

Testimony before the New York City Council Committee on Oversight and Investigations  
Ritchie J. Torres, Chair of the Committee on Oversight and Investigations  
April 30, 2020

Good afternoon. I first want to thank you for the opportunity to provide testimony before this committee. My name is Sean Coleman and I am the Executive Director at Destination Tomorrow: The Bronx LGBT Center. At DT, we work to provide a safe space for LGBT residents in the Bronx and surrounding areas to access essential services and affirming programs.

With the onslaught of COVID-19 sweeping NYS, DT responded quickly to ensure that our clients and community members were not left behind. Historically, Black and Brown communities; especially those who identify as LGB or TGNC; have been erased from larger efforts to provide lifesaving support and resources. We quickly learned that the same issues and barriers that have plagued our community; homelessness, food insecurity and unemployment have now been exacerbated.

Community members have reached out with request for assistance paying rent and other bills, with cell phone payments being a huge request. Clients have also requested assistance purchasing over the counter medications and securing meals/food. In response, DT; with support from Gilead; has begun the COVID-19 Rapid Release Fund. This fund provides assistance to small grassroots TGNC agencies, with the intent that those agencies will provide support to community members requesting assistance.

As a small nonprofit, there are real fears that we will not survive the long-term implications of COVID-19. These fears were heightened after receiving a letter from the city's C-19 HHS Response Team detailing that expenses incurred after March 22, will only be reimbursed for those cost determined as "essential work".

Our work is essential! When we find housing for a trans latinx person who has been riding the trains, it is essential. When we work with sex workers, who are not included in any stimulus package and are not able to sustain themselves, that is essential, securing food for an LGBT person who doesn't have any other way of feeding their selves, that is essential. Keeping Black and Brown LGBT community members safe and provided for Is Essential work. Losing funds will greatly endanger DT as an agency and have long-term ramifications for the Bronx LGBT Community.

I humbly ask that the City Council commits to securing the payment for deliverables provided after March 22<sup>nd</sup> and that funds for both the LGBT Service and the Trans Equity projects are renewed for FY21.

After the pandemic is when the work will need to be increased. We will have to meet the needs of our community in unprecedented ways and will need the Council's continued support.

Thank you for your time. I can be reached at [sean@destinationtomorrow.org](mailto:sean@destinationtomorrow.org) should you have any questions or concerns.



**New York City Council, Committee on Oversight & Investigation  
Oversight Hearing: “Disparate Impact of COVID-19 on Communities of Color”  
Thursday, April 30th, 2020**

Good afternoon. My name is Tasfia Rahman, and I am a Policy Coordinator at the Coalition for Asian American Children and Families (CACF). Thank you, Chair Torres, and members of the Committee on Oversight & Investigations for holding this important hearing.

Since 1986, CACF is the nation’s only pan-Asian children and families’ advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian Pacific American (APA) population comprises over 15% of New York City, over 1.3 million people. Yet, the needs of the APA community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized APAs. Working with almost 50 member organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

**CACF also leads the 15% and Growing Campaign, a group of over 45 Asian led and serving organizations that work together to ensure that New York City’s budget protects the most vulnerable Asian Pacific American New Yorkers.** Campaign members employ thousands of New Yorkers and serve hundreds of thousands of New Yorkers. Currently, the Asian Pacific American community is by the percentage the fastest-growing group in New York City, nearly doubling every decade since 1970 and making up 15% of the population. Unfortunately, current levels of public funding for the Asian Pacific American community remain disproportionate to our community’s needs.

- Nearly a quarter of APAs live in poverty, the highest of all racial groups in NYC.<sup>1</sup>
- Almost 40% of APAs in NYC receive Medicaid.<sup>2</sup>
- Asian Americans have the highest rate of linguistic isolation of any group in the City at 42%, meaning that no one over the age of 14 in the household speaks English well.<sup>3</sup>
- 78% of APAs in NYC are foreign-born.<sup>4</sup>

Communities of color, including the APA community, face deeply embedded systemic inequities in all facets of our society, compounding the widespread and harmful impact of the COVID-19 pandemic. For the City’s APA immigrant community, the recent rise in anti-Asian discrimination and the continued lack of inaccurate and disaggregated data and language access continues to jeopardize the well-being and in many cases, the lives of marginalized APA New Yorkers during this crisis. APAs hail from South, Southeast, East, and Central Asian countries, as well as from

---

<sup>1</sup> New York City Government Poverty Measure 2005-2016 (April 2018).

