
7 experienced as caregivers. So, we're very pleased
8 that the--that the Council is proposing this
9 legislation so we can look into in--informal family
10 caregivers. We do recommend that the name informal
11 family caregivers is replaced with informal--informal
12 caregivers is replaced with informal family
13 caregivers or unpaid family caregivers to recognize
14 that this care is, in fact, unpaid, and most often
15 performed by a family member.

17 In regards to Introduction 1084 and the
18 establishment of a division of paid care, you know,
19 when care is not being provided at home by an unpaid
20 family member, it is often performed by a paid
21 caregiver such as a homecare worker, they are a very
22 important part of the caregiving continuum and
23 provide important services that allow New Yorkers to
24 remain at home and successfully age in place. We
25 agreed that it's important to understand the needs of

1 these homecare workers, and the person receiving the
2 care given the complex and evolving nature of the
3 work that is involved. As the backbone of paid in-
4 home care is, it is important that our homecare
5 workers have access to information, training and
6 other services. So they can do their job effectively
7 because it's our beef that this will result in a
8 better experience and quality of care for those that
9 are receiving the homecare service. And so,
10 therefore, we support Introduction 1084. Thank you
11 very much, and I appreciate your time.

13 MOLLY KRAKOWSKI: Good afternoon. I want
14 to thank Council Member Chin, Chair of the Aging
15 Committee and Daneek Miller, Chair of the Civil
16 Service and Labor Committee for holding this
17 important hearing today to address the needs of
18 information caregivers, and for allowing me to submit
19 testimony on behalf of JASA. My name is Molly
20 Krakowski. I'm the Director of Legislative Affairs.
21 JASA's mission is to sustain and enrich the lives of
22 aging in New York's Metropolitan area so they can
23 remain in the community with dignity and autonomy.
24 In--in support of our mission, JASA offers a broad
25 continuum of services to support older adults as they

1 age in their homes and communities. And a critical
2 component in sustaining the frailest among us is the
3 role of the informal and formal caregivers. As such,
4 JASA strongly supports Intros 1081 and 1084, which
5 call attention to the needs of caregivers. And also
6 to recog--and recognizes the tremendous financial
7 costs among other costs of providing that care.
8 We've talked about it, and I'm not going to go into
9 all the details, but we've talked very thoroughly
10 about just the sheer number of people who are
11 providing this kind of caregiving in New York City
12 and New York State, and everyone in this room knows
13 somebody who is either providing that kind of care
14 or--or is doing it themselves. And I imagine that
15 most of us fit into one of those categories. Through
16 the development of a comprehensive survey for
17 caregivers, 1081 will formalize what we already know
18 about caregivers, and help the city to create an
19 action plan for addressing the growing the needs in
20 New York City for the supportive services and
21 programs that will be of assistance. And 1084 will
22 further support those formal--formal caregivers in
23 providing them with concrete services and the city-
24 based advocate. With the numerous changes to
25

1 Medicaid funded homecare and the challenges facing
2 homecare agencies and their staff, a designated
3 division of paid care within the Office of Labor
4 Standards will provide clarity on legal rights,
5 changes in mandates and links to important
6 information for this growing sector of workers.
7 Since 2006, JASA has operated a JASA funded caregiver
8 respite program in South Brooklyn. Through this
9 program, JASA assists more than a thousand
10 individuals each year helping family caregivers with
11 such services as in-home and group respite care;
12 individual counseling; access to benefits and
13 entitlements; purchases of daily care supplies;
14 installations of home modifications and improvements;
15 home safety; and peer-and our peer-oriented caregiver
16 support groups. Through educational outreach, we
17 also promote community awareness about family
18 caregiver, care recipient needs and available
19 resources. I'm not going to read everything in
20 detail, but obviously over the years we've also had
21 additional grants, whether from UJA-Federation of New
22 York, Met Council--I'm sorry. Not Met Council. Met
23 Life Foundation. We've received--we've been able to
24 create different pilot projects, which have been very
25

