CITY COUNCIL CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES

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October 22, 2015 Start: 1:30 p.m. Recess: 3:40 p.m.

HELD AT: COUNCIL CHAMBERS - CITY HALL

B E F O R E: ANDREW COHEN Chairperson

COUNCIL MEMBERS: Elizabeth S. Crowley Ruben Wills Corey D. Johnson Paul A. Vallone

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

Edith Prentiss President of 504 Democratic Club First VP of ADA for Legislative Affairs Chair of Taxes Roll Campaign

Victor Calise Commissioner Mayor's Office for People with Disabilities (MOPD)

Robert Piccolo First Deputy Commissioner Mayor's Office for People with Disabilities (MOPD)

Kleo King Deputy Commissioner and General Counsel Mayor's Office for People with Disabilities (MOPD)

Katherine Bouton President NYC Chapter of Hearing Loss Association of America

Jerry Bergman

Janice Schacter Lintz Chief Executive Officer Access and Innovations f/k/a Hearing Access Program

Dr. Barbara Weinstein Professor of Audiology City University of New York

Donna Guard

Ellen Polivy Community Board 8

Monica Bartley Community Outreach Organizer Center for Independence of the Disabled New York

Jarron Park Department of Health and Mental Hygiene New York City Employee

Leo Garrison Senior Designer and Owner Metro Sound Pros

Roberto Zamora, President Disability Awareness Soda Club Queensborough College Treasurer CUNY Coalition for Students with Disabilities

Debra Greif Chairperson Brooklyn Family Support Services Advisory Council

Joan Peters Executive Director Brooklyn Center for Independence of the Disabled

Lester Marks Director of Government Affairs Lighthouse Guild

Alex Elegudin Attorney and Founder of Wheeling Forward

Jana Owen, President Registry of Interpreters for the Deaf

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 5 AND DISABILITY SERVICES 2 [sound check, background comments, pause] 3 CHAIRPERSON COHEN: Okay, I'm starting. [gavel] Good afternoon. I'm Council Member Andrew 4 5 Cohen, Chair of the Council's Committee on Mental 6 Health, Developmental Disabilities, Alcoholism, 7 Substance Abuse and Disability Services. Twenty-five 8 years ago when enacting the Americans with 9 Disabilities Act, Congress recognized that physical 10 and mental disabilities in no way diminish a person's 11 right to fully participate in all aspects of society. 12 One of the most fundamental of these is the 13 opportunity to actively contribute to the civic life 14 of the city in which one lives, and to have equal 15 access to its benefits and services. New York City 16 is home to over 800,000 individuals with 17 disabilities, approximately 10% of the population who 18 bring diverse knowledge and experience that their 19 voices essential to the community. The ADA was 20 specifically designed to address the historical 21 exclusion of such individuals from public life. 22 Despite this, many people with disabilities are 23 likely to feel discouraged from participating in 24 meetings and events because they are unsure whether 25 their accessibility needs will be accommodated. Over

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2	two and a half decades since the ADA became law,
3	there is still much work to doto be done to create
4	a truly inclusive society. No New Yorker should ever
5	feel that due to a disability, they cannot engage in
6	public life on the same terms as those without
7	disabilities especially when in regards to forums to
8	which to advocate for changes and reforms necessary
9	to improve their lives.
10	The three bills that we will consider
11	today, introduced by Council Members Rosenthal and
12	Torres, represent the significant step toward
13	establishing equal participation for all regardless
14	of disability. IntroductionIntroduction 881
15	directs each agency to designate an employee to
16	coordinate the agency ADA responsibilities. This
17	will centralize these critical duties in individuals
18	with expertise in the ADA who can make sure all
19	programs and services are being administered in
20	accordance with the law, and serve as a contact
21	person for individuals in need of services or
22	assistance with complaints of non-compliance.
23	Introduction 882 requires all public
24	meetings or hearings to be held in facilities
25	equipped with inducted hearing loops. While I have

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 7 2 significant concerns about the physical impact and 3 the implementation of the proposed measure, I fully support working toward making civic events like this 4 hearing accessible for all. 5 Introduction 883 requires notices and 6 advertisements for events hosted by the City--by City 7 government and city funded organizations to include--8 I'll have to turn to the next page to find out--9 information on events venue accessibility as well as 10 11 who the individuals may contact to request amenities. I would like to thank Council Members Rosenthal and 12 Torres for their work on this issue. I would like to 13 thank committee staff, Eric Bernstein, Committee 14 15 Counsel Michael Benjamin, Analyst Crilhien Francisco, and lastly, I'd like to acknowledge the members of 16 17 the committee who have joined us today so far, 18 Council Member Vallone. I saw Council Member Johnson, and before we begin I would--I would also 19 like to thank my Legislative staff Kate Diebold and 20 21 before we begin I would like to give Council Member 2.2 Rosenthal an opportunity to say a few words on these 23 bills. Thank you. COUNCIL MEMBER ROSENTHAL: Thank you so 24 25 much, Chair Cohen for holding this hearing and

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 8 2 allowing me to say a few words about the bills. 3 You've explained what the bills will do, and I thank 4 you for your support on this package of legislation. 5 I'm going to talk a bit more about the impact of these bills on so many New Yorkers whose needs have 6 7 long felt ignored. Ten percent of New Yorkers over 8 800,000 people have disabilities. New Yorkers with 9 disabilities continue to face avoidable barriers in civic and cultural life. It is my since hope that 10 11 taken together these bills will begin to break down 12 the barriers. I'm grateful to have the support of a 13 broad coalition of organizations who support people with disabilities. I'm going to read the names of 14 15 about twenty organizations: AARP New York, Brooklyn 16 Center for Independence of the Disabled, the Center 17 for Hearing and Communication, the Center for 18 Independence of the Disabled New York, Cerebral Palsy 19 Foundation, the CUNY Coalition for Students with Disabilities, Disabilities' Rights Advocates, 20 Disabled in Action of Metro New York, Hands-On, 21

Highland Independent Living Center, Hearing Loss
Association of American National and the New York
City Chapters, JASA, Lexington School for the Deaf,
Lighthouse Guild, Metro New York City Registry of

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Interpreters for the Deaf, the National Multiple Sclerosis Society New York City and the Southern New York Chapter, Staten Island Center for Independent Living, Visions, Wheeling Forward, Wheels of Progress and YAI New York.

7 As of this morning, we received written testimony from 16 additional individuals including 8 9 audiologists and advocates for people with disabilities who wanted to be on record in support of 10 11 these bills. We also have written testimony from 12 educational and cultural institutions who already 13 installed induction hearing loops in their facilities including my alma mater, Michigan State University's 14 15 basket ball stadium, and the Marriott Theater of 16 Chicago, and a petition with over 200 signatures have 17 been--has been submitted to t he record in support of all three bills. 18

Intro 881 calls for a qualified ADA coordinator in each City agency. When I envision what the perfect ADA coordinator could do at an agency, I think of Quemel Arroyo, the Policy Analyst for Accessibility at the Department of Transportation. Quemel joins Commissioner Trottenberg at all high level meetings giving the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 10 AND DISABILITY SERVICES 2 expert advice from the perspective of people with 3 disabilities upon reviewing street redesigns and 4 policy proposals. He also helps the public seamlessly including coordinating with MTA's Access-5 A-Ride to accommodate large numbers of pickups this 6 7 year for the ADA awards, the 25th anniversary of the ADA. Ouemel's contact information is front and 8 9 center on the DOT website contact page. We know this bill needs to be tweaked to require that MOPD 10 11 determines which agencies require full-time specific ADA coordinators, and which can have a current staff 12 13 person take on the added responsibilities. We also need to weave into the legislation a requirement that 14 15 the ADA coordinate--coordinators can easily be found 16 on both the Mayor's Office of People with 17 Disabilities and agency websites. 18 Intro 883 requires all publicity 19 materials for these sponsored events to include 20 accessibility information and contact information 21 should individuals require additional accommodations. 2.2 I would like to hear from MOPD today about their 23 willingness to provide and maintain on their website and other--in other areas, easy to read signage, 24 25 often icons that is easily accessible. It will be

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2 critical that an icon, a specialized symbol for CART 3 be created as to who would educate and enforce this 4 protocol. I would expect that the ADA coordinators 5 would take on this responsibility, and I do think that failure to comply should have consequences 6 7 starting with warning letters from MOPD. And if organizations continue not to comply, a reduction in 8 9 city funds.

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Lastly, Intro 882 calls for all city 10 11 government meetings that are open to the public be 12 held in facilities with a hearing loop by 2020. For 13 people with hearing loss, a hearing loop is the 14 difference between being included in the conversation 15 and being excluded from it. For people with hearing 16 loss, hearing loops reduces background noise to 17 create clear intelligible sound. David Myers a 18 representative of Americans with Hearing Loss and who 19 is on the Advisory Council of the National Institute 20 of Health's National Institute on Deafness, and other 21 communication disorders says--says it well in his 2.2 testimony--written testimony in support of this bill. 23 He says, Hearing loops are the equivalent of a wheelchair ramp for people with hearing loss. 24

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COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 12 2 I'd like to share a quick video allowing you to hear the difference yourself, and I'm not sure 3 this will be clear for those who use Tele-coils at 4 this time, and I know you live the reality of this 5 everyday, but perhaps a mic can be held up to the 6 7 speakers here. Stephanie. [pause] 8 VIDEO MODERATOR: Live recording at the 9 subway booth at 66th Street Lincoln Center asking for directions. 10 11 SUBWAY BOOTH ATTENDANT: Take the 1 train to 14th street [UNINTELLIGIBLE NOISE] 12 13 VIDEO MODERATOR: The exact same encounter as heard over the new system installed at 14 15 the Subway booth at 66th Street Lincoln Center. 16 SUBWAY BOOTH ATTENDANT: Take the 1-Train 17 to 14th Street. Get off and get the L-Train to 18 Bedford that's heading toward Brooklyn. Yes. Excuse 19 me? 20 COUNCIL MEMBER ROSENTHAL: Thank you. I want to thank my staff for finding that on You Tube, 21 and I think there's someone who's going to testify 2.2 23 today who's directly responsible for helping to make that happen, and I thank her, too, in advance. I'll 24 25 be looking for feedback from advocates as well as the COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES

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2 Administration about how we can work to make this a 3 cost-effective solution for people with hearing loss. I want to spend just a few minutes thanking--thanking 4 some people for their help in pulling this together, 5 but first I want to say that we shouldn't have to 6 7 thank anyone for doing all the hard labor of making 8 this hearing accessible for those with hearing loss 9 or who are deaf. But we still live in a city where people went out of their way to make this hearing 10 11 accessible. So I really do want to take the time to 12 thank them, but I hope there will be a time when this 13 will just be the common thing, and we don't have to 14 thank anyone for these extra efforts.