<sup>2</sup> 2015 New York City Community Health Survey, DOHMH.

<sup>3</sup> U.S. Census Bureau, 2016 American Community Survey.

<sup>4</sup> 2013-2017 American Community Survey 5-Year Estimates

the Pacific Islands. In NYC, we represent over 40 ethnicities, tens of languages and religions, and a multitude of cultures and immigration experiences. This has consistently been a focus of our coalition as our communities are often miscounted or dubbed “other” out of a misunderstanding of the APA community as a whole.

The Impact of COVID-19 Related Anti-Asian Discrimination: The pandemic has fostered an environment of fear and uncertainty that are resulting in targeted acts of racism towards APAs. In NYC, APAs, specifically East-Asian presenting individuals have been subjected to violent racist attacks and xenophobic representations of the virus in the media.

- We all know communities of color and immigrant communities are often scapegoated in times of crisis-- for the APA community, due to the stigmatizing nature of the virus compounded by the anti-Asian racism, this means that individuals are less likely to seek treatment and when they do, they may be afraid to even identify as ‘Asian,’ potentially leading to negative health outcomes and an underrepresentation of the pandemic’s impact on the community.
- While we commend the availability of opportunities to report hate crimes and biased based incidences, **more efforts to encourage reporting, monitoring, and data collection is necessary to ensure that the community is protected and supported during the crisis and afterwards.**

Language Access: The COVID-19 has highlighted the barriers the most marginalized APAs face to language access. The mere availability of languages is not enough without effective outreach and implementation of language access policies, preventing vital communication about the pandemic from reaching the community.

- The delay of disseminating in-language information about the pandemic, including the social distancing guidelines has led to a higher risk of exposure to the virus for the most vulnerable in the APA community.
- While the Health and Hospitals Corporation provides intake forms in the top 10 languages in New York City (Arabic, Urdu, French, Polish, Spanish, Chinese, Russian, Bengali, Haitian Creole, and Korean), numerous articles and reports describe the lack of language assistance throughout various hospital systems, the COVID-19 City Hotline, and mobile test centers.
- This egregious gap in language access has led to our communities to rely once again upon the community-based organizations (CBOs) who serve them in the absence of proper resources by the City as CBOs act as interpreters and crowdsource translated materials regarding even the most basic of information on the pandemic.
- **Outreach to the most marginalized pockets of the community must be prioritized and limited English proficient patients need the availability of quality and consistent interpretation within the healthcare systems - without it, their health and very lives are endangered if they are unable to communicate with their healthcare providers.**

Accurate Data Collection & Disaggregation of infection rates, hospitalizations, and deaths in the APA community:

- As of April 22, 2020, there were 830 deaths from COVID-19 associated with individuals identifying as Asian American. At the same time, some 1,065 COVID-19-related deaths were relegated to the “other” or “unknown” race categories, which represents about 9% of the nearly 11,700 city deaths that had been logged by the NYC Department of Health and Mental Hygiene through that date. The City relies on lab reports and medical records to identify the race or ethnicity of those who died of the virus. When the information is missing, victims are categorized as “unknown.” And while the information regarding COVID-related deaths are available each day, the breakdown by race is sporadic and by ethnicity non-existent. Before anything can properly be addressed, that data is crucial in determining which zip codes and neighborhoods receive the resources they need.

Educational Equity for APA immigrants: The crisis has also laid bare inequities in the education system, exacerbated by the disruption of school closures for students of color, immigrant students, and students with disabilities. For APA immigrant students and their families, consider:

- Our most vulnerable families are disproportionately impacted as schools transition to remote learning. For many immigrant families, many do not have access to the internet or other digital devices that allow students to continue their remote learning. This also means that many of our families may not be equipped with digital literacy skills to provide additional support as their children engage in remote learning, especially for younger children who need that support in order to access the internet. While the Department of Education has been trying to provide devices to families who need them, how many families have actually received them? Better monitoring of this process is necessary to assess the continued need for academic and social support during this time.
- Nearly 25 percent of all Multi-Language Learners (MLL) in New York City schools are APA. With the transition to remote learning, many of our MLLs are not receiving the same consistency and quality of support they would have received in the classroom.
- Lack of language access is even persistent in education. APA students are the first-generation in their families to attend American schools and pursue higher education. In times like these, they are unable to look to their guardians for assistance with their school work and schools need to be responsive to this reality. How are school administrations connecting with limited-English proficient parents to ensure their children are supported? While DOE has made available materials in at least the top ten languages, are they reaching families who are already marginalized and invisible in the education system? There needs to be more accountability in ensuring that students most vulnerable to the crisis are receiving adequate resources and academic and social support during and after the crisis.