1 successful. And so we would certainly hope that
2 there would be an interest on the part of the
3 Department for the Aging for looking further at those
4 types of pilots, things that have been shown to be
5 successful in reaching this community. And the last
6 thing that I want to just mention is that public
7 awareness is obviously fantastic. We need these
8 kinds of campaigns, but the dollars need to follow
9 those campaigns. So when we have New York Connect,
10 which is fantastic, and in--in theory and we have the
11 contract for Brooklyn, and we're excited about the
12 Elder Abuse Campaign that's going to be going on, but
13 then we need the dollars for the services that these
14 people get sent over to otherwise we're going to have
15 what we've talked about at numerous hearings in terms
16 of waitlists. So I would just hope that whatever
17 surveys and studies we go into, sur--surveys and
18 studies are fantastic, but then the city is going to
19 have to find the money to actually support those
20 individuals who self-identify, and hopefully, start
21 to self-identify as people who are informal
22 caregivers and need supports. So thank you and thank
23 you for championing this. [bell]

24
25 [background noise, pause]

1
2 CAROL RODAT: Good afternoon and thank
3 you very much, Chairwoman Chin and Chairman Miller
4 for the opportunity to testify this afternoon. My
5 name is Carol Rodat. I'm the New York Policy Director
6 for PHI, which is a national organization based in
7 the Bronx that is a leading authority on the direct
8 care workforce. Our motto is "Better the jobs,
9 better care." We believe that the care for
10 individuals is directly related to how the workers
11 are treated in terms of their wages and benefits,
12 their training and support. We are also affiliated
13 with Cooperative Homecare Associates, which is the
14 largest co-op that is worker-owned in the United
15 States. We employ 2,000 homecare aids in the Bronx,
16 and we are also affiliated with Independence Care
17 System, which is a managed long-term care plan. My
18 second credential is that for the last two years I
19 have served on an Institute of Medicine Committee
20 that was pulled together in order to make
21 recommendations to the country on family caregiving
22 for older adults. During that time, the Institute of
23 Medicine's Committee on Family Caregiving has
24 examined who are family caregivers? What do they do?
25 What is the prevalence? What kinds of treatment do

1 they receive in the workplace? What is the role of
2 our healthcare system, and long-term services and
3 supports, and how must this country develop new
4 policies going forward. That report will be released
5 in the latter part of this summer, and while I cannot
6 tell you what the recommendations are, I'm free to
7 answer questions that you may have about some of the
8 research and findings in that report.

10 So let me start first with the issue of
11 the proposal for Family Caregiver Survey. I find
12 that while this is quite laudable, it's going to be
13 complex and difficult and I have concerns that the
14 committee, the committees will still remain with open
15 questions as to what, in fact, family caregivers are
16 receiving, and what that value is. I'd like to make
17 one pertinent comment related to a previous question.
18 One of the most important things that family
19 caregivers need is to know where to go, to call, with
20 their questions, and if that place that they call to
21 be given information. That's number one. The second
22 is that they need to get that information. They need
23 to be assessed, and they need to get appropriate
24 referrals. Let me just say one other thing about
25 family caregivers. They do not often identify as

1
2 caregivers, and there are a lot of issues related to
3 the diversity of this city, and particular
4 populations and how they culturally relate or not to
5 being called a family caregiver.

6 I'd like to turn now to the second issue,
7 which is the division of paid care within the Office
8 of Labor Standards. This is a proposal that PHI had
9 made several months ago to the city, and we are very
10 happy to see that the Council has taken up our
11 recommendation. We have been successful in getting a
12 number of improvements to wages and benefits. Let me
13 just comment on a couple because you've heard from
14 many people today. We did one of the studies, one of
15 perhaps the only study of the interaction of public
16 benefits, and wages for the homecare workforce. What
17 we did find is that as hours and pay go up, the
18 economic benefit of public benefits goes down, almost
19 equivalent. And among public benefits there are
20 plateaus that these workers reach where it is better
21 off--they are better off and their families are
22 better off if they actually--actually work less
23 hours. So we have a number of things that need to be
24 done in the city with respect to public benefits, but
25 let me just say something else that PHI recently

1 finished was a study of the Earned Income Tax Credit.
2 [bell] And we estimate that only 60%--60% of the
3 workers are actually applying for the tax credit, and
4 when they do, they are vulnerable to predatory loans
5 at exorbitant interest rates. So I will stop there
6 and see if you have any questions, and thank you
7 again for the opportunity to testify.