15 I'd like to thank Council Member Torres 16 for introducing the bills with me, the Mayor who's shown his commitment to issues for people with 17 18 disabilities by really listening to stories that 19 inspired these bills. Commissioner Victor Calise and 20 the MOPD staff both for coordinating the ALS and CART 21 Services today, and for your testimony and for being 2.2 partners throughout this entire process. The 23 Commissioner's input on these bills will make them even better. To my speaker Melissa Mark-Viverito and 24 25 her office including Ramon Martinez, Ed O'Malley,

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 14 2 Carl Dalva, John Smith, Michael Missano and Rafael Perez for making the Hearing Loop possible today. 3 4 All of the staff from the Legal Drafting Unit who worked so diligently on these bills. Each bill had 5 their own General Counsel so Kimberly Williams, 6 7 Matthew Carlin and Kaitlin Caruso and Eric Bernstein, the Committee Counsel Michael Benjamin, the Policy 8 9 Analyst, Crilhien Francisco the Finance Analyst, and MTA Paratransit for coordinating Access-A-Ride for 10 11 today's hearing. Leo Garrison from Metro Sound Pros 12 for installing the temporary hearing loop. Pretty 13 extraordinary. He was here--he and his people were here at 8:00 a.m. this morning. American Sign 14 15 Language Services Providers today, Tyler Herron and I 16 think Stephanie Mortise (sp?) is coming. Maybe. 17 Mostly Tyler so thank you. The CART Service provider 18 today is Lauren Schechter. I've gotten to know Tyler 19 and Lauren over the last few public meetings, and it's been a pleasure. Countless advocates who have 20 21 been working on this issue for so long, and took the 2.2 time to educate me on their concerns making sure 23 these bills adequately address some of these issues. Edward Friedman who's been an intern in my office 24 25 without whom none of these bills would be being

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 15 AND DISABILITY SERVICES 2 discussed today. I urge my colleagues to join me in 3 support of this package of accessibility bills so 4 that we can help to ensure a more equal and more accessible New York for all. Thank you and John and 5 Dane, thank you for your help this morning getting 6 7 this all together. 8 CHAIRPERSON COHEN: Thank you. I just 9 want to thank the administration for cooperating and letting us go slightly--we're taking our usual order 10 11 this--this afternoon. So our first witness is going to be Edith Prentiss. Please. 12 13 EDITH PRENTISS: [coughs] Hello, my name is Edith Prentiss. I'm the President of the 504 14 15 Democratic Club, the First Vice President of the ADA 16 for Legislative Affairs, the Chair of the Taxes Roll Campaign and a member of the Disabilities that work 17 18 with the New York City Board. (sic) Yeah, we are 19 still existing. So it's some well round issues here. 20 It's actually sort of interesting that when I read 21 the bill, I have to say I was very upset. And the 2.2 qualifications of the bills are not quite what both 23 of you just had to say about these bills. For example, as you well--as you may or may not know, in 24 25 1992 in the--subsequent to the enactment of the ADA

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 16 AND DISABILITY SERVICES 2 then governor--then Mayor Jenkins required every 3 agency--4 CHAIRPERSON COHEN: Edith, I'm sorry. 5 Would you mind pulling the mic a little--EDITH PRENTISS: I'm sorry 6 7 CHAIRPERSON COHEN: Ironically, would you mind pulling the--Thank you very much. 8 9 EDITH PRENTISS: Okay. [coughs] Then Mayor Jenkins required an IDA coordinator in every 10 11 agency and department. That person's primary focus 12 was on equal opportunity employment issues, and 13 approving accommodations. So I think there may be a 14 need to tweak the title. So we do not need to have 15 two ADA coordinators in each department, and people being very confused as to who each of them is. 16 I 17 think that it's important to have very distinct 18 criteria for said ADA coordinator, and that is more 19 than being a wheelchair user. I think there needs to have education, academic and experience in disability 20 21 in disability rights and ADA and in other related 2.2 laws. Because I assume the ADA coordinator is not 23 simply going to be doing ADA. There are lots of other bills that are civil rights bill for people 24 with disabilities, and we sort of not the all 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 17 2 collectively under ADA. So it's important to note 3 that these other bills do exist and do impact people 4 who are working and who are just living. What are 5 their responsibilities? Is that coordinator going to be responsible for the information on a flyer for 6 7 when a meeting is planned? Recently, DOT had a 8 community meeting in my neighborhood about the 9 Holland River Recreation blah, blah, blah. I really didn't want to go, but I went. I get there. 10 It's a 11 community center, a set of double doors, a flight of stairs, another set of double doors. No notification 12 13 on the outside of the building of the law you passed a couple of years ago requiring access information 14 15 when the primary entry point is inaccessible. The 16 woman comes down and says to me, Well, it's all DOT's 17 fault. Like I don't care whose fault it is. I want 18 to get in here. I did not. The answer is I did not get into the meeting, and I'm rather perturbed about 19 that. I mean this is an issue of my community of 20 21 which I'm am active resident, and I can't attend a 2.2 public meeting. I have a problem with that concept. 23 So looking at the material what are they doing? The other issue is what role do they have 24 25 when it's an interlocking event? If you as council

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 18 2 members are publicizing someone else's event, we can 3 actually put a value on your publicity. You're 4 putting it in your newsletter. You're putting it--so there is a city de facto funding of this event. 5 What's the responsibility? I don't think that it's 6 7 your office's responsibility to check out 8 accessibility. It's the organizer, and if the 9 organizer does not present you office with the appropriate information, you don't publicize it. 10 11 Who's responsible for reviewing all of the information being released? No, it's not--he's not 12 13 responsible. He's not even responsible for all that Mark (sic) had. You know, this is -- [coughs] it's 14 15 going to happen with any agency. Recently, we had a 16 run in with Parks, an event held by Parks in the Dyckman Farmhouse. Now, I know there's no way I'm 17 18 ever going to get into the Dyckman Farmhouse. 19 Haven't been in there since 1991, but shouldn't they 20 be considering--and I have mentioned this many times 21 [bell]--videotaping, putting it online. There should 2.2 be some way of contacting us. 23 Also, it says certain events. It doesn't say all, but the language of the bill says certain 24 events. What is the criteria for a certain event? 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 19 AND DISABILITY SERVICES 2 And last but for--in 883 this is not a pushback 3 against loops. Loops are cool. I mean I love CART. 4 I can actually understand what I can't hear, but I believe the bill should talk about fully accessible 5 It should not talk about assisted listening 6 venues. 7 systems. It should not talk about loops, and I love 8 the concept of the report, the annual report for 9 accessibility. But the bottom line is we have to empower the community to check out all this stuff. 10 11 It's very frustrating. We have this thing called 12 Northern Manhattan Art Stroll, which goes on for over 13 a month, and it has tons of venues. I for at least ten or more years I've been trying to get them to put 14 15 icons on it. Absolutely no interest. I actually 16 went from venue to venue. There are a lot of events 17 that are in artists' studios and such. Fine. I am 18 not demanding full access. I am simply demanding 19 information. Similarly, when--I mean I think a 20 politician who hosts and event be it for--in the con-21 -in the capacity as the politician or even a 2.2 fundraising event, there should be information about-23 We know that the New York State Democrats do require that, but yeah right. I think it's really important 24 to look at the individuals candidate and elected. 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 20 AND DISABILITY SERVICES 2 504 has in it's questionnaire screening for 3 candidates it includes a question asking will they 4 attend in accessible community meetings. You get two 5 answers from people. One will say no never. I'11 never do that, and you'll have people who do, you 6 know, it's my community, it's my constituents. 7 I 8 have to go. Well, or another constituent, don't I 9 get to go? Participatory budgeting. Hysterical. Participatory budget meetings in my--for my council 10 member who shall remain nameless were inaccessible 11 12 several of them. My library is inaccessible. It's a 13 Carnegie library. It's never going to be--they claim it's going to be closed for four years to make it 14 15 accessible. Stan Michaels put money in the budget to 16 make that accessible. Still not going to get there, 17 and I still don't understand how they're ever going 18 to do it, but if they think they can do it, cool. You 19 know, I trust them. You know, it's like you have to 20 think about these things. I would love to think that 21 the ADA coordinator would serve as a beach head in 2.2 agencies. As much as we know we exist and we're 23 around and we're going to give you aggravation, what if people have never worked with a person with 24 25 disability? Have not met a person with a disability?

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 21 AND DISABILITY SERVICES 2 I find it interesting, but okay, if nothing else, 3 you're talking about adding a person with a 4 disability to the water culture--the water cooler culture of an office. And it might be hopefully--5 allow me my fantasies--it might be a good way to 6 7 enculturate. There have been a lot of bills about disability history and all of these things, which 8 9 have never gone any place. But requiring accessibility in public meetings and putting the 10 11 icons and contact information would be a light year. 12 I'm going to very quickly cover Jean's--13 Jean's first point was that it should be faster. We 14 should not wait until 2020. She also wants that is 15 it already covered the information about how to contact both MOPD and the agency sites. One of her 16 17 concerns is the number of meetings scheduled by local 18 politicians, not necessarily city politicians, who 19 then invite all of the local services. So, for 20 example, Denny, you know, calls a town hall meeting 21 and he arranges for every city agency to come. Where's the line between the two issue? Does that 2.2 23 have to accessible? How accessible? I think it's incredible. I love this. I actually absolutely love 24 25 the thought of CART because I just can't understand

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 22 AND DISABILITY SERVICES 2 half of what's going on otherwise, and I particularly 3 love watching CART to see how it's not necessarily conveying the need to have things improved. 4 Jean 5 also was very concerned about the city funds that are not so accessible for other--and the question is how 6 7 are you going to pay for--I mean, we have-we've had requests for both DIA and 504 for individuals needing 8 sign language and it's a very hard buy. It's a very-9 -Yeah, community boards have this continuously. 10 Ιf 11 you have a member with a disability in your community 12 board, how much is it going to cost your community 13 board. And also I mean, God, Andy, the community board office [laughs] I mean the first time I went 14 15 there I had great trepidation. Cities are--I mean in 16 concept, we really like the bills, but we are 17 concerned that the nitpicky little pieces, the 18 criteria, certain events, et cetera, we need to be sure that--that the bill includes all of the items 19 that we have been told. Thank you. 20 21 CHAIRPERSON COHEN: Thank you very much. 22 That is a steep ramp at CD. They are--they are 23 looking to move. 24

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 23 AND DISABILITY SERVICES 2 COUNCIL MEMBER ROSENTHAL: Edith, can I 3 just say thank you for helping us to set the stage 4 for this hearing. I appreciate it. 5 CHAIRPERSON COHEN: Okay, our next witness is Robert Piccolo from the Mayor's Office of 6 7 People's Facilities, and we do appreciate your consideration, ma'am. Thank you. Are we going to 8 9 swear him in? Okay. We're going to swear you in in one second. 10 11 LEGAL COUNSEL: Can you raise your right 12 hand, please. Do you affirm to tell the truth, the 13 whole truth and nothing but the truth in your testimony before this committee and to respond 14 15 honestly to council member questions. 16 DEPUTY COMMISSIONER PICCOLO: I do. Good 17 afternoon. I'm Robert Piccolo, First Duty 18 Commissioner for the Mayor's Office for People with Disabilities. I'd like to convey Commissioner 19 Calise's apologies to the Council for not being here. 20 21 He was summoned to a meeting here in City Hall, and 2.2 he hopes to join us hopefully in a little while. 23 Also, a special thanks to Council Member Helen Rosenthal for her help and enthusiasm regarding 24 25 issues regarding people with disabilities.

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2 To begin, I'd like to say that MOPD 3 supports the principles of all three of the bills before us today, and shares the Council's goal of 4 improving access to public meetings for people with 5 disabilities and providing ADA coordinators in city 6 7 agencies. As you aware, the Mayor's Office for People with Disabilities, MOPD, in operation since 8 9 1972, works to ensure that New Yorkers with disabilities can lead happy, healthy and productive 10 11 lives. The MOPD staff works hand-in-hand with other 12 city agencies--city offices. Sorry, and over 50 13 agencies to ensure that the voice of the disabled 14 community is represented, and that city programs and 15 policies address the needs of people with 16 disabilities. The office provides information on 17 accessible programs, accessible transportation, 18 employment, health services, activities and other 19 resources to over 800,000 New Yorkers with 20 disabilities. In addition, the Mayor's Office for 21 People with Disability--Disabilities works with organizations on specific issues affecting people 2.2 23 with disabilities and aims to bring about dialogue that leads to meaningful outcomes for those living 24 with disabilities. The dedicated staff of the 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 25 AND DISABILITY SERVICES 2 Mayor's Office for People with Disabilities works 3 hard everyday to make New York City the most 4 accessible city in the world. Let me start off by 5 saying that we appreciate your constant partnership in advocating for those with disabilities. The bills 6 7 represent steps to ensure that all New Yorkers 8 regardless of any disability have an opportunity to 9 take part in the civic life of the city. [coughs] Excuse me. We look forward to our continued 10 11 partnership on making this a reality. I'd like to 12 take the opportunity to comment on each of the 13 proposed bills.