- **Better data needs to be available on how many families, particularly those with the most vulnerable students, are being reached by their schools and have access to the means necessary to support their children in their academics and emotional well-being during this very traumatic time.**

Protect City Council Discretionary Funding: One powerful way City Council can address the disproportionate effect of the pandemic on communities of color is through Council discretionary funding. We know the city is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on smaller organizations serving communities of color. Grassroots organizations led by and serving communities of color often do not have the organizational capacity to engage in the onerous City agency RFP process.

Discretionary funding, including initiatives such as Communities of Color Nonprofit Stabilization Fund (CCNSF) as well as Access Health NYC are especially critical during this crisis, when smaller nonprofits are lacking a safety net, as they continue serving low-income, older, marginalized, immigrant New Yorkers. Our organizations are providing a range of services including checking in with seniors as well as delivering meals to combat social alienation to equipping survivors and victims of gender-based violence with counseling and tools for housing and economic security, as well as disseminating reassurance and information locally for the APA community who are facing anti-Asian discrimination due to xenophobia, racism, and misinformation about COVID-19. Continuing to fund these organizations under CCNSF is imperative to their sustainability as staff continue to serve vulnerable community members.

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for reimbursement for work done after March 22 have us concerned as most of the organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for 0.42% of the city budget. Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding. Instead of cutting discretionary funding, we call on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end. These concrete actions the Council can take will support community based organizations led by and serving those most impacted by COVID-19.



We thank you, Chair Torress, for your leadership in taking steps to assess and address the disparate impact of COVID-19 on communities of color, including the APA immigrant community. We look forward to continuing working with New York City to ensure that the most vulnerable New Yorkers have equitable access to the resources and services necessary during this crisis.



**Testimony from Anthony Feliciano, Director Commission on the Public's Health System  
Oversight and Investigations Committee: Examining the disparate impact that  
COVID-19 is having on communities of color**

**April 30, 2020**

I like to thank Council Speaker Corey Johnson and Council Member Ritchie Torres, Chair of the Oversight, and Investigations Committee, for inviting me today to provide testimony on the disparate impact that COVID-19 virus is having on communities of color.

COVID-19 has brought into sharp relief racial stigma and inequities in health delivery and outcomes in multiple ways. COVID-19 is exposing our nation's longstanding social and political inequities based on race, class, gender, national origin, age, disability, and other factors. The structural health determinants like poverty, violence, inadequate affordable housing, and immigration policies underly these horrific disparities. It also demonstrates an inadequate health care response due to ill-policies and over 20 years of hospital closings approved by the State Department of Health--primarily impacting low-income communities of color. See maps at the end.

The COVID-19 crisis has touched all aspects of infrastructure and economic activity in New York City, but it has not affected all New Yorkers proportionately. Frontline food service, grocery store, and health care workers are disproportionately people of color, immigrants, and uninsured. This segment of the work force has allowed most New York residents to stay at home, helping to flatten the curve of new infections. It is not an exaggeration to say that low-income New Yorkers have saved thousands of their neighbors' lives by allowing them to shelter in place. As we move forward in restarting the economy, it will be necessary to remind decisionmakers that low income workers are protagonists in the city and the state's recovery

Predominately, the jobs that government has deemed essential (Nurses, health Aids, food workers, delivery people, etc.) are done by low-income, immigrant, people of color and women. We think that has played a role in how we value those lives with a slow response to protect them, with major blame on the federal level and partly on state level but the city is not off the hook in sharing in the mistakes.

According to a new study, "3.7 million frontline health workers have medical problems that raise their risk of dying from COVID-19. Many health care workers lack insurance and paid sick leave, more than 600,000 live in poverty. More than a quarter (26.6%) of America's nearly 14 million patient-contact health personnel are at risk of severe illness or death from COVID-19 because of age or chronic conditions, Researchers also

reported high rates of un-insurance and poverty among frontline health workers, who are likely to be exposed to COVID-19 at work”.