9 CHAIRPERSON CHIN: Thank you so much for
10 your testimony. It is--it's a lot of information,
11 but we're definitely all looking forward to really
12 working with you in terms of, you know, the
13 discussion going forward with these two legislations.
14 The recommendations we will take those into
15 consideration. Thank you very much. Okay, we're
16 going to call the last panel. Bernadette Joseph,
17 Linta Varghese, Hand in Hand, Sylvia Vogelmann (sp?),
18 Rachel McCullough.

19 FEMALE SPEAKER: [off mic] Rachel isn't
20 here. She got sick.

21 CHAIRPERSON CHIN: Oh, okay. Marissa
22 Ortiz and Linta.

23 FEMALE SPEAKER: Linta does not need to
24 talk now.

25 CHAIRPERSON CHIN: Olikén.

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LINDA OLIKEN: [off mic] Oliken.

CHAIRPERSON CHIN: Oliken. Okay. Is there anyone else that would like to testify? You have to fill out a slip. Okay, thank you.

[background noise, pause]

LINTA VARGHESE: [off mic] Is this on.

[on mic] Hi, good morning--good afternoon. My name is Linta Varghese and I'm the New York Organizer for Hand-in-Hand, the domestic employers network. I'm actually here today reading a testimony in support of 1084 on behalf of Alana Berger, who's the Director for Hand in Hand. She actually couldn't be here because she's taking care of her mom who just had knee replacement surgery. Hand in Hand is a national network of employers of nannies, house cleaners, and home attendants who believe that dignified and respectful working conditions benefit worker and employer alike. We support employers to improve their employment practices, and to collaborate with workers to change cultural norms and public policy in order to bring dignity and respect to domestic workers in all our communities. The work of the proposed division of paid care is really important to New York City's ability to understand the care

1 workforce, and to solve the problem of growing need
2 for care while creating quality jobs that can raise
3 the floor for many low wage New Yorkers. At Hand in
4 Hand we work with hundreds of employers who benefit
5 from the tremendous service that care workers
6 provide. We have learned that the interest of
7 individual families and the workers we employ are
8 more aligned than those people realize. We share a
9 mutual interest and greater recognition for care work
10 and caregiving leading to more support for the
11 critical workforce, and more support for individuals
12 and families to access and afford the care that we
13 need. I, meaning Alana, can speak to this not just
14 because of the job, but because of her own
15 experience. Let's see, Alana. I am a member of the
16 sandwich generation, sandwiched between caring for
17 young children and aging parents. This January my
18 father passed away, and I spent most of December and
19 January in Boston with him. I still travel to Boston
20 regularly to help my mother who just had knee--her
21 knees replaced, and my grandmother who is 104. I'm
22 very fortunate to have an amazing person, Kate,
23 caring for my daughters, who are 6 and 3, while I am
24 away. I could not have been there to care for my
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1
2 parents without help for my children. As part of my
3 support for this legislation, I want to include a few
4 recommendations. In addition to stronger protections
5 and much higher minimum wages for workers, we also
6 need changes in policy to create affordable care for
7 children, people with disabilities and seniors. We
8 know that there are limits on what the city can do in
9 the area of affordability, but we hope that this new
10 office will partner with our organization and other
11 city and state agencies to explore options for
12 providing long-term affordable care across the age
13 spectrum. Hand in Hand is in the process of
14 completing a research survey. This is in partnership
15 with Cornell University and Fordham University that
16 looks at hiring practices, employment practices and
17 the demographics of--of domestic employers in New
18 York State. We're also looking at access to
19 affordability in this research project. This
20 research could contribute to other bodies of research
21 conducted on behalf of the division, and we would be
22 happy to collaborate. Second, I strongly urge you to
23 be explicit about collaborating with worker centers,
24 CBOs and employers' organizations as a primary
25 strategy for reaching workers and employers.