14 First, Intro 881, a Local Law to amend 15 the Administrative Code of the City of New York in 16 relation to designating ADA coordinators within 17 agencies. MOPD supports the designation of ADA 18 coordinator positions in key city agencies to work 19 closely with MOPD and act as liaisons to New Yorkers 20 with disabilities creating easy access points for New 21 Yorkers with disabilities to obtain information, 2.2 services and assistance. As you may know, prior to 23 being appointed Commissioner of MOPD, Commissioner Calise was the first ADA accessibility coordinator at 24 25 the New York City Department of Parks and Recreation.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 26 2 Thus, working with the various agencies to identify 3 coordinators is currently an MOPD initiative. In 4 addition to the Department of Parks, the Department 5 of Transportation and the Human Resources Administration have hired full-time ADA coordinators. 6 7 MOPD is currently working with other agencies that are in the process of designating ADA coordinator 8 9 positions including, but not limited to the Department of Buildings, Taxi and Limousine 10 11 Commission and the Department of Design and Construction. 12 13 Intro 882, a Local Law to amend the Administration Code of the City of New York in 14 15 relation to requiring that all public meetings and 16 hearings be held in a facility equipped with assisted 17 listening systems where possible in the form of 18 induction loop assisted listening systems. Currently, public entities conducting public meetings 19 and hearings reasonably accommodate the needs of 20 21 individuals with disabilities and to take appropriate 2.2 steps to ensure that communications with people with 23 disabilities are as effective as communications with others. This can include providing assisted 24 25 listening systems and interpreter services. However,

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 27 AND DISABILITY SERVICES 2 by requiring that facilities be equipped with a 3 permanently installed induction loop systems, unless a waiver is granted, Intro 882 would commit the city 4 to large investments in this particular technology 5 even though other technologies may be more 6 7 practicable for certain circumstances and better 8 technologies may become available in the future. 9 The bill providers for a waiver process that will become burdensome on or office or other agencies the 10 11 Mayor would designated. The bill standard for 12 granting a waiver is extreme hardship, which is 13 higher than the undue hardship, which is a standard 14 established by the Americans with Disabilities Act 15 and our own Human Resources Law. Another element to consider is that a 16 17 significant number of public meetings take place in 18 spaces that are leased by the city. One option might

19 be to require that landlords allow for the 20 installation of such systems where appropriate. We 21 would, of course, need to determine the cost of such 22 installations and who would bear that cost. Finally, 23 the reporting requirement is problematic as it 24 requires reporting for both public and private 25 entities on the details of the various types of DISABILITY, ALCOHOLISM, SUBSTANCE ABUSEAND DISABILITY SERVICES28devices installed, justification for the device thatwas installed and yearly cost for all devicesinstalled in public and private facilities. Thisinformation may not be readily available from privateentities.

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7 Intro 883, a Local Law to amend the Administrative Code of the City of New York in 8 9 relation to advertising and other materials pertaining to certain public events to include 10 11 information regarding accessibility for people with 12 disabilities. We support this initiative as it 13 reinforces the provisions of the Americans with Disabilities Act. We believe that the retroactive 14 15 application to organizations or businesses that 16 receive funding from the City of New York for the 17 prior two years to be impractical as it would require 18 identifying identities that are no longer receiving Rather, we would like to see the provisions 19 funds. 20 be applied to organizations or business--businesses 21 receiving funding from the City of New Yorkers going 2.2 forward. This will allow the city agencies providing 23 the funding to include the notice requirements in the funding documents. Also, we believe that the notice 24 25 requirements may be better addressed by requiring the

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2 various symbols of accessibility be placed at the 3 bottom of notices along with a name and telephone 4 number for additional accessibility information. We believe that these concerns can be addressed with 5 appropriate revisions to the bills and welcome the 6 7 opportunity to discuss the bills further with the 8 Council. I will be happy to answer any questions at 9 this time.

10 CHAIRPERSON COHEN: Thank you very much 11 for your testimony. I just want to acknowledge that 12 we have been joined by Commissioner Calise, and I'm 13 going--I have some questions but I'm going to defer 14 to Council Member Rosenthal for her questions.

15 COUNCIL MEMBER ROSENTHAL: Thank you. Ι 16 just have two questions that really actually relate 17 to the points that Edith brought up earlier. And 18 welcome, Commissioner. It's great to see you. Thank 19 you for coming by. The first one is about the ADA 20 coordinators. Do you believe that MOPD could specify 21 the qualifications, the specific qualifications and 2.2 job description for the ADA coordinators? And do you 23 think that your agency could be responsible for identifying which agencies would have to have a full 24 time ADA coordinator, and which agencies might it not 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 30 AND DISABILITY SERVICES 2 make sense to have a full-time coordinator, but 3 someone should be assigned to take on that 4 responsibility. 5 DEPUTY COMMISSIONER PICCOLO: Thank you, Council. I appreciate you having me here today. Yes, 6 7 we can do that--we--there are standards for accessibility coordinators that we've used to put 8 9 agencies such as the Department of Transportation and the Human Resource, and we're working with Housing 10 11 Preservation and Development right now because it's 12 in their housing plan for that. So, yes, we can do 13 that, and what the qualifications are. As far as the second one is concerned, we have been looking to 14 15 identify agencies and will continue to do that. SO, 16 we can assess with that. 17 COUNCIL MEMBER ROSENTHAL: Great, and 18 secondly in terms of 883 for the--requiring the icons 19 on publicity material, do you think it would be 20 possible not from a legal standpoint. I'll certainly 21 ask counsel about that, but if we could, would it be 2.2 possible to have it be the responsibility of the ADA 23 coordinator to make sure that the icons exist on publicity material? 24

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1	COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE
T	AND DISABILITY SERVICES 31
2	DEPUTY COMMISSIONER PICCOLO: The ADA
3	coordinator position is to really look at the agency
4	as a whole, and everything that an agency is doing to
5	make sure that they're doing it in the appropriate
6	way. So, yes, it should be part of their job
7	description to be able to identify that accessibility
8	using those icons.
9	COUNCIL MEMBER ROSENTHAL: And they could
10	then report that information back to your office in
11	terms of sending warning letters for organizations
12	that do not comply?
13	DEPUTY COMMISSIONER PICCOLO: I believe
14	we can do that. I mean we work with ADA coordinators
15	closely, and everyone within my staff for specific
16	things, and we can certainly be part of that. I know
17	I don't see that being an issue.
18	COUNCIL MEMBER ROSENTHAL: Great. Thank
19	you very much, Commissioner.
20	DEPUTY COMMISSIONER PICCOLO: Thank you.
21	CHAIRPERSON COHEN: Thank you,
22	Commissioner. Could you just talk abouta little
23	bit about what makes someone qualified to be a
24	coordinator and what we think is sort of the gold
25	standard of qualifying somebody. You know, where

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 32 AND DISABILITY SERVICES 2 that may be, you know, in the instances of a full-3 time person. You would probably want someone up to 4 the highest standard, and what it would be sort of acceptable as an ADA coordinator? 5 COUNCIL MEMBER ROSENTHAL: Lots of 6 7 different things. So I'm also joined by my Deputy 8 and Counsel Kleo King. I just wanted to point that 9 Understanding what the Americans with out. Disabilities Act stands for, what's in there is 10 11 specific to agencies understanding where the codes 12 and standards apply is rather important. There are 13 ADA coordinator job descriptions that vary from agency to agency. So making sure that they're 14 15 specific to that. So if someone is working in 16 transportation, we want to make sure that they have 17 some type of transportation background. But also 18 being able to understand what the codes and standards 19 are for let's say curb cuts and accessible pedestrian signals, and seeing how that applies. So, it varies 20 21 from agency to agency, but most of all it's really to 2.2 understand what the ADA Codes and Standards are, and 23 how they apply to that agency. 24

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	COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE
1	AND DISABILITY SERVICES 33
2	CHAIRPERSON COHEN: What do you think is
3	involved? Is a class sufficient? How do we train
4	somebody to be
5	DEPUTY COMMISSIONER PICCOLO:
6	[interposing] Well, we do a lot of our training
7	within our office as well. We hired someone that had
8	knowledge of Americans with Disabilities Act with the
9	Department of Transportation, for example, and we've
10	been able to go through the guidelines with them of
11	what specific things are. Robert is and Kleo are
12	very versed in the ADA Codes and Standards. So
13	they're able to assist with that, and be able to
14	work. When I started ADA codesanother example is
15	when I started working for the Parks Department I
16	knew what ADA Codes and Standards were, but I learned
17	as I went as well. So there's a little combination
18	of that. ADA coordinators in New York City are
19	relatively a new idea, which happened in 2006 when I
20	came in and to reallyI mean a new idea of what the
21	role actually is, and how effective it can really be.
22	And it justknowing what the ADA is, I think is
23	really important. And working with our office is
24	important as well. And, of course, we also need the
25	feedback of the disabled community, and that's what

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 34 2 we--we work with the Disabled In Action, Lighthouse 3 for the Blind, Pedestrians for Accessible Safe Street. I'm hearing-hearing lots of associations. 4 So I think that's important as well. 5 CHAIRPERSON COHEN: I mean just crazy 6 7 having an idea at a hearing about the discussion, but do you think that there might be like a need to sort 8 9 of--sort of define the term better that maybe there should be a--a set of criteria that a person has to 10 11 meet in order to serve as a coordinator? 12 DEPUTY COMMISSIONER PICCOLO: Yes, we do 13 have that. I mean we can--we can certainly be able 14 to send specific language of what that is for the ADA 15 coordinator. 16 CHAIRPERSON COHEN: I mean your 17 certified--you're certified as a coordinator as 18 opposed to just we give you a business card and now 19 you're a coordinator? 20 DEPUTY COMMISSIONER PICCOLO: Now, it's a coordinator specific to the agency, understanding 21 2.2 what the issues are. Deep with inside the agency and 23 mostly understanding what's happening on the outside because advocates have a big say in what happens in 24 25 our city.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 35 2 CHAIRPERSON COHEN: Thank you. Regarding 3 the looping, I mean I think that we all really--the 4 goal is--I think everyone is united in the goal. I'm concerned that someone who has served on the 5 community board for a long time like trying--how 6 7 would--you know the implementation in the testimony 8 obviously reflected that concern. Do you think that 9 there's another approach maybe in terms of making, you know, meetings out in the field more accessible 10 11 particularly for the hearing impaired? 12 DEPUTY COMMISSIONER PICCOLO: Yeah, I 13 mean there are a lot of different ways to communicate for people who are definitely hard of hearing and 14 15 people who are deaf as well. I mean deaf and hard of 16 hearing. Excuse me. And understanding what exactly 17 happened for people with disabilities is important 18 especially for hearing. Loop systems are definitely 19 a technology that a lot of advocates want. 20 FEMALE SPEAKER: [off mic] 21 CHAIRPERSON COHEN: Ma'am, ma'am, you 2.2 can't interrupt. You can sign up to speak. All 23 right. So you'll get your turn. DEPUTY COMMISSIONER PICCOLO: 24 We 25 understand what the hard of hearing issues are, and

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 36 2 want loop systems. We agree with loop systems. We 3 think they're a great piece of technology, and we--we 4 try to get loop systems everywhere that we can. It's 5 important to have that technology, but there's other--there's also other technologies that people use. 6 7 Some of it happens to be the CART system that we're able to use. We know people that are hard of hearing 8 9 that don't use the loop system that really would like to see CART installed as well. So we want to make 10 11 sure that that's there. Some people like infrared 12 systems, which I believe this Council--the Chamber 13 has, but being able to provide for all those types of 14 disabilities is something that we strive to do 15 CHAIRPERSON COHEN: Okay. Thank you for 16 your testimony. 17 DEPUTY COMMISSIONER PICCOLO: Thank you. 18 COUNCIL MEMBER ROSENTHAL: Commissioner, 19 thank you also for providing us a Captioning CART 20 today. It means lot to us. 21 CHAIRPERSON COHEN: Okay. Katherine 2.2 Bouton. I hope I'm pronouncing any of these right. 23 Jerry Bergman, Richard Einhorn, Janice Lizette (sp?)--Linzette. Danielle, that's you. 24 25 [background comments, pause]

	COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE
1	AND DISABILITY SERVICES 37
2	KATHERINE BOUTON: Okay, yes. I'm
3	Katherine Bouton. That was close. I'm the President
4	of the New York City Chapter of Hearing Loss
5	Association of America, and I also serve on the
6	National Board of the Association. And I speak for
7	both organizations. I am involved withon an hourly
8	basis with hearing loss through my professional work.
9	I'm a writer and a blogger on hearing loss. I until
10	the past ten years, I've had a hearing loss for 35
11	years until the past 10 years. I did not acknowledge
12	my hearing loss. I did attend city meetings. About
13	ten years ago
14	[audience comments]
15	JANICE LIZETTE: They can't hear you.
16	KATHERINE BOUTON: Is that better?
17	JANICE LIZETTE: Can you move down,
18	please?
19	KATHERINE BOUTON: What?
20	JANICE LIZETTE: Can you move down,
21	please?
22	KATHERINE BOUTON: What?
23	JANICE LIZETTE: Can you move down? I
24	feel like I'm falling off the table.
25	KATHERINE BOUTON: I can't hear you.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 38 2 JANICE LIZETTE: Can you move your chair 3 No, this way. Okay. Thank you. over? 4 KATHERINE BOUTON: Okay. Like many 5 people with hearing loss, I was not very open about my hearing loss. But I also was unable not only to 6 7 not attend City Council meetings, but any kind of 8 city meetings at all. I received a permanent waiver 9 from jury duty. I would really like to do my jury service and I cannot. I am a great supporter of 10 11 hearing loops that allows people with hearing loss to hear--who have hearing aids and who a Cochlear 12 13 implant to hear--actually hear what's being said. Ι do also believe that CART is essential for some 14 15 people with hearing loss. People with hearing loss 16 all differ in their ways of hearing. ASL is 17 obviously essential for the deaf. I have a written statement here that I've submitted, but I'm going to 18 detour from it based on what I've heard here. 19 Т 20 think that there are several things to say about all 21 three of these technologies. They are all valuable. 2.2 One in five Americans has hearing loss. In New York 23 City that number is undoubtedly higher because hearing loss is in greater proportion in the elderly. 24 It's in greater proportion in--with people who live 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 39 AND DISABILITY SERVICES 2 below the poverty level and noise exacerbates hearing 3 loss. We live in a noisy city. We have a lot of 4 older people and we have a lot of poverty. I think 5 you can assume that in any public meeting at least one in five people there has hearing loss, and needs 6 7 assisted devices. FM devices are not a substitute. 8 They are--they do not work very well. Infrared 9 devices are not a substitute. They don't work very well. I can't use either of them. For me, the only 10 11 way I can participate in a public meeting is through 12 looping or CART. CART is a wonderful service. You 13 might say that it servers more people that looping does, but CART is an expensive service. And when you 14 15 multiply the number of times you would have to hire a 16 cart operator in order to allow people to with 17 hearing aids and Cochlear implants to understand 18 what's going on at city meetings not to mention jury 19 duty, you're talking about gigantic numbers. The 20 cost of looping is a one-time cost. It's a contained 21 cost. Other cities have done this. It's very, very 2.2 common in Europe and in England, and I think New York 23 City could do itself proud by setting a precedent for other municipalities and for the private sector as 24 25 well by making a commitment to this technology. I

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 40 AND DISABILITY SERVICES 2 would ask that it not be made at the expense of an 3 ASL interpreter or at the expense of CART when it's 4 requested. Because as you've said before we all hear 5 differently, and we all need different kinds of help. 6 Thank you. 7 CHAIRPERSON COHEN: Thank you. I just want to pause for one second to acknowledge that 8 9 we've been joined by Council Member King and Casa Middle School from the Bronx. Welcome. [applause] 10 11 Please continue. Next. 12 [background comments] 13 JERRY BERGMAN: Thank you. Good 14 afternoon. My name is Jerry Bergman. I thank 15 Council Member Rosenthal and her staff for their 16 vision, foresight and understanding in introducing 17 the three bills before this committee along with 18 Council Member Torres and the co-sponsors and 19 Attorney Bernstein and Chairman Cohen for allowing us 20 this opportunity. I hope this hearing will 21 demonstrate when it's concluded why and how these 2.2 bills will open city government to residents with 23 disabilities, all disabilities. With these remarks I'm also submitted written comments to help 24 25 strengthen specifics of each bill, and I won't

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 41 2 elaborate on those now. I gradually began to lose my 3 hearing just a decade ago, but I now severe to 4 profound hearing loss. I depend on a hearing aid and a Cochlear implant to communicate with the world 5 Not all people have hearing loss as 6 around me. 7 severe as mine. However, an estimated \$48 million--48 million Americans, one in five have a measurable 8 9 hearing loss. 65% of these people are under age 65. However, one of every three is over 65, and has 10 11 hearing loss. The number jumps to 1 of every 2 over 12 75. Hearing loss thus has a disproportionate impact 13 on our older citizens. That's because those with hearing loss are more likely to have communication 14 15 difficulties, become socially isolated and have 16 mental and physical health problems. And a growing 17 body of research shows an association between hearing 18 loss and cognitive disabilities such as dementia. Hearing loss was acknowledged as a disability only 19 with the passage in 1990 of the Americans with 20 21 Disabilities Act. The ADA gave us the right to quote, unquote, "Effective communication" but did so 2.2 23 without enforcement. When it comes to accessibility, the law is complaint driven and doesn't specific 24 25 technology, which we've already heard debated today.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 42 AND DISABILITY SERVICES 2 It is often futile to request accommodation for 3 specific meetings and events when the parties in 4 charge know so little or nothing about hearing accommodation. Even Commissioner Calise's testimony 5 proves this point. He has nobody on his staff. 6 He 7 has rarely consulted us about the specifics of 8 hearing loss, and it was within recent months that he 9 for the first time installed a hearing loop in his conference room. And even then to get to a specific 10 11 meeting, and without CART. To get CART we must contact someone. Often have to leave messages on 12 13 answering machines. Our calls don't get responded to, and when they do we're told, Oh, that's something 14 15 we don know about. We don't have anybody. There's no way we can do it in time, et cetera. But, here's 16 17 why HH--882 is so important. Most infrared of FM 18 systems as our President Katherine has just said, 19 don't really help us, although they meet ADA law. 20 But this is why knowledge and understanding of 21 hearing loss is essential to providing us with 2.2 accessibility. They don't enable us to understand, 23 all of us, to understand speech clearly. For this reason, I cannot serve jury duty. I cannot attend 24 25 government events such as town hall meetings or

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 43 AND DISABILITY SERVICES 2 political candidate debates, and I can't go to 3 lectures to give just three examples. 882 promises 4 to change the status quo [bell] in which only some can hear to some degree some of the time in some 5 venues. Everyone's hearing loss is completely 6 7 different. Hearing accessibility is not as 8 straightforward as ramps and lifts for people in 9 wheelchairs. CART transcriptions or sign language interpreters are chiefly people with deafness, 10 11 costly, as has been said, and must be requested for 12 every event. The one assistive technology that is 13 effective for the most people with hearing loss is a hearing induction loop system. Once installed, loops 14 15 make venues permanently accessible to us. They can 16 be installed in the largest operas or concert halls 17 and the smallest conference rooms. They enable 18 nearly everyone with a hearing aid and Cochlear 19 implant with tele--or Cochlear implant with tele-20 coils to hear wirelessly, anonymously at the push of 21 a button on their ear. They enable those without T-2.2 coils and those who don't wear hearing devices such 23 as Edith Prentiss, who spoke against and in opposition to induction loops, to hear via receivers 24 25 or headphones. And I would ask that she experiment.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 44 2 Try putting a headset on in a room with an induction loop. Anyone can do that if the room has been looped 3 4 with the receivers that they can wear around their 5 neck. Properly installed hearing loops deliver sound far superior to both infrared and FM. 6 It is as if 7 our hearing aids microphones are right there on the 8 speaker's podium or attached to their very own 9 microphones. In contrast to our country, Western Europe has featured hearing induction loops in public 10 11 venues for decades. In the UK they are in London 12 taxis, at airports, at theater ticket booths, in 13 Westminster Abbey, Canterbury Cathedral, and at over 11,000 post offices. It is hard to travel through 14 15 Europe without seeing the blue and white international hearing loops symbol. I even saw the 16 17 sign at an airport in Moscow. When it comes to 18 decision making about hearing access, we often say 19 nothing about us without us, and don't just do for 20 Do with us. That's why the sign you had at the us. 21 beginning that said captioning is available today for 2.2 the first time in history, is not at all surprising. 23 You haven't thought about allowing people with severe hearing loss and deafness into city government on a 24 25 permanent basis. This is the first time I suspect

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1	COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE AND DISABILITY SERVICES 45
2	also that an induction loop is being used in this
3	chamber, but it's a temporary loop. I hope to see
4	the day that this room has a permanent loop such as
5	was recently installed in the Seattle City Council.
6	If it works in Seattle, it should work in New York
7	City. And I'd be happy, as I'm sure my colleagues
8	would to answer questions. Thank you.
9	RICHARD EINHORN: Thank you. It's an
10	honor to be here. Can you hear me? Okay. By way of
11	introduction, I have spent my entire life trying to
12	hear better. I'm a composer whose music has
13	performed at Lincoln Center, at BAM and at other
14	major venues in New York City and around the world.
15	I was a record producer and engineer who worked with
16	some of the finest classical artists of our time
17	including our own New York Philharmonic. After
18	losing most of my hearing to a virus in 2010, I
19	continued to compose, but have also become an
20	advocate for better hearing loss technology. And by
21	the way, I made the hearing loop video example that
22	we saw earlier. I am now on the board of the Hearing
23	Loss Association of America rich with an unbiased and
24	unceasingly active voice, speaks for the needs of the
25	48 million Americans with hearing loss. Ladies and

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 46 2 gentlemen, trust me, you do not want a hearing loss. 3 It is difficult to describe how hard it is to stay 4 connected to the world if you can't hear what someone is saying to you, and what is going on around you. 5 It is not only an incredibly isolating and 6 7 frustrating condition but much, much more. Put simply, hearing loss is a very serious and often a 8 9 major disability. For people with hearing loss, it is simply impossible in many situations to understand 10 11 spoken words. However, public meetings should not and need not be such a situation, and when it comes 12 13 to our government, people with hearing loss like all citizens have a moral and ethical obligation to 14 15 participate. Furthermore, government has a moral, 16 ethical and legal obligation to provide people with 17 disabilities including hearing loss full access to 18 what is being said as it's being said. I speak as someone who is not only familiar with current 19 20 technology, but who also is actively working to 21 advance the state of the art by developing new 2.2 connectivity standards and technologies in 23 collaboration with major trade associations and startups. There is no simpler, more dignified or 24 25 more effective way today to enable people with

DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 47 2 hearing loss to participate in government meetings 3 than providing them with access to induction or 4 hearing loops. That is why I support Bill 882, which 5 requires that all government meetings for the public be held in a facility equipped with hearing loops by 6 7 2020.

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8 Very briefly, hearing loops enable people 9 with the simple flip of the switch to have amplified sound broadcast directly into their hearing aids and 10 11 Cochlear implants. This enables people to hear the 12 sound far more clearly than over a room speaker 13 system where the room's ambiance no matter how quiet muddies the sound of speech and makes it incoherent 14 15 for people dealing with hearing loss. For those who 16 do not wear loop compatible hearing aids, a simple 17 neck worn receiver and standard headphones can access 18 the loop's sound. Yes, there are more advanced 19 wireless technologies that loops on the market today. 20 However, most of the current wireless assistable 21 audio technologies I'm aware of are proprietary. 2.2 That means that they will only connect the brand X 23 hearing aids and not brand Y. Since there are numerous brands of hearing aids, a way to broadcast 24 sound direction to all models badly needed. The only 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 48 AND DISABILITY SERVICES 2 wireless technology that comes close to providing 3 universal access is hearing loops. It is the only 4 non-proprietary system out there and, in fact, it is usually much more reliable than any of the 5 proprietary systems I've tried, and I've tried I 6 7 believe all of them. 8 By 2020, wireless listening technology 9 will sure be significantly improved. Yet, given what I know about industry plans, and I try to follow it, 10 11 universal access is a very low priority. Hearing aid manufactures are locked into a business model that 12 13 requires their users to use their own company's 14 hardware. While I would hope that pressure from the 15 consumer electronics industry will change the 16 situation, and lead to the adoption of an open source 17 connectivity standard that is appropriate for hearing 18 loss, there are, of course, no guarantees. And given 19 both the conservative nature of hearing device 20 designers, the long lead time required for hardware 21 product development and the further time needed for 2.2 new ideas to penetrate the marketplace, it seems to 23 me unlikely that we will see wide deployment of advanced non-proprietary wireless technology any time 24 soon. Therefore, loops. People with hearing loss 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 49 AND DISABILITY SERVICES 2 must have a way to stay connected to their 3 government. Otherwise, they cannot meet their 4 obligations as citizens. Loops are the best assisted technology for public meetings today. Of course, 5 there are no permanent solutions for any serious 6 7 disability including hearing loss. So, eventually 8 loops will be replaced by a better universal wireless 9 technology, but not for quite a while. Accordingly, it simply makes sense for government to make its 10 11 meetings available in spaces where loops are 12 installed and properly working. And that is why I support Bill 882. Thank you. 13 14 CHAIRPERSON COHEN: Okay. I realize not 15 everyone may be able to hear the chime, but we're 16 asking people to keep their testimony to about four 17 minutes. Than you. 18 JANICE SCHACTER LINTZ: [off mic] Hello. 19 [on mic] Hello, my name is Janice Schacter Lintz, 20 and I am the CEO of Access and Innovations formerly 21 known as the Hearing Access Program, which 2.2 spearheaded most of the hearing induction loops 23 around the city, including the taxis, the subway information booths we saw in the video. I brought 24 25 these projects from London in museums through