The study in the Annals of Internal Medicine was conducted by researchers at the City University of New York (CUNY) at Hunter College and Harvard Medical School. While they analyzed data from two national surveys of thousands of health workers, we can infer that the problem is also being faced by vulnerable workers in NYC- workers who are from immigrant and communities of color.

The study added the issues of millions of Americans whose health care jobs bring them into direct contact with patients that have medical conditions like diabetes or heart disease that put them at high risk of death if they contract COVID-19. The study also found that 28.6% of all patient-contact personnel lack paid sick leave, including 1.12 million of those with underlying health problems. About 275,000 health care workers with high-risk conditions are also uninsured, including 11.4% of those with diabetes, and 20.8% of those with chronic lung disease.

### **What has been happening and reasons why we could have better prepared:**

We have more than 40 community hospitals closed mostly in low-income, immigrant, communities of color or where no other level one trauma center nearby. Alarming additional closings and downsizing that have recently been approved by the NYS Public Health and Health Planning Council (PHHPC) or are pending state approvals. Our state Bed Capacity was about 79,000 in 2000, Now it is between 53,000-56,000. We believe, access and scrambling for capacity to address the pandemic could have been more less avoided, if we had not closed so many hospitals. We have not done any research on what hospital were more overwhelmed, but we can pretty much bet that it was our public hospitals and voluntary hospital who play a major role in treated high numbers of people who are uninsured and on Medicaid. The same facilities mostly used by black and brown persons.

**Therefore, we ask the Mayor and City council to stand with us to call for the governor and state Department of Health to call for a:**

- **Moratorium on Hospital Closings**
- **A pause on all approved downsizing plans and changes in health care services**

In early April, the entire nation watched in horror as New York City hospitals like H+H Elmhurst were deluged by patients with COVID-19 in respiratory distress. While the shortages of protective personal equipment, respirators, and COVID-19 test infrastructure have been broadly reported on, the potential impact of policy changes made in the midst of the epidemic on Medicaid enrollees and uninsured has not been fully described in the media. On April 3, Governor Cuomo slashed the Medicaid budget, even as record numbers of low-income patients were seeking services from hospitals that depend on the stability and capacity of the public hospitals for care in the crisis. The layoffs and potential closures flowing from these reductions in investments will continue to have immediate impacts in individuals' ability to access care from health care facilities with a mission to care for low-income patients and communities

On April 8, Governor Cuomo wondered aloud to the world in a press conference what could possibly be causing more black and Latino New Yorkers to contract and die from



COVID-19 and made a pledge to understand why. Organizations like CPHS are offended that this seems to be shocking. We know that the structural health determinants like poverty, violence, inadequate affordable housing, and immigration policies underly these horrific disparities. On the other hand, we also suspect that the unique reach and capacity of the NYC Health + Hospitals may have played a role in saving the lives of low-income, Medicaid enrollees and uninsured that depend on it.

As of April 25, 34% of New York City deaths due to COVID-19 are among Latinx populations, although Latino individuals only make up 29% of the city's population. Similarly, 28% of New York City deaths were among black New Yorkers, even as they only make up 22% of the city's population. The Fiscal Policy Institute (FPI) has noted that New York City has one million individuals that fall under the umbrella of essential worker. More than half essential workers in the city were born in another country, and a third of these workers are black.

The Commission on the Public's Health System (CPHS) is a community-based health advocacy organization. The mission of CPHS is to fight for equal access to quality health care for everyone regardless of race, ethnicity, language spoken, diagnosis, and the ability to pay. Since our formation in 1991, CPHS has played a leading role in policy, education, organizing, and advocacy to address inequities in the health care system that impact all New Yorkers, especially low-income, immigrant, communities of color, and other historically marginalized communities.

CPHS regularly collaborates with other community-based organizations and creates coalitions on various health issues, providing research, policy analysis, technical assistance, and community outreach. The groups supported by this work include immigrants, low-income individuals, people of color, other marginalized communities, people vulnerable to chronic diseases, anyone who might be impoverished by a health problem that consumes their income and savings, anyone at risk of losing their health insurance, and anyone who has difficulty accessing health care services. This allows for our organization to have a fuller view of the overall impact of the virus across vulnerable communities. In addition, this motivates us to advocate for mitigation of the impact of the COVID-19 virus on low-income, immigrant, communities of color, and other historically marginalized communities on the frontlines of response. No one should go bankrupt because they contract this new, threatening virus, and no one should die because they cannot access care that could help them survive.