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2 Additionally, we urge you to include house cleaners
3 under the scope of the division's work. While house
4 cleaners do not fall under the category of paid care,
5 we know that there's a level of fluidity and
6 continuity between house cleaning and care work. So
7 many of our employers, especially seniors who are
8 transitioning from independent living to a need for
9 some assistance rely on house cleaners to take on
10 additional care work, and what we see is that that's
11 often the first step in hiring paid support care.
12 Finally, we advise the commission to create an
13 advisory board that-- [bell]. I will finish up. To
14 create an advisory board that consists of workers,
15 employers and other relevant advocates. We truly
16 believe that the folks on the ground are the ones who
17 know best what's going on. Thank you.

18 BERNADETTE JOSEPHS: Good morning
19 distinguished members of the committee. Thank you
20 for conducting this hearing this afternoon. My name
21 is Bernadette Josephs. I am the Director of Services
22 Now for Adult Persons, otherwise known as SNAP,
23 caregiver program. SNAP is in support of 1081. SNAP
24 is a social service agency that provides--provides a
25 variety of services for older adults in Queens.

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2 These services are geared towards reducing isolation,
3 improving quality of life, and assisting in helping
4 older adults remain safe at home and in the
5 communities they love as they age in place. SNAP
6 also operates a growing caregiver program for
7 individuals caring for a loved one or friend. In the
8 course of directing SNAP's Caregiver Program, I have
9 come to recognize that family caregivers come for all
10 walk walks of life, and I have found that people
11 define family in many different ways. Caregivers,
12 for example, include spouses, partners, adult
13 children, other family members, friends and/or
14 neighbors who provide unpaid assistance to a loved
15 one with a chronic illness. Within the elder
16 population the fastest growing cohort are those who
17 are age 85 years of age and older. Our experienced
18 finds that the number of people caring for an older
19 adult relative or friend is growing, as is
20 demonstrated by an increase in caregiver program
21 caseload from 35 to 90 since the program began in
22 2003. Caregiving in New York City and across the
23 nation is one of the most crucial issues of our day.
24 American family life has changed dramatically over
25 time. There is now a greater need for two incomes to

1
2 make ends meet while single income homes are
3 prevalent. Family caregivers are in a constant
4 struggle to balance work and caregiving
5 responsibilities. According to a recent national
6 survey, one in five caregiver retirees left the
7 workforce earlier than they planned due to caregiver
8 responsibilities. Seven in ten had to make work
9 adjustments, which included cutting back on working
10 hours, changing jobs or leaving work completely.
11 Low-income workers, women and minorities are the ones
12 most impacted financially since they make up the
13 majority of caregivers. And as mentioned earlier
14 today, the total estimate aggregate, lost wages,
15 pension and Social Security benefits of adult
16 children caregivers is nearly \$3 trillion. this
17 speaks to issues that can be addressed in a variety
18 of ways. First, flexible work arrangements and paid
19 family leave is one way of addressing caregiver
20 needs. Second, consider the expansion of the New
21 York City Childcare Tax Credit to include adult
22 dependents. This will create an additional resource
23 to help alleviate financial strain a caregiver faces,
24 and can make the difference between having to leave
25 the workforce or remain employed. It would help to

1 alleviate the high cost of home care ensuring that
2 care receivers are taking care of appropriately in
3 their homes while informal caregivers can continue
4 working knowing their loved one is cared for. One
5 client in particular comes to mind who is not only
6 caring for her father who had dementia, but also her
7 brother--her brother who had a stroke and was
8 bedridden. This client was unable to cover the cost
9 of homecare for both--both her father and her
10 brother. She left the workforce as a result, and
11 became their full-time caregiver. Expanding the New
12 York City childcare credits to adult dependents would
13 have given her an opportunity to make a different
14 choice. Third, increasing funding--increased funding
15 for both caregiver support and aging services help
16 keep older adults in the community. This is far less
17 costly than placing a loved one in a nursing home,
18 and represents the desire of the majority of older
19 adults and their caregivers. In addition, social
20 adult day programs are on high demand by many working
21 caregivers. It is very costly for family members who
22 older adults do not have Medicaid and are forced to
23 pay out of pocket. As mentioned by Bobbie Sackman,
24 modeling social adult day programs like the Universal
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1 Pre-K programs that receive state funding would
2 financially help caregivers. One agency in
3 particular that we work with directly charges \$60 a
4 day [bell] for the service and, you know,
5 unfortunately many families are not able to cover
6 that cost. Thank you.