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 50 AND DISABILITY SERVICES theaters. I also sit on various federal, state and 2 3 city committees appointed by governors FCC commissioners and so forth. I am also the mother of 4 a 21-year-old daughter, who attends Brown with a 5 hearing loss and I myself have auditory processing 6 7 issues. I am changing my testimony--you have my copy-because I need to address, and I'm sorry. But 8 9 it is appalling, and there is no word to use other than appalling when a Commissioner who represents all 10 11 people with disabilities sits at a desk to testify, 12 but doesn't understand hearing also. And also 13 banters around words interchangeably deaf and hard of 14 hearing and types of access as if they're 15 interchangeable on a menu where you pick one from 16 column A and one from column B. That's not the way 17 it works. My testimony has link on a document that 18 was used by the Secretary of Interior of National 19 Park Service on effective access for people with 20 hearing loss. I wrote the guidelines for the entire National Park Service on hearing access. I'm named in 21 the document. 2.2 23 There is a three-pronged approach for

24 hearing access to have effective access, and when the 25 Commissioner discusses the fact about training, yes,

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 51 training would be lovely in his officer. 2 There is 3 none and they don't even understand hearing access. 4 Depending on where you are in the spectrum of hearing 5 loss, you need either auditory, visual, or qualified interpretation. And also, I'm a lawyer by training. 6 7 The Commissioner is not. You need visual meaning 8 CART, the auditory being an induction loop. 9 Qualified interpretation being a sign language. So if you have no hearing loss, then you probably are 10 11 going to use the CART. I mean if you have normal 12 hearing loss and not wearing a hearing aid, you're 13 going to use CART. If you have a mild hearing loss 14 wearing hearing aids, you're going to use an 15 induction loop. If you have a more severe hearing loss, you might use both CART and the Loop. And at 16 17 the point where you lose your complete hearing, we 18 are either going to use CART or if you were born 19 without hearing, you're going to learn sign language. 20 An older adult is not going to learn sign language. 21 All three are not interchangeable. If you have 2.2 residual hearing, you want to hear, contrary to what 23 the Commissioner believes. Because that's why we don't go to silent movies. If we did, we would have 24 25 more than one movie in 25 years that was a silent

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 52 AND DISABILITY SERVICES 2 movie. The Artist was it. We don't because we want 3 to hear. It's faster communication. There's life. There's feeling. That's why the deaf community likes 4 5 sign language. It has feeling. It has emotion. You can't read that when you're reading a screen. You 6 7 can also look at CART and look at you or me when we're speaking. You want to see the person's face, 8 9 and you're relying on their -- on their lips and their whole feeling to exude that. You can't do that. 10 То 11 think that those two--three things are 12 interchangeable is frightening, and I would like to 13 think that 25 years after the ADA we're not still having this conversation. And also the term deaf and 14 15 hard of hearing. There's a medical difference 16 between the two. Deaf you can't hear. Hard of 17 hearing, you have residual hearing. The two, again, 18 not interchangeable. When we talking about monies, I 19 wonder if the Commissioner would feel the same way 20 about curb cuts for his wheelchair. Should we start 21 telling the Department of Transportation we can't 2.2 afford the curb cuts any more, or the little dots 23 we're now starting to see around the city for people with visual impairments Of course, but somehow 24 25 because hearing loss is an invisible disability--you

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 53 AND DISABILITY SERVICES 2 have a link to my article in Forbes Africa and Huff Post on Hearing Loss the Forgotten Disability. 3 4 That's why we don't see it because it's [bell] 5 invisible. So it's easy to forget about. It doesn't make anything less. Induction loops and the three-6 7 pronged approach are the ramps for hearing access, and we cannot take one away unless we're taking away 8 9 ramps and curb cuts. I--somehow the Commissioner was able to roll into here, but he's telling the people 10 11 on this panel and my daughter sorry, you don't need 12 to hear. That is simply patently offensive, and 13 frankly, at this point I think he should be removed fro his job. I have been battling the city for 13 14 15 years. I pre-date everyone on this panel, and I can 16 personally tell you if it took advocacy it would done 17 by now because if I can change as much as I've 18 changed around the world, I would change this. The 19 City Council has been a thorn in my side. It's 20 impossible. Museums around the city are being built 21 without hearing access, and if I wasn't the sheriff 2.2 in this city on hearing access, trust me there would 23 be zero hearing access. And part of the problem is MOPD. It has been totally unrecognized, and even the 24 25 recent loop that was installed was done without using

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 54 AND DISABILITY SERVICES 2 standards, and so it didn't work and a giant box was 3 installed on the wrong, which is complete improper 4 installation. It was done, by the way, without a bid 5 process, which while it may meet the threshold, it is very deeply concerning that it was given to someone 6 7 because he was annoyed at me. And this is not the way we run this city. Our city is one for all, and 8 9 should have complete transparency. And I hope I'm here for all questions. I have done all the 10 11 projects -- major projects in the city. I'm happy to 12 answer all your questions. 13 CHAIRPERSON COHEN: I do appreciate your testimony. We do have three more panels. So we'll 14 15 see all your questions. Thank you very much. Thank 16 you. Okay, Dr. Barbara Weinstein, Donna Guard, Ellen 17 Polary or Polivy. I'm not sure how you pronounce 18 that. Monica Barley and that's it. 19 [background noise, pause] 20 DR. BARBARA WEINSTEIN: Thank you very 21 much and Mr. Cohen and Ms. Rosenthal, thank you very 2.2 much. It's certainly--it's obvious that you have a 23 commitment to this bill and to persons with hearing loss and other disabilities. My name is Barbara 24 25 Weinstein, and I have been a professor audiology for

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 55 AND DISABILITY SERVICES 2 35 plus years. Upon earning my Ph.D. from Columbia 3 University, I joined the faculty as a Clinical 4 Supervisor, and then transitioned to the City University of New York where I'm tenure professor 5 having served as Founding Executive Officer of Health 6 7 Sciences and Doctor of Audiology at the Graduate Center, the flagship of CUNY. I have mentored close 8 9 to 60% of audiologists working in the New York Metropolitan area, and over the years I've had 10 11 considerable opportunity to engage in research on 12 hearing, the negative effects of hearing loss, and 13 efficacy of innovative hearing care solutions. Hearing loss, a silent epidemic is the most frequent 14 15 sensory deficit in human populations, and is the 16 second leading cause of years living with a 17 disability globally. Hearing loss impacts every 18 facet of life including physician-patient 19 communication, and fear of falling, cognitive 20 wellbeing and even increasing the risk of death. 21 There is a stigma associated with hearing 2.2 loss such that most persons with hearing loss do not 23 purchase hearing care solutions and, therefore, they are unwilling--unwittingly missing important 24 conversations. Ironically, the hearing impaired do 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 56 AND DISABILITY SERVICES 2 not know what they are missing. So it is often 3 difficult to be an advocate. Further, those with 4 significant hearing loss often avoid going out because of the fatigue, frustration and anxiety 5 associated with not being able to communicate in 6 7 noisy and reverberant venues such as large meeting 8 rooms, restaurants, auditory, et cetera. These spaces are by definition a nightmare for persons with 9 hearing loss unless they are looped. 10 In fact, a 11 recent report revealed that when asked to rate on a 12 scale of 1 to 10 the performance of the hearing aids, 13 the average response was 4.9 in a room that was not looped as compared to 8.7 in a looped environment. 14 15 Hence, loop technology dubbed a technological godsend 16 by David Myers has the potential to transform the 17 lives of tens of millions of Americans who want to 18 remain physically active and contribute to society. 19 Similar to how wheelchair ramps and taxis, buses and 20 most public spaces assure accessibility. Hearing 21 loop technology is dignified and cost-efficient and a 2.2 way to provide benefits that even the most expensive 23 hearing aids cannot deliver. Loops would eliminate the need to distribute, maintain and upgrade assisted 24 technologies, which stigmatize persons with hearing 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 57 AND DISABILITY SERVICES 2 loss. In closing, I would like to remind you of how 3 beautifully--[background comments]. Do you have 4 difficulty hearing me? Okay, so I just want to get a feel for what it's like to be hearing impaired or 5 deaf. Helen Keller summed up sensory deficits very 6 7 poignantly. Blindness separates people from things. 8 Deafness separates people from people. You may also 9 recall reading that hearing nothing Beethoven had t be turned around to see the tumultuous applause at 10 11 his premier of his Ninth Symphony. Passage of Bill 12 882 requiring that all government meetings open to 13 the public be held in a facility with hearing loops by 2020 would appropriately communicate to the world 14 15 that in addition to being a finance, design and fashion capital of the world, New York can model for 16 17 the nation that hearing is not a privilege. It is 18 not an immunity granted as a peculiar benefit to some 19 and not others, but it is a right. And a side note I 20 would just like to comment on the value of FM systems 21 because it was mentioned that FM systems are not 2.2 necessarily appropriate. I could tell you personally 23 that I had the experience with a hearing impaired patient who I was testing. She fell. She was 24 25 bleeding. We called the EMT person in, and she

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1	AND DISABILITY SERVICES 58
2	couldn't [bell] understand the EMT person because of
3	the severity of her hearing loss. I gave the EMT
4	person an FM system, and he was able to save her
5	life. We almost lost her because she couldn't hear.
6	So I would advocate the EMT people all behave an FM
7	system as part of their own material. Thank you.
8	DONNA GUARD: Am I next?
9	CHAIRPERSON COHEN: Please.
10	DONNA GUARD: Well, my name is Donna
11	Guard. I'm here because I'm here to support the bill
12	882. I'mI'm an early deaf person. It's just this
13	year, and I need all the help that I can get, and I
14	get it from mythe Hearing Loss Association in New
15	York, and I want to get it from New York. I thank
16	you for having thisthis hearing. Thank you for
17	hearing us all, and all these wonderful people who
18	are saying we need to fight. Thank you.
19	[microphone feedback, comments, pause]
20	I am here toI am here to speak on
21	speak to Bill 882 requiring the looping in public
22	meetings by 2020. [background noise and comments]
23	Do you mind if I sit over here? Okay.
24	
25	

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2	CHAIRPERSON COHEN: We're getting some
3	feedback. Okay. Justeverybody just relax for a
4	second. We're going to try to fix it.
5	[background comments, pause]
6	ELLEN POLIVY: My name is Ellen Polivy.
7	I'm a member of Community Board 8, and I'm active
8	participant in civic life on Roosevelt Island and
9	around New York City. I've been in this room many
10	times, and I can say that I can't hear in this room.
11	The soundssoundseverybody sounds mumbly. Despite
12	the speakers, I can't hear. The speaker system is
13	very fuzzy sound probably because of the high
14	ceilings. I have worn hearing aids for the last 30
15	years, in part because of sound exposure in New York
16	City, and I am not alone. The National Institute on
17	deafness and other communications disorders says that
18	15% of the population has some form of hearing loss.
19	With 8.5 million New Yorkers this means that there
20	are approximately 1-1/4 peopleor a quarter million
21	people who are being disadvantaged in civic life due
22	to their hearing loss. I would guess this number is
23	far higher than that in New York City because of our
24	unremitting exposure to our laws.