Given the disproportionate number of racial and ethnic minorities impacted by the virus, CPHS is sensitive to the ways that disease control prevention efforts could play out. Based on what we know about stigma from our experience working with HIV advocates, the politics of self-isolation could become distorted, prompting media or elected officials to blame victims based on behavior. Successful prevention efforts must take into consideration the historic and recent pattern of police violence and the difficulty of sheltering in place for people living in crowded or inadequate housing.

Our collaborative efforts with organizations in Chinatown and citywide have informed us and elevated the horrific problem of stigma and discrimination against Asian and Pacific Islander communities and other marginalized communities subject to hate crimes and harassment. Stigma due to COVID19 virus has undermined social cohesion

and prompted possible social isolation of groups and contribute to a situation where the virus is more likely to spread. This has resulted in more severe health problems and difficulties controlling a disease outbreak. Sensationalist media has heightened stigma, trivialize the suffering of particular groups, and spread dangerous stereotypes, deepening a perceived dynamic of criminality and racism related to COVID-19 (see link below to a NY post article). This constant flow of information generates incessant social cues about the nature of groups of people, often various racial and ethnic groups —suggesting acclaim for some and disparagement for others.

According to NMASS, Chinese Staff and Workers and other groups that operate worker centers, we have understood that home care workers who are predominately women, immigrants, people of color are risking their health as frontline healthcare providers caring for the elderly or people who are ill or disabled, and many who could be living in Public Housing. Home care workers are told by the agencies that employ them "to take precautions" considering COVID-19. However, the workers are not provided protective equipment. No gloves. No masks. No disinfectants. No uniforms. This lack of protection endangers the health of both the home care workers and the people they care for. Subsequently, also impacts their families the patient's family at home and the aid's family that they go back home to.

We also have learned that many of the home health aides are working more 24-hour shifts. It has been understandable because some patients' families want fewer home care workers coming into their homes.

The workers are stressed as they must work to pay for rent and food. Most of them worry about and have compassion for their patient and their own health as patients' family members come and go, having taken the subway or bus. Self-quarantining is impractical as they must continue to care for their patients. They also worry about how they would be tested or treated, given limited health insurance.

### **We need**

- **the local and Federal governments to stand in support for improving the health and economic needs of workers, like these home care workers-regardless of immigration status.**
- **protective equipment and protocols must be provided to safeguard the health of home care workers and the people they care for.**
- **Testing and treatment must be accessible.**
- **24-hour shifts must end. Around-the-clock care must be divided into two shifts of 12 hours.**

We also want to express deep concerns with recent efforts by New York City Mayor de Blasio and Governor Cuomo to shift responsibility of social distancing away from government-supported public health education and instead onto individual efforts via increased policing and increased fines.

On March 29, Mayor de Blasio announced that the NYPD will begin fining people between \$250 and \$500 if they do not adhere to social distancing. Governor Cuomo has subsequently doubled these fines to up to \$1000 as of April 6.

We are supportive of social distancing to battle the virus, but criminalization of COVID19 will disproportionately impact Asian-Americans, people who are Black or Brown, undocumented people, persons experiencing homelessness, and low-income New Yorkers, many of whom are already subject to unfair and abusive targeting by police. We all probably seen videos of NYPD officers not practicing social distancing themselves or not wearing masks (acknowledging they did not all have masks in the beginning). Additionally, an escalation in incarceration also means the exacerbation of COVID-19 transmission inside jails and prisons, which continue to be the epicenter of the pandemic. The infection rate in New York City jails as of April 9 was 6.59%; that is 9.23% higher than all over New York State.

**That is why we joined several harm-reduction, HIV/AIDS, LGBTQ, and restorative justice advocates in demanding:**

- **An immediate repeal of increased police force for New York State and New York City.**
- **To implement comprehensive education on social distancing funded with the budget used to increase police presence.**
- **To free incarcerated people in New York State and New York City jails for the sake of public health both inside and beyond the prison system.**

Social distancing is a privilege. This has made it extremely challenging to adhere to amongst communities or color and immigrants. New Yorkers have done very well to do social distancing and it did make an impact. However, a lack of culturally competent messaging and in all forms of communications by the federal, state and city government has impacted a full success of social distancing, especially among ethnic and racial groups.