8 SYLVIA VOGEL: Thank you Chairs Chin and
9 Miller. My name is Sylvia Vogelman, and I'm here
10 today to offer testimony in support of the creation
11 of the division of paid care, Intro 1084. I want to
12 enthusiastically inplaud--applaud the efforts and
13 foresight of the Speaker and her staff in taking this
14 step towards acknowledging the importance of care and
15 caregiving. I am a member of the grassroots citywide
16 organization called Jews for Racial and Economic
17 Justice. JFREJ, which is a local affiliate of Hand
18 in Hand, the Domestic Employers Network, and a field
19 anchor of the Caring Across Generations Campaign. I
20 am also a member of the synagogue on the Upper West
21 Side called called B'Nai Jeshurun. Wearing all these
22 hats, I've been involved in extensive community
23 organizing and advocacy efforts related to aging in
24 place and caregiving for the last four years. I am
25 the daughter of immigrants who survived the Holocaust

1 and were fortunate enough to come to America. My
2 parents were working class. My father was a window
3 cleaner and my mother worked in a factory. As an
4 only child, I was--I took care of them as they aged,
5 and that's why this issue is so important to me. I'm
6 a proud elder boom activist. We call ourselves the
7 Caring Majority because we are committed to building
8 a strong and sustainable caring economy that works
9 for all of us, seniors, family caregivers, people
10 with disabilities, direct care workers and domestic
11 workers. We are grounded in the conviction that
12 caring homes and just workplaces, quality care and
13 quality jobs go hand in hand. I know that a strong
14 professionalized homecare workforce with robust
15 training and career ladder opportunities will be key
16 if my neighbors and I are--are to continue living
17 independently in our communities as we age. I want
18 to live in a city in which all care workers earn
19 living wages and receive real benefits, and respect
20 on the job. This isn't only about recognizing the
21 inherent value of caregiving. It's also about
22 recognizing my inherent value as an older adult. The
23 division of paid care is a critical first step in
24 preparing our city to face the elder care boom. This
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1 office can play a power role in increasing clarity,
2 professionalism and compliance in this fast growing
3 sector. To that end, I strongly recommend the
4 explicit inclusion of collaboration with a community
5 organization like ours and the offices programs.
6 This partnership will ensure that the office can
7 reach all the care workers in the city. It's also
8 crucial for reaching communities of employers like
9 mine. Domestic employer outreach education and
10 compliance with labor laws has been an area that has
11 been deeply explored and undertaken at JFREJ hand in
12 hand and my synagogue. We hope that new division of
13 paid care will design a partnership with our
14 organizations and contract us to do some of this
15 work. Thereby reaching specialized populations with
16 whom we have experience. As Linta has mentioned, my-
17 -our--my home is someone's workplace program. It's a
18 powerful and effective method of educating employers
19 about their rights and responsibilities building
20 capacity for clear supervision--supervision practices
21 and establishing open and trusting communication
22 from--from the get-go. In 2014 in partnership with
23 JFREJ, National Domestic Workers Alliance and Hand-
24 in-Hand and my synagogue, we launched a first of its
25

1 kind training program for elder care workers with a
2 parallel track for seniors and their loved ones who
3 wanted to gain a variety of soft and hard skills for
4 effectively managing care for themselves and loved
5 ones. I'd also like to echo the need for multi--
6 multi-task stakeholder advisory board for the
7 division of paid care in addition to direct care
8 workers, home care agencies and other service
9 providers. It should include people like me,
10 individual private paid domestic employers who are
11 trying to make it work [bell] counting on domestic
12 workers to maintain our independence. As we've
13 learned through our work, the interest of individual
14 families and the workers they employ are more aligned
15 than you might think. In closing, I'd like to thank
16 the council members present today to join a movement
17 of caring majority by sharing your own experiences of
18 care and caregiving. Share your care. You can do
19 that online at Share Your Care at caringacross.org.
20 Thank you.