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2 Here is my experience being on many 3 civic--civic boards. Civic life with hearing loss is 4 difficult and frustrating. I have the top hearing aids with all the bells and whistles, but hearing 5 aids are only good for 10 feet, and then the sound 6 7 degrades. Rooms vary with acoustics, residents' reflections, and by the time the sound hits your 8 ears, it has gotten distorted by the furniture, the 9 walls, the people, and has been mixed with other 10 11 extraneous noises. Speaker systems vary in quality 12 with low--with some having mushy unclear sound, and 13 loud speakers are best if you sit right in front of 14 them, but it's usually my best guess where in the 15 room the best sound will be coming from, or where the 16 majority of the people speaking will be so that I can 17 lip read. By the time the meeting starts if I 18 haven't guessed correctly, it's usually too late to move to a new seat. For spectators the sound is 19 usually much worse than sitting around the table, and 20 21 I have actually run for president because I couldn't 2.2 hear in the peanut gallery so I wanted to sit at the 23 [laughter] All that maneuvering just to be front. able to hear. Sometimes I'm around the table or in 24 25 front of the room so I'm the one who can hear, but

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 61 2 not always. But for many people with hearing loss, 3 poor sound systems in the civic environment is a deal 4 breaker for them. They just don't bother to 5 participate. People with hearing loss have as much to contribute as anyone else. Shame on us as a city 6 7 that in this age of ADA we have still not been accommodating a large section of our population. 8 9 Looping gives us that opportunity to rectify this deficit. It is a relatively inexpensive fix. Once a 10 11 room is looped with a simple induction wire leading 12 to an amplifier it solves the problem. With looping 13 sounds broadcast by the wire--and everybody else has explained it so I don't need to repeat it--we can 14 15 hear just like everyone else because the sound goes through the hearing aid. Headsets can also be use 16 17 for those people that don't have hearing aids. So no 18 more choosing between reading lips or sitting in the front of the loud speaker. It is time that our city 19 gives us all the--all, the ability to be fully 20 21 involved. [bell] Thank you. 2.2 MONICA BARTLEY: Good afternoon. My name 23 is Monica Bartley. I am the Community Outreach Organizer with the Center for the Independence of the 24 25 Disabled New York. I'd like to thank the committee

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 62 AND DISABILITY SERVICES 2 for having me here this afternoon to testify. Let me 3 begin by discussing circumstance on the requirement 4 that city agencies use venues that have inducted 5 loops for meeting or hearings. CIDNY is very supportive of induction loops. We have a few staff 6 7 as well as consumers who use hearing aids, and we are 8 installing induction loops this year in our offices 9 in order to make all of our meetings, workshops and other events fully accessible to everyone. So 10 11 requiring city agencies to have meetings in spaces 12 that have permanent induction loops by 2020 is more 13 than reasonable and allows ample time. CIDNY is concerned about the Mayor's Office for People with 14 15 Disabilities' authority over approving waivers for 16 this regulation. What standards will MOPD set to determine waivers? Who will be setting the standards 17 18 for MOPD? Will they use the ADA standards undue burden that would allow for a waiver? It is unclear 19 20 why any city agency would receive waivers, and be 21 able to hold public hearings or meetings in places 2.2 that do not have permanent induction loops. If it 23 means that they can only hold meetings in specific places that are accessible in other ways, but that 24 25 may charge a fee, it should be allotted for in the

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 63 2 agency's budget. Alternatively, given possible fees 3 for meeting space, it seems logical that the city 4 should pay for induction loops in designated meeting 5 spaces for each agency. CIDNY applauds the amendment of Intro 6 7 883, which requires advertising and other materials 8 pertaining to public events. CIDNY has heard from 9 consumers that often they to go an event and because they are not informed about accessible entrances to 10 11 the building, have difficult--difficulty entering. Consumers who are deaf and who have no information on 12 13 how to request interpreters find they are unable to communicate at city meetings because there are no ASL 14 15 interpreters. Finally, CIDNY supports Intro 881. 16 This mandate encourages -- and encourages all employees 17 in this position to be versed in the New York City 18 and New York State's Human Rights Law, which also has 19 protection for people with disabilities. Thank you 20 very much. 21 CHAIRPERSON COHEN: Thank you. Ellen 2.2 Polivy, am I saying that right? Polivv? 23 ELLEN POLIVY: Polivy. CHAIRPERSON COHEN: Polivy. I was just 24 25 curious if you have a second to talk about your--you

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 64 AND DISABILITY SERVICES 2 know, I was a community board member, and access to the meetings was an issue, but access on a variety of 3 4 levels, geographic access. You know, a community 5 board can be very geographically large, and we tried to move around to making sure that every--I don't 6 7 know if, you know, on City Island--on Roosevelt 8 Island that may not be as much of an issue. I don't 9 know. ELLEN POLIVY: I'm on the--I'm on the 10 11 Upper East Side Community Board which moves around. 12 CHAIRPERSON COHEN: Oh, so moving around 13 may be an issue. How do you -- how do you think you 14 can balance those concerns? 15 ELLEN POLIVY: Well, I think the--16 somebody--I think it was Commissioner made a 17 suggestion that--that there could be some requirement 18 that meetings held in non-public--that used non-19 public spaces like, you know, a private or a not for 20 profit could be required to--the city agency could be 21 required to loop that space, and the non-public space 2.2 could be required to accept it. For instance, we use 23 the--we use the Blood Center frequently. We use, um, we--we use Lenox Hill Hospital, which should be 24 25 looping their auditorium, if it's not already looped.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 65 AND DISABILITY SERVICES 2 And we move around. We use some of the senior 3 centers, all of which could be looped and would 4 benefit everybody in the -- who uses those -- those auditoriums. So it would actually spread the benefit 5 of this bill to allow us to loop non-public spaces 6 7 along with public spaces. 8 CHAIRPERSON COHEN: Thank you for your 9 testimony. [mic feedback] Well, I was asked to remind anybody who came late if you intend to 10 11 testify, you need to sign up. Okay. Leo Garrison. 12 Jarron Park, Debra Grief, Robert Zamora or Roberto 13 Zamora. 14 [pause] 15 CHAIRPERSON COHEN: Whatever order you're comfortable do. 16 17 JARRON PARK: Good afternoon, Council 18 Members. Can everyone hear me here? Thank you. I'm 19 recovering from Bronchitis so my voice is a little 20 scratchy. I'm Jarron Park. I'm a New York City 21 employee with a hearing disability, and I'm here to 2.2 speak on behalf of my fellow New York City employees 23 and the struggles that we face everyday performing our jobs in spaces that don't accommodate our 24 25 disabilities. So I thank you for the opportunity to

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 66 AND DISABILITY SERVICES speak in support of these pieces of legislation. 2 Ι come to you as a New York City resident living with 3 4 hearing loss, and as an employee of the New York City Department of Health and Mental Hygiene, I'm not here 5 speaking on behalf of the department. So I want to 6 7 make that clear. I'm here as a private citizen. I'm 8 urging you to take the city--make the city more 9 accessible to people with hearing disabilities especially those with the invisible disability of 10 11 hearing loss by co-sponsoring and voting for these 12 pieces of Legislation. Two years ago, due to a viral 13 infection Layrinthitis, I lost all hearing in my right ear and only had partial hearing in my left. 14 Ι 15 went to bed one night with brilliant hearing, and I 16 woke up the next morning with next to none. I've 17 struggled and lived with HIV since 1981. I'm an AIDS 18 activist. So I know what the collective voice of 19 people do to change things. I'm a new activist now. 20 I'm an activist for people with hearing disabilities. 21 Since that time, I've lived--learned to live with 2.2 hearing loss using assisted hearing devices, and 23 enhanced what limited hearing abilities I have. And that is why I am a strong supporter of the use of 24 assisted listening technologies such as loop hearing 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 67 AND DISABILITY SERVICES systems as recommended in Introduction 882. 2 I've 3 worked in city government for 25 years in the Health 4 Department since 2003. I served under Mayor Ed Koch as a Coordinator for the Office of LGB concerns. 5 Ι continued in that capacity under Mayor Jenkins. 6 I'm 7 very familiar with these spaces here. I joined the 8 Mayor Giulani Administration in working in the Office 9 of AIDS Policy Coordination, and serve as the Director and the Community Co-Chair of the HIV Health 10 11 and Human Services Planning Council of New York under 12 Mayor Bloomberg and de Blasio. In that capacity, I 13 oversee a Mayorally appointed body of 45 members. WE are charged annually with \$100,000 budget to provide 14 15 services to underserved people living with HIV. In that capacity, I facilitate over 125 public meetings 16 17 Those meetings take place throughout the a year. 18 city in all five boroughs, Westchester County, 19 Rockland County and Putnam County. I sit at the 20 front of the room like you with push-to-talk 21 microphones. All of the meetings that I conduct and 2.2 my staff conducts are public. Sometimes as small as 23 ten people, sometimes as large as 120. With my hearing disability it's difficult for me do my job. 24 We use push-to-talk microphones. We spend \$100,000 a 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 68 AND DISABILITY SERVICES 2 year to provide amplification systems in these 3 meetings. My staff has worked very closely with me, 4 and we have sign language interpreters upon request. I'm actually enrolled in sign language school, and I 5 will be starting next Wednesday. 6 [bell] In that 7 capacity--as an employee with hearing loss, I can 8 tell you that public meeting spaces in government 9 facilities at universities, in schools, auditoriums, conference room, training rooms even with traditional 10 11 amplification systems pose difficult listening conditions for hearing impaired people. 12 13 As proposed in Introduction 882, the installation of induction systems in city facilities 14 15 are bringing an enhanced listening environment to 16 thousands of city employees and members of the public 17 who use these spaces for work, to attend public 18 meetings, to take a class or training. I know at the 19 Health Department that I've advocated for the 20 introduction of loop hearing systems in our large 21 public auditoriums. We train hundreds of people a 2.2 week at the Health Department. The preeminent health department in the nation and in the world and there 23 is not an induction loop system in that building. 24

That building was designed five years ago. It has

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2	ramps for wheelchairs. There is Braille on elevator
3	buttons for blind individuals, but there is no
4	thought given to the hearing impaired employees that
5	work in that building, the hearing impaired public
6	that come there for training and certification and
7	licensing. Eight months ago, I filed an application
8	for an accommodation insisting that these systems be
9	installed in the training rooms where we train the
10	public as well as in the conference rooms. No action
11	has been taken. I was overjoyed to see your
12	legislation. Thank you so much for the work that
13	you've done, and I encourage your support.
14	[pause]
15	LEO GARRISON: We were fighting over who
16	was going last. Thank you for the opportunity to
17	letting me speak today. My name is Leo Garrison, and
18	I am the Senior Designer along with the owner of
19	Metro Sound Pros. We have been an audio/video and
20	control system integration company for over 15 years.
21	I have been fortunate to be the company that has
22	installed the induction loop systems into the Nita
23	Lander (sic) Organizations, three theaters that are
24	looped, the Lincoln Center, Bank of America, Capital
25	One, All-In New York, the Intrepid, Rockefeller

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 70 AND DISABILITY SERVICES 2 University, the Bronx Zoo, et cetera. And it's truly 3 history changing. One project, the Intrepid was 4 deemed the second most complicated induction system 5 in the world, and I'm just really proud of everybody that has been moving forward with advocating and 6 7 coordinating to having New York be one of the posters 8 of success with induction loops. We--what I'd like 9 to speak on is what seems to be one of the most challenging decisions is the technologies as they 10 11 advance, where they've been and where they are now. 12 Induction loops have been around since 1937. They 13 were starting to come to the public in the '70s. The 14 manufacturers were not there yet. So the systems 15 that got installed did not accommodate what was 16 needed. Recently, a few years ago, they--New York 17 and via the advocates was able to bring this 18 attention to the public, and we were fortunately 19 already established as an induction loop installation 20 company. So when it went public we were getting 21 close to 40, 50 calls a day for over two to three 2.2 weeks. of just what is an induction look? What is a 23 hearing loop? What is --? We heard tons of different things. So, what I wanted to advise is 24 25 there are only a handful of different technologies.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 71 AND DISABILITY SERVICES There is radio frequency, which is what this facility 2 currently has. There is infrared systems, which is 3 very widely used on Broadway. There is the inductive 4 5 system, also known as hearing loop. There are now starting to be Wifi systems as we've heard 6 7 previously, and there's also Bluetooth. The RF 8 systems unfortunately in this day and age, the FCC is 9 selling lots and lots of frequencies, and we are losing our frequencies in the city, which happens to 10 11 be a very popular city for wireless mics. We did a 12 study at the Ed Sullivan Theater when they had 13 upgraded their system to an RF because the room could 14 not accommodate loop, and we had found that within a 15 week, every single frequency was used in the entire 16 band of frequencies. So, including the quote 17 dedicated frequencies for FM systems. Infrared 18 systems works just like your remote control for 19 The remote control when you aim it at television. 20 your television you can turn the TV on and turn it 21 off. When you slightly change the aim at your remote 2.2 control, you can't turn the television on. The same 23 thing goes for an infrared system. So if somebody is in a theater watching and listening if they turned 24 slightly the sound changes. If they happen to tie 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 72 AND DISABILITY SERVICES 2 their shoe, they lose signal. If they turn to the left and talk to somebody, they lose signal. If they 3 turn to the right, they lose signal. The only reason 4 5 infrared got really popular in the city was due to [bell] encryption so it could not be hacked into, and 6 7 they were afraid of their shows being recorded. 8 Bluetooth we know has distance limitations, but it's 9 also complicated to connect to. As I mentioned previously, there is an older population that needs 10 11 to use the systems. Very hard for them to--to get Bluetooth to work. The same with Wifi. You would 12 13 need a phone if you need to use Wifi. You'd have to 14 download an app and get the app onto a certain 15 network within the facility. So, induction loops and 16 all those technologies, as I said previously, require 17 a device. They need a device, an ancillary device 18 that someone has to have or use. Induction loops 19 they need--almost 75% of the people that could use 20 them do not need to ask for anything, wear anything. 21 All they have to do is see the sign and switch. It's 2.2 un-segmenting, and currently I am in support of 882. 23 Thank you.