We are also concerned that undocumented immigrant patients and communities may not know that Emergency Medicaid will cover for testing and treatment. As New York starts to take steps to re-open, and workers struggle to make decisions about whether they can safely go back to work, clear information about all these considerations will ease uncertainty. Community-based organizations will need to be engaged in sharing information with their clients and the communities they serve.

Another major issue is the mental well-being of our immigrant and communities of color. Mental health issues like post-traumatic stress and depression was high in our communities. For example, Latinos have a higher prevalence of serious mental distressed. According to the City DoH, 8% of Latinos report experiencing serious psychological stress compared to 5% of non-Latinos. We are hearing and getting stories of these stresses being exacerbated by the pandemic.

We also worry about social isolation impact not only on Latinos, but also in the Asian community due to fears of going out because of false accusations that they are to

blame for the virus and the older Asian/seniors live in isolation. Statistics on Asian Americans often present a population with high education levels, earning potential, and net worth, painting a picture of a young, educated, middle class. These numbers obscure a growing population of Asian American, Native Hawaiian, and Pacific Islander seniors, many of whom lack the financial resources of their younger counterparts. As a growing demographic with a rising poverty rate, they have also been disproportionately impacted.

I also like to identify three major areas of concern from our coalition work as it relates to testing especially for immigrant and communities of color. They are:

### **Access to testing**

- the geography of test sites and whether the test is walk-up or drive through.
- whether sites are in or near communities of color; We do commend the recent testing sites that have opened at several the NYC Health + Hospitals facilities. But this was not the case before and with fears of public charge and other barriers, we need to consider other safe spaces.
- the reality that many individuals do not have a primary doctor that can refer them for a test. We don't have percentages of who have been having this challenge but we know there is close to 600,000 New Yorkers who don't have any type of health coverage and we have medically underserved neighborhoods where there is a lack of primary care doctors.
- whether accessing a free test through a doctor's office will involve the cost of an office visit; and
- what reassurances patients and communities have that they will be able to afford treatment.

### **Behavioral dimensions to testing include:**

- complexity of results and what they mean for avoiding future transmission (e.g. a negative antibody test does not mean immunity); and
- the emotional impact of receiving a positive test, especially for individuals with chronic or life-threatening diseases and from immigrant and communities of color that have stigmas around diseases and infections.

### **Social Determinants of testing:**

As new testing capacity is created, for communities who have been decimated, immediate and accessible access to information about it will be critical. The broader testing shortage and the need to discourage people from overwhelming health care facilities has meant that ongoing information about existing testing resources is difficult to access. Information needs include:

- the difference between viral and antibody testing,
- who can benefit the most from which test,

- the utility of testing for people concerned that they are asymptomatic carriers, and
- shifts in prioritization for who may request a test.

Apart from testing, the backlog and ongoing needs of patients with acute and chronic conditions who have not been able to access services unrelated to COVID because of health care capacity and social distancing will represent a challenge for the system to meaningfully address, especially for populations already impacted by health disparities. This includes care for disease areas that affect communities of color disproportionately, like cancer, hypertension, and heart disease.

Although telehealth may assist with health access challenges in the short term, we need to better understand how providers are ensuring that low-income individuals and families will have the technical infrastructure to fully take advantage of care this way. Low-English proficient individuals may also experience challenges accessing interpreters or navigating portals and platforms with text and commands in English. Individuals who are deaf or hard of hearing need assurances that accommodations are made in telehealth platforms. These have been current problems low-income, immigrant and communities of color have been facing now and needs to be addressed if we change the delivery of care to more technological tools.

In addition, we and other New York City Community groups, with long and outstanding records of undertaking health initiatives in COVID-impacted communities are extremely dismayed at the announced state contact tracing plan which would be largely administered through Bloomberg Philanthropies--- and entirely excludes community partnership and participation. And we also need more details of the launching of hiring of tracers from the city.

We want to see contact tracing succeed, but the Bloomberg and-New York State Health Department initiative as now announced seems almost designed to frighten and alienate the very communities where success is most important.