22 LINDA OLIKEN: Okay. Good afternoon,
23 committee chairs and council members. My name is--my
24 name Linda Olikén (sp?). I am the Executive Director
25 of Demand (sic), organizing Filipino domestic workers

1 and caregivers. So I came here about 20 years ago,
2 and the first job that I had was being a domestic
3 workers. So my first job was live-in job in
4 Livingston, New Jersey taking care of the three
5 children, cleaning the home, and taking care of the
6 family meals. It was a very hard job. I was working
7 12 hours a day, and before I take, you know, the rest
8 for the night, I would spend two to three hours
9 ironing, you know, the gentleman's shirts because
10 they don't want to bring them to the dry cleaners.
11 So I know first hand the struggle of paid caregivers,
12 and that is why I became a founding member of this
13 organization. Our organization is dedicated to
14 promoting the rights and welfare of Filipino domestic
15 workers, and also being part of the movement to raise
16 the fair labor standards, and fighting for dignity
17 and justice for this workforce. So I'm here to
18 testify about the work of organ--organization and
19 also to support Bill No. 1084. So many domestic--
20 many Filipino domestic workers that come here are--
21 are ed--are educated women from the Philippines. We
22 came here to support our families and, of course, the
23 only available jobs that are open to immigrant women
24 of color is domestic work. So have over a thousand
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1 members, and many of us including me, you know, we
2 always experience abuse and oppression of the
3 workplace. In my almost 20 years of being a domestic
4 worker, I have never been, you know, paid overtime.
5 Yeah. So non-payment of overtime is the most
6 egregious violation of workers' rights in the
7 industry but, of course, there are more than that.
8 It is [coughs] long hours of work, and low pay and
9 the disrespect in the industry is very common. Thank
10 to the passage of the New York Bill of Rights.
11 Domestic workers have come out of the shadows, and
12 have been recognized as workers. But the
13 implementation--implementation of the basic prohibitions
14 of the bill [coughs] and other worker's rights are
15 still extremely challenged, and that is because of
16 the nature of that industry. We remain to be a very
17 isolated workforce, working alone in the privacy and
18 isolation of our employers' homes, right. So
19 outreach and education for this workforce is very
20 problematic. Our organization is composed of
21 Filipino domestic workers. Our leadership is also
22 composed of domestic workers. Some of our board
23 members are trafficked domestic workers, and so we're
24 very integrating and deeply connected to our
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1
2 community. I would say that, you know, formal
3 channels of outreach may not work to extremely
4 isolated work--workers, but the organization that are
5 working with them are in the best position to
6 implement outreach and advocacy for [bell] for this
7 workforce. So, I'd like to say--I'd like to say that
8 we want to collaborate with you. The creation of the
9 division of paid care is very exciting for us, very
10 inspiring for us, and it gives us hope that the city
11 will give attention to this marginalized workforce.
12 Thank you very much.

13 CHAIRPERSON CHIN: Thank you very much
14 for your testimony and--and all the work that you
15 have done on this issue, and we look forward to
16 working with you to pass the legislation, and to make
17 sure that the implementation and the enforcement of
18 laws gets out to all the communities. So thank you
19 again for--for coming out. Is there any other people
20 that wanted to testify? Did you fill out a piece of
21 paper? [background comments] Oh. [pause] I also
22 wanted to thank the Legislative Drafting Units that
23 worked on Intro 1084. Annie Decker, Deputy Director;
24 Michelle Lee, Legislative Counsel; Yago Viceberg

1 (sp?) Legislative Counsel. Thank you. Thank you for
2 being here. [pause]

3 [off mic] Hi, I'm Stephanie Mulcock.