[pause]

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1	AND DISABILITY SERVICES 73
2	ROBERTO ZAMORA: Good afternoon,
3	honorable City Council Members. My name is Roberto
4	Zamora. I am very proud to serve as the president of
5	the student organization for Disability Awareness
6	Soda Club a Queensborough Community College and as
7	well as the Treasurer of CUNY Coalition for Students
8	with Disabilities, CCSD, the representative
9	organization of CUNY for more than 9,000 students
10	with disabilities. CCSD's mission is to improve
11	access and opportunities for students with
12	disabilities in all aspects of the university and the
13	community life through stanch advocacy and vigorous
14	civic engagement. CCSD regards our engagement with
15	the city government and city agencies as crucial to
16	our ability to promote the full participation of
17	college students with disabilities and all aspects of
18	city life. For this reason, we strongly endorse the
19	hearing legislation introduced by the honorable City
20	Council Member Rosenthal that promotes equal access
21	of hard of hearing people attending events, meetings
22	held or sponsored by the city and interacting with
23	city agencies. Indeed, we regard hearing loops as
24	among the most inclusive empowering ways to ensure
25	the full participation of CUNY's hard of hearing

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 74 AND DISABILITY SERVICES 2 students, and urge the city to appropriate the 3 funding necessary to support the installation of 4 hearing loops systems in city governments and meeting facilities by 2020. Thank you for your consideration 5 of this important issue that affects CUNY hard of 6 7 hearing students. Thank you and have a nice day. 8 DEBRA GREIF: Good afternoon. Thank you, 9 City Council for having this hearing. My name is Debra Greif. I am the Secretary of the 504 Dems. 10 Ι 11 am the Chairperson of the Brooklyn Family Support 12 Services Advisory Council. That means I represent families, which have children with developmental 13 disabilities. I am also the representative to Albany 14 15 for the Advisory Council for the Statewide Advisory Council. I am also the child of a person who passed 16 17 away with disabilities. My late mother, Bernie, had 18 a hidden disability. She had a heart condition, but she never let her disability get in her way or stop 19 20 her from living. She--though she would have loved to 21 have seen society more accessible as well as better education--better educated because we both found and 2.2 23 still find my younger brother, Jay, who has emotional, physical, as well as my son, Christopher, 24 25 that too many people are uneducated. When I was on

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 75 AND DISABILITY SERVICES 2 the Brooklyn Borough President's Committee for 3 Accessibility Issues and Disabilities, we did a piece 4 called What's Your Disability IQ? We'd love to see 5 that implemented into the New York City Department of Education, but we also want to see it go from pre-6 7 school up to college because most people are not educated on what different disabilities. I am in 8 9 favor of all the intros. I would like to make sure they will be ADA coordinator or coordinators that 10 11 are--because you should maybe have two in each agency 12 because a person does have the right to get sick, you 13 know. Or, if they're a parent and their child gets sick, or if their child has developmental 14 15 disabilities and has one of their meltdowns, and 16 their schools says you have to go get them, you have 17 to go get them. But what I would like to see is 18 better education. I like to tell you I'm a member of my local Community Board 15 in Brooklyn. 19 My son, 20 Christopher, who happens to be developmentally 21 disabled, has--is a member of the New York City 2.2 Riders Council, the Brooklyn Borough President's Rep. 23 He's also a special ambassador/congressperson to the Special Olympics as well as on our Council. We have 24 25 allowed him to be because he asked, and was voted in.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 76 AND DISABILITY SERVICES 2 He's the corresponding secretary and on the Provider 3 Council known as the DV Council in Brooklyn. He is 4 the secretary and was previously the vice chair term limited. Okay, Christopher does go with me to many 5 civic. Both of us have auditory processing. 6 I'm not 7 as severe, but I do have a 30 to 40% hearing loss in my right ear. Due to the fact that my son has to get 8 9 so much speech therapy, what we used to do--and my chairperson understanding my son's disability. He's 10 allowed to sit with the Community Board members 11 upfront because if he sits in the back he hears 12 13 chatter. So what he was taught is to follow the person's face, and knows which ear is going to be 14 15 better. I would like to see that all 59 Community 16 Boards understand when persons make that request for 17 accommodation, they're honored. I would like to also 18 see that all civic, whether precinct councils, community boards, all types of community members who 19 20 get even one penny from New York City, State of the 21 federal government are required by law to be totally 2.2 truly fully accessible. That means don't put a so-23 called sign and then expect the person to figure out where the ramp is. My son got messed up very badly 24 in Staten Island because he couldn't figure out where 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 77 AND DISABILITY SERVICES 2 the accessible entrance is to their borough hall. He 3 can figure out Brooklyn. He can figure out here and 4 even the Bronx and Queens. They're not Staten 5 Island. They're still a member of the city, and I also want to make sure that all the--the person that 6 7 Edith mentioned she and I use the same state senator. See, he usually might or he may have a few accessible 8 9 meetings. But you know, what, if you want--if you are going to do these civic meetings and you want to 10 11 have town hall, it has to be truly accessible. If 12 you physically can't then set up something with Skype 13 where we can sit at home and click in. [bell] When I go update, if I'm too ill to make it to the 14 15 statewide, I can sit in front of the computer screen 16 and talk and they see me. And I'm able to get my 17 point across and I hear everything. So we need to 18 start doing that with all the civil needs. One other 19 thing, my name is spelled G-R-E-I-F pronounced Grife, and my first name is D-E-B-R-A. I'd like my legal 20 21 correct used. Thank you. 2.2 CHAIRPERSON COHEN: Thank you for your 23 testimony. 24 DEBRA GREIF: Thank you.

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	COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE
1	AND DISABILITY SERVICES 78
2	CHAIRPERSON COHEN: Okay. One, I want to
3	acknowledge we've been joined by Council Member
4	Crowley. I think we are losing the CART at this
5	point. We are losing the CART at this point. I
6	really want to thank Lauren Schacter for her services
7	here. They were very, very impressive. So thank
8	you. We have one final panel.
9	COUNCIL MEMBER ROSENTHAL: Also Tyler
10	(sic) you've been on non-stop.
11	CHAIRPERSON COHEN: Right.
12	COUNCIL MEMBER ROSENTHAL: Thank you.
13	CHAIRPERSON COHEN: I said we're going to
14	do two panels of three. Valena Cole. I'm not sure
15	how to say this or which way actually. The last name
16	is K-O-L-I-O I think. I don't know.
17	COUNCIL MEMBER ROSENTHAL: [off mic] Her
18	name is Velana?
19	CHAIRPERSON COHEN: Velana. Okay. Lester
20	Mars, Inthis is one alsoIngrid, I think, Ingrid
21	Hope, maybe. [background comments, pause]
22	COUNCIL MEMBER ROSENTHAL: Lauren had
23	another engagement that she has to go to. So we
24	truly appreciate her being here and it's with
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COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 79 AND DISABILITY SERVICES 2 apologies that she has to go. This is reality and 3 we're all learning from it. [background comments, pause] 4 5 CHAIRPERSON COHEN: Did I get everyone? Because that maybe--Joan Peters, Jana Owen and Alex 6 7 Elegudin. Okay. [background comments] Are we ready? Whatever order. You need to use the mic. 8 9 ELENA KOLICH: Okay. Good afternoon, everyone. My name is Elena Kolich (sp?) and I am a 10 11 Fellowship Attorney with Disability Rights Advocates. 12 DRA is one of the nation's leading non-profit legal 13 centers for disability right, and DRA's mission is to secure equal rights and opportunities for people with 14 15 disabilities. And because participation in 16 government is the mainstay of those rights and 17 opportunities, DRA strongly supports passage of Intro 18 882. We think that this bill would take a very 19 important step towards ensuring that New York City 20 residents with hearing loss have an equal opportunity 21 to participate in the fundamental civic activity that is participating in City Council meetings and hearing 2.2 23 and it would do so by mandating induction with hearing systems in each room where those activities 24 25 occur. Currently, hearing loss assisted devices such

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 80 AND DISABILITY SERVICES 2 as the hearing aid and the Cochlear implants are 3 unable to distinguish between the speech of a meeting 4 participant and the competing background noise. And 5 as a result, it is virtually impossible for a person with hearing loss to follow let along take an active 6 7 part in these local government activities that are open to the public. A hearing loop installation 8 9 would largely remedy this problem by transmitting audio signals from a speaker's microphone directly 10 11 into the assisted device. And what's more, this 12 accommodation can be provided at a reasonably low 13 cost making the installation of the loop a quintessential example of the reasonable 14 15 accommodation the ADA mandates. Without induction loop hearing assistance, persons with hearing 16 17 impairments will remain unable to meaningfully 18 participate in public meetings held by the City 19 This exclusion is discriminatory and denies Council. 20 these individuals a basic civil right to take part in 21 processes that are a hallmark of our country's 2.2 democratic system. DRA urges the Council to 23 immediately act to end that exclusion by voting in favor of the vital remedy proposed in Intro 882. 24 25 Thank you.

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 81 AND DISABILITY SERVICES 2 JOAN PETERS: Good afternoon, Council 3 Members. I'm Joan Peters, Executive Director of 4 Brooklyn Center for Independence of the Disabled. I'd like to thank the Committee for allowing me to 5 share the views and opinions of our board staff and 6 7 consumers. BCID is a non-profit organization 8 controlled and operated by people with disabilities 9 for people with any type of disability throughout New York City. We'd like to thank Council Member 10 11 Rosenthal for her leadership in making city services 12 more accessible to people with disabilities. 13 Overall, we'd like to voice our support for these bills, but we did want to bring a few issues to your 14 15 attention. As discussed before, Intro 881 regarding 16 ADA coordinators in city agencies, we would like 17 clarification of the terms qualified and 18 knowledgeable. I would also wish to emphasize that 19 not all disabilities are physical. The ADA 20 coordinators need to be familiar with addressing the 21 concerns of people with psychiatric and cognitive 2.2 disabilities as well. With respect to 882, we fully 23 support the use of assisted listening technology at all public meetings. However, a cross-disability 24 25 agency that works with people with all types of

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 82 AND DISABILITY SERVICES 2 disabilities, we believe that people with all types 3 of disabilities should have full access to public 4 meetings in New York City. With respect to Intro 5 883, we have some issues with the specific language as well as a broader concern. The fact that a 6 7 location is wheelchair accessible should be on the 8 promotional material, but from the way the Intro is 9 worded, it looks like wheelchair accessibility is something that could be requested. Obviously, 10 11 generally it can't be. I did want to bring your 12 attention to that. Also, the proposed bill applies 13 to events open to the public where the capacity is 25 or more. We believe that promotional materials for 14 15 any of event open to the public that is hosted by New York City should be subject to these requirements 16 17 that there shouldn't be the 25 minimum. Again, our larger issue is that we believe all city sponsored 18 19 events open to the public should be held in 20 wheelchair accessible locations. Thank you for 21 holding this hearing, and for your attention. 2.2 LESTER MARKS: Good afternoon. My name is 23 Lester Marks. I'm Director of Government Affairs at Lighthouse Guild. Lighthouse Guild provides a full 24 25 spectrum of integrated vision and healthcare services

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 83 AND DISABILITY SERVICES 2 to people who are blind and vision impaired, and have 3 multiple disabilities. And we're proud to be represented in the City Council by Council Member 4 Rosenthal. I'm here today, and I want to express the 5 agency's support for the four slated bills today. 6 7 Obviously, they take a significant step forward, an 8 important step forward in ensuring full accessibility 9 and full access for people with disabilities to city government. With respect to Intro 881, I think it's 10 11 been said a couple times today we certainly hope that 12 we can amend it and include some specific 13 qualifications to ensure that there is consistency 14 from agency to agency, and that there is, you know, 15 at least a basic line of knowledge for each 16 individual who is established as a coordinator in each agency. And obviously, this is something the 17 18 more details we could put it into I think the 19 legislation--the better off the Council. It can 20 ensure that for, you know, this administration or 21 administrations for years to come that that role, you 2.2 know, remains consistent and the same and effectuated 23 with change. But I think, you know, the intent of this legislation and body. So I would hope that and 24 25 welcome, you know, working with the Council to make