It is astounding that the state and city seems unaware that in the past, local community groups, have been phenomenally successful at contact tracing in exceedingly difficult situations, from HIV/AIDS to Hepatitis. We only have weeks to get this up

- Demand all appointed committees and taskforces are led by those impacted. To ensure those taskforces facilitate community input beyond placation. We and our fellow community-based organizations have experience in the past that we are invited to spaces to respond to ideas versus co-designing.
- As contact tracing and isolation are expanded, public health personnel will need to counter stigma and fearfulness with positive messaging affirming contributions to the public's health. Among communities who have been subject to medical procedures without consent, or had trust violated through unethical research, the proposition of being forcibly quarantined may be especially suspect. The experience of immigrant communities during the TB epidemic in the 1990's and of generations of multiple communities with HIV testing may

complicate efforts to reach everyone equally. Efforts to support individuals to self-isolate in their home or a location of their choosing will be more successful than restrictive or punitive measures.

- Local trust, peer engagement and community knowledge and participation be part of the planning and implementation
- The City Council to join us to call for more transparency in the planning and in demanding that Bloomberg Philanthropies immediate partner with community groups and the formation of a Community Advisory Board to review and advise on New York COVID-19 contract tracing
- Enough tests for all NYC residents must become available, it will be critical for public health personnel to employ a social determinants of health framework to testing, basing intervention on systems and contact exposure and not profiling people of particular job types. Tests must be available during evenings and on weekends. Compliance with the city's sick leave policy will need to be enforced, and individuals with positive tests must receive documentation from the city validating their need to stay home and self-isolate.
- Acute need for a multi-agency advisory group composed of people from many affected communities in the city to learn more about how to reach communities and develop best practices for outreach, testing, and emergent issues. Although we know that the DOHMH has convened an Emergency Partner Engagement Council, we believe there is a need for a broader empowered body that makes recommendations to the city on access and response issues.
- Address the following types of information every time that information is disseminated:
  - ✓ Have you addressed language access?
  - ✓ Have you provided information on insurance, including emergency Medicaid?
  - ✓ Have you addressed chronic disease and disability?
  - ✓ Have you engaged community-based organizations that work with immigrant, communities of color and other vulnerable populations in the creation and distribution of this document?
- Ensure anonymity as a critical component to the tracing protocols. Contact tracing must be balanced with maintenance of trust with vulnerable communities and sensitivity to individual situations This is why groups are demanding that Bloomberg Philanthropies immediate partner with community groups and the formation of a Community Advisory Board to review and advise on New York COVID-19 contract tracing.

- Protect people from surprise medical bills for any testing and treatment.
- Improve the Data collection of race, ethnicity, disability, and other demographics through better aggregation so resources can be targeted.
- Spur a fiscal environment that supports “essential workers”. We need a city budget that recognizes this and protect vital health services and programs, education, housing, and other key immediate needs. We would think the Mayor would not follow the same path of the Governor with devastating cuts. He has choice.
- Reassess NYC Thrive program to ensure it is addressing the stressors, mental health needs, post-traumatic stress that has been exacerbated by the pandemic.

## Sources

[https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-](https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n#/views/NYS%2dCOVID19%2dTracker/NYSDOHCOVID%2d19Tracker%2dMap?%253Aembed=yes&%253Atoolbar=no)

[Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n#/views/NYS%2dCOVID19%2dTracker/NYSDOHCOVID%2d19Tracker%2dMap?%253Aembed=yes&%253Atoolbar=no](https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n#/views/NYS%2dCOVID19%2dTracker/NYSDOHCOVID%2d19Tracker%2dMap?%253Aembed=yes&%253Atoolbar=no). Accessed on April 21, 2020

<https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19TrackerFatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n#/views/NYS%2dCOVID19%2dTracker/NYSDOHCOVID%2d19Tracker%2dMap?%253Aembed=yes&%253Atoolbar=no>

<http://fiscalpolicy.org/wp-content/uploads/2020/04/Essential-Workers-Brief-and-Recs.pdf>