4 CHAIRPERSON CHIN: Do you want to press
5 the button?

6 STEPHANIE MULCOCK: I apologize for my
7 confusion. Good afternoon and thank you members of
8 the Committees on Civil Service and Labor, Aging and
9 Finance. My name is Stephanie Mulcock, and I'm
10 Executive Director of Sodonglobal (sp?) We are a
11 non-profit advocating on behalf on Brazilian
12 immigrants living in New York City. Sodonglobal
13 would appreciate the opportunity to present testimony
14 to the City Council today in support of the creation
15 of a division of paid care. First, we would like
16 thank the committees for providing a forum to have
17 this important discussion. This is an essential step
18 towards finding ways to protect paid care workers in
19 New York City as well as those who they care for
20 Sodonglobal is dedicated to advocating on behalf of
21 the human rights of Brazilian immigrants while
22 strengthening citizen participation and political
23 visibility and fostering leadership development and
24 community organization for the engagement. Our
25

1 programmatic purpose is to focus on increasing the
2 knowledge of rights, increasing economic opportunity
3 and providing a platform to build leaders within the
4 community, and empowering the most underrepresented
5 members of the Brazilian immigrant community such as
6 youth and domestic workers. Sodonglobal work with a
7 number of immigrant paid care workers who live and
8 work in New York City. 80% of the immigrant
9 Brazilian women that we serve are paid care workers.
10 They come to us for assistance in cases of wage
11 theft, discrimination and abuse all of which are
12 rampant in an industry where their workplace is
13 someone's home. And Linta--you heard Linda speak
14 about the invisibility of domestic worker and this
15 propagated even farther by a language barrier. It's
16 extremely important the creation of the paid care
17 division include collaboration with community based
18 organizations we because we the front lines of
19 providing the vital assistance that paid care workers
20 need, and we are often the first, sometimes the only
21 service provider that they find. Immigrant
22 populations often mistrust city agencies, and
23 Brazilian immigrants are no different. Immigrant--
24 further, there is a lack of resources in Portuguese
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1 to assist this population. Sodonglobal is the only
2 community based organization that provides language
3 that's specific and culturally appropriate services
4 to immigrant Brazilian domestic workers. A
5 collaboration between the new division of paid care
6 and community based organizations is vital to support
7 hard to reach immigrant populations like Brazilians
8 and prevent them from falling through the cracks. A
9 large portion of domestic workers in New York City
10 are immigrant women. Many are also undocumented
11 immigrants. A key issue that keeps many workers from
12 asserting their rights is the belief that they do not
13 have labor protections as undocumented workers, and
14 the fear of immigration retaliation by employers.
15 Sometimes even people who are documented are
16 threatened by their employers with the threat of
17 taking away their Green Card. You should not do X, Y
18 and Z or I am going to tell immigration and they're
19 going to take away Green Card. So people live and
20 work in fear. We would like to see a close
21 collaboration with the Mayor's Office of Immigrant
22 Affairs to provide other relevant and language
23 accessible information and services to this
24 population. It has been a struggle for our
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1 organization to reassure our community that the city
2 agencies are to be trusted, and we have built a
3 relationship between our community and the Mayor's
4 Office of Immigrant Affairs. So we believe for any
5 program to stay in place and really work a liaison
6 between the agencies and the--the--and the
7 organizations need to exist such as the Mayor's
8 Office of Immigrant Affairs. We encourage the Mayor
9 and the City Council to invest in protecting labor
10 rights as a way to [bell] empower immigrants and
11 ultimately lift immigrant populations out of poverty.
12 We believe that immigrant workers in the care
13 industry can be supported by our elected officials
14 and by our government agencies. We will be empowered
15 as communities to excel and create a better care for
16 our loved ones. Thank you.

18 CHAIRPERSON CHIN: Thank you very much
19 for coming today, and providing testimony, and I
20 wanted to also thank again my Co-Chair Council Member
21 Miller for co-chairing this important hearing with me
22 today, and thank you all for coming, and the hearing
23 is now adjourned. [gavel]

COMMITTEE ON AGING JOINTLY WITH
COMMITTEE ON CIVIL SERVICE AND LABOR

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 3, 2016