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 84 AND DISABILITY SERVICES 2 sure that the qualifications are as specific as 3 possible. And I also think it's important--Somebody reference the ADA and, you know, applicable state and 4 5 city laws, because it's not just the ADA that we're talking about here. There are state laws that need 6 7 to be followed, and some city laws as well. So it represents such an important part of an agency, and 8 9 I think Council Member you--you mentioning Commissioner Quemel Arroyo and New York City DOT he's 10 11 a fine example of what I hope this--this position 12 will--will look like in each agency because, you 13 know, at lighthouse we work with DOT on a number of issues and he has been front and center, and he's 14 15 with the Commission. You're right, and the 16 Commissioner respects him and he has the authority to 17 make decisions. And I think the more specificity--18 and I was afraid to say that word because I was going to mess it up--but the more specifics we can get into 19 the bill I think we can ensure that that coordinator 20 21 has the same role in all agencies and it's not just 2.2 somebody that, you know, an agency designates because 23 they have to. So I would implore that we--we--we work on that. 24

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The second thing I would add is the 2 access bill, Intro 883. I think it's an important 3 4 one and we have to provide information to individuals who are visually impaired, and we--and we have to 5 consider that there's a range of vision loss, and 6 7 everybody as we've heard here from the various 8 different groups that have testified, experiences and 9 uses visual information definitely. So somebody might not have any sight, and there's no light 10 11 perception, as opposed to somebody who might need 12 information in large print as opposed to somebody ho 13 might need information in Braille. So I think that it's really important that we make sure that we are 14 15 providing information in whatever format, an 16 individual wants and that Braille is not just the 17 check-off box, you know, covering, you know, visually 18 impaired or blindness. And the other thing I would 19 also want to mention is it's also important to get 20 the information for the meeting out to somebody 21 before the meeting. So if there's Power Point 2.2 presentation that's taking place in a meeting, make 23 sure that the individual whose blind or visually impaired has the ability to get that Power Point 24 25 presentation prior to the meeting. Or, whatever

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COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 86 2 material might be handed out or discussed that that 3 information is available prior to the meeting because 4 that will absolutely ensure, you know, full 5 participation. So I thank you and we look forward to working with you. 6 7 [background noise, pause] ALEX ELEGUDIN: Hi. Good afternoon. 8 Μv 9 name is Alex Elegudin, and I'm here in support of all three bills that are before the Council today. 10 11 Specifically, I will testify more so to Bill 881. 12 I'm actually an attorney. I have been an attorney 13 for quite some years. I've worked in various courthouses at both city and state level, and have 14 15 lots of experiences in terms of navigating city and 16 state agencies in terms of from the employment side 17 and as an advocate as well. I left fully practicing 18 the legal field although I'm still an admitted Bar 19 attorney, three to four years ago to start a non-20 profit organization called Wheeling Forward, and we 21 do a lot of work in helping people with disabilities with many advocacy issues, specifically newly injured 2.2 23 with disability helping them transition and find community--long-term community based services and 24 things of that nature. One of the populations we 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 87 AND DISABILITY SERVICES 2 work very closely with is the nursing home 3 population, people who are in nursing homes because 4 they become disabled and cannot find housing or other issues. What I think that bill not only from a legal 5 aspect, but also in terms of the people who are 6 7 having difficulty accessing services in the community and housing what really one represents or works 8 9 towards is, you know, what we know as attorneys as Olmstead. And to allow people with disabilities to 10 11 be in the most integrated setting. And where I think 12 that plays a role or a very big role is if you had 13 ADA coordinators across city agencies, I think they would be focused on across the board how to allow for 14 15 the community at large to be the most integrated 16 setting, and to give people access to that. I think 17 at the state level, there's, you know, an Olmstead Cabinet, and I've consulted with cabinet, the 18 Medicaid or design team and a lot of things at that 19 level. You know, they are very open to including I 20 21 think 12 or 14 different state agencies, Department 2.2 of Education and everybody in the conversation for 23 people with disabilities because it is really an across-societal issue. And in terms of defining 24 roles, I think it would certainly be different at 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 AND DISABILITY SERVICES 88 2 every city agency. But I think every city agency is 3 well within its power to define how they--how they 4 could or would do that. I do as an advocate helping 5 people who were injured work with the four or five ADA coordinators that are already in existence at 6 7 City agencies. When I have to advocate for someone at a city agency that doesn't have one, it usually 8 9 takes them some time to figure out who is the person that is going to help us with the disability related 10 11 issue? They are generally not prepared to deal with these kind of issues. And I think aside from that 12 13 person being an advocate or a source of communication directly for people with disabilities with the 14 15 agency, I think they would have a very large 16 policymaking role and figuring out, you know, now do 17 we get people with disabilities more integrated and 18 utilized in terms of what that agency is responsible 19 Obviously, the four or five ADA coordinators for. 20 that exist currently are all people with 21 disabilities. So I think there is a natural tendency 2.2 that people with disabilities who fill these 23 positions would have a very tremendous economic and just societal impact. I will give one other just 24 25 short brief personal testimonial. I cannot--for

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2 reasons of disclosure, I cannot disclose where or for 3 what position, but I'm currently myself pursing an 4 ADA coordinator position at a city agency. And I'm very much so looking forward to helping the city with 5 the issues that [bell] you know, we'll be exploring. 6 7 And actually very much so focused on cost savings for these specific issues, and I think in general ADA 8 9 coordinators could have a large say in how do we save money? People with disabilities regardless are going 10 11 to get services, and it's going to cost to have services. But ADA coordinators could through working 12 13 through many different city agencies find ways to save money, and I think that -- I think it would be 14 15 very beneficial. Thank you.

JANA OWEN: Good afternoon Council 16 Members Cohen and Rosenthal, Council and staff. 17 My 18 name is Jana Owen. I'm a sign language interpreter. I serve as President of the Local Organization of the 19 Registry of Interpreters for the Deaf, and I'm here 20 21 to speak with regards to the signing community, deaf 2.2 folks. We are in support of these bills. 23 Specifically, I'll talk to 881 and 883. With regard to ADA coordinators, I'm pleased to hear by virtue of 24 some of the questions you had earlier today that you 25

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 90 AND DISABILITY SERVICES 2 are looking into what qualifications or credentials 3 folks in these positions might hold. With regard to 4 sign language interpreting services, there is often a misconception that one size fits all. For example, I 5 am a qualified interpreter for legal and court 6 7 settings. You would not want me in medical settings. 8 I don't have the vocabulary and the training for that 9 specialty. So, too, is language fluency in American sign language amongst the deaf and signing 10 11 communities. Too often, hearing people who are 12 responsible for coordinating sign language 13 interpreting services thinks that as long as we've got somebody waving their hands in the front of the 14 15 room, our job is done, and that's simply not the 16 case. We have a tremendous quality assurance problem 17 here in New York City with regard to sign language 18 interpreting services. I don't know if you remember 19 the Nelson Mandela funeral a few years ago where-when President Obama spoke, the sign language 20 21 interpreter that was provided didn't know sign 2.2 language. There were rumblings around the world from 23 the deaf community because truly he was making stuff up in the front of the room there. I'm sorry to say 24 25 that too often interpreters in this city don't have

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 91 AND DISABILITY SERVICES 2 ASL language fluency, and don't have the interpreting 3 skills to meet the needs of our deaf citizens here. 4 So, we need help and having coordinators who are trained in the issues so that when the frontline 5 workers in government offices and agencies run into a 6 7 deaf person, and need to figure out how to get 8 interpreting services, they have some help knowing 9 how to go about doing that. Too often the sign language community doesn't have fluency in English. 10 11 And so, information available on websites, in written 12 English is not accessible. There needs to be aspects 13 available in terms of consumer empowerment. When a deaf person gets interpreting services, they often 14 15 don't know who in that government agency arranged for 16 the interpreting services. They often don't know 17 what company or contract vendor provides those 18 services. So if the deaf person wants to say that interpreter today was not a good match for my needs I 19 was not able to understand what's going on, they 20 21 don't know where to go. So, we have lots and lots of 2.2 needs, and having coordinators will be a beginning to 23 help meet those needs and fill those gaps. With regards to the events and making sure that folks know 24 25 things are accessible, I think that's going to hit

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 92 AND DISABILITY SERVICES 2 twofold. One, obviously, information to the 3 community that events that we're thinking about them, 4 and that events we--aren't accessible. But so, too, for the coordinators who have an affirmative duty to 5 make sure that they know how to provide access. 6 So 7 just by virtue of knowing they've got to put that logo on their flyer, that gives them an extra nudge 8 9 to okay, and if somebody follows up, I need to know what to do about that, too. So the Metro New York 10 11 City Registry of Interpreters of the Deaf stands 12 ready to serve as a resource or to answer any 13 questions on an ongoing basis. By the way, with regard to 882, I have no expertise in areas of hard 14 15 of hearing, but I would say that I don't know if 16 there are special legislation needed for other kinds 17 of visual alerts like audible alarms that are going 18 to go off in 12 seconds, being visual as well. Α 19 flashing light or even fire alarm must be visually 20 accessible, too. So I would just offer that as a 21 Thanks for your time and your attention to demo. 2.2 these issues. [bell] 23 CHAIRPERSON COHEN: Thank you. Okay. I don't know if you have questions. 24

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COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 93 AND DISABILITY SERVICES 2 COUNCIL MEMBER ROSENTHAL: I do, but you 3 qo first. 4 CHAIRPERSON COHEN: I don't, but there 5 is--your--are people licensed as sign interpreters? JANA OWEN: New York has no licensure. 6 7 CHAIRPERSON COHEN: Has no? 8 JANA OWEN: Right. 9 CHAIRPERSON COHEN: And that sounds like that might be a problem then? 10 JANA OWEN: Indeed. It is something that 11 the Empire State Associated--Association of the Deaf 12 13 has put time and attention to. There have been bills 14 before the Assembly that I had a significant issue 15 with. I think it's a complicated issue that would--16 I'd be happy to sit down and talk to you about. 17 CHAIRPERSON COHEN: I would be 18 interested. 19 JANA OWEN: Fantastic. 20 CHAIRPERSON COHEN: Thank you. Council 21 Member Rosenthal. One--hold, please. [laughs] 2.2 Council Member Rosenthal did you have something. 23 COUNCIL MEMBER ROSENTHAL: [off mic] Um, yes absolutely two things. [on mic] Sorry. Two 24 25 things. First of all, Tyler, do you actually want to

COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITY, ALCOHOLISM, SUBSTANCE ABUSE 1 94 AND DISABILITY SERVICES 2 talk about the notion of --? No. Okay, sorry. 3 [laughs] Just the hands. 4 JANA OWEN: Interpreters have a code of 5 ethics, and when we are in the role of an interpreter we are not a participant in an event. 6 7 COUNCIL MEMBER ROSENTHAL: Thank you. JANA OWEN: So it would be somewhat 8 9 inappropriate for an interpreter to insert themselves in something that they're hired to provide access to. 10 11 COUNCIL MEMBER ROSENTHAL: I have so much 12 So that gets right to my second point, to learn. 13 which is for all of those who have testified today, I heard specific ideas for how we could tweak the 14 15 language of the legislation. I'm going to ask Eric 16 to give out his email address. Please send in your 17 suggestions in writing because over the next few 18 weeks we will be tweaking the legislation, and people 19 came with so many good and very specific ideas. And 20 I'm thinking right now about the definition of an ADA 21 coordinator's qualifications. So I would like to 2.2 hear--I would like our lawyers to hear from the 23 experts about your--with your suggestions for that. And I--I just can't thank everyone enough for coming 24 25 and your patience, and for giving the City Council an

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1	AND DISABILITY SERVICES 95
2	opportunity to better understand the world from the
3	perspective of people with disabilities, all kinds.
4	So thank you and thank you, Chair Cohen, for chairing
5	thisthis hearing. You know, you actuallywewe
6	pinch hit for you. We were able to do this
7	legislation, review the legislation earlier than we
8	had expected, and I really appreciate you giving us
9	the time.
10	CHAIRPERSON COHEN: Well, I thank you for
11	producing the legislation. I think it was a very
12	good hearing and this concludes the hearing. Thank
13	you very much. [gavel]
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CERTIFICATE

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 October 25, 2015