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04082020-1.pdf>

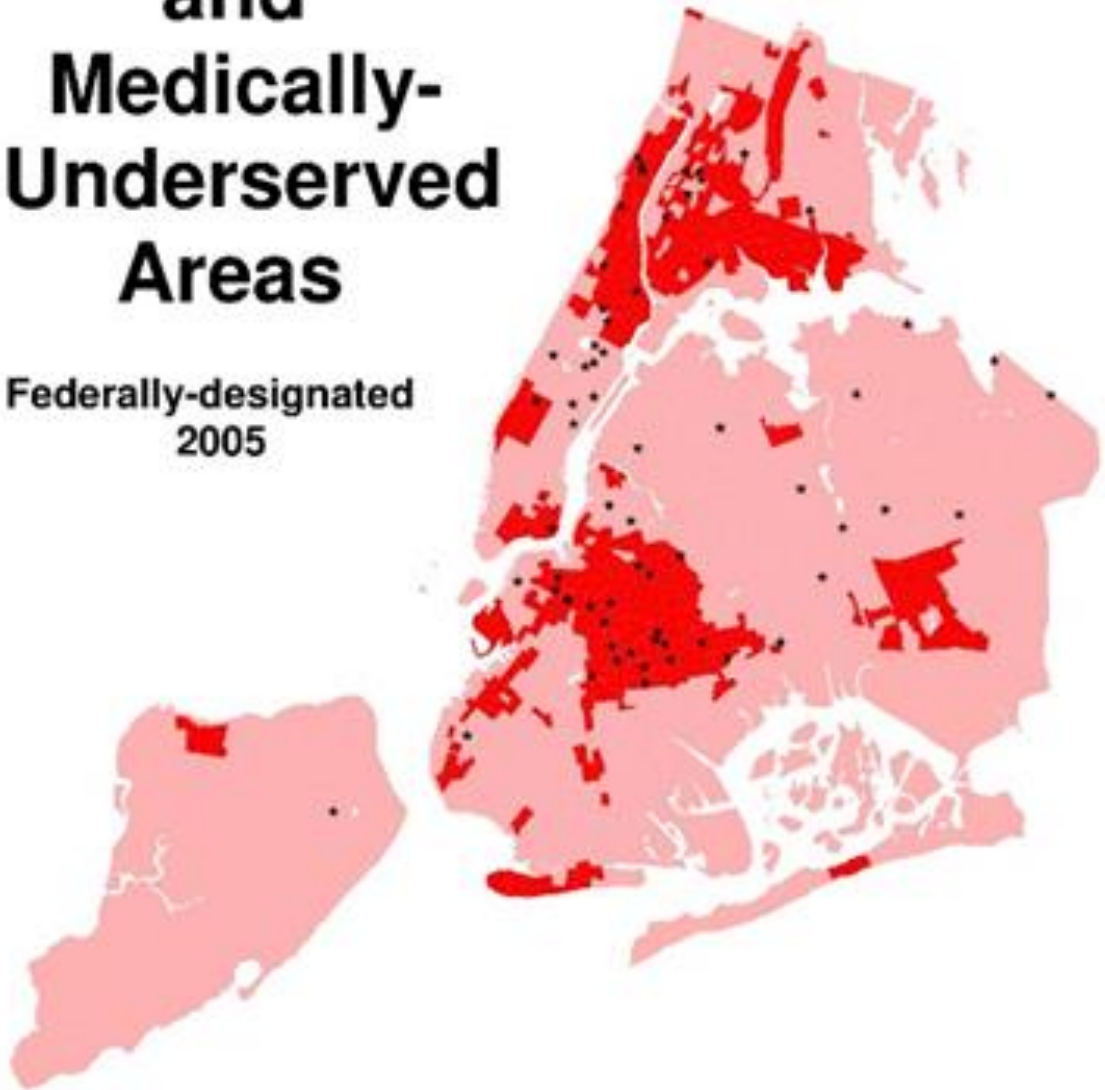
<http://fiscalpolicy.org/wp-content/uploads/2020/04/Essential-Workers-Brief-and-Recs.pdf>

<https://nypost.com/2020/04/18/nypd-giving-tickets-to-perps-with-coronavirus-who-spit-on-others/>

<https://annals.org/aim/fullarticle/2765516/health-insurance-status-risk-factors-poor-outcomes-covid-19-among?eType=EmailBlastContent&eld=5021eedc-430c-41a0-8fc0-5c080ed04ce3>

# **New York City Closed Hospitals 1963-2005 and Medically- Underserved Areas**

**Federally-designated  
2005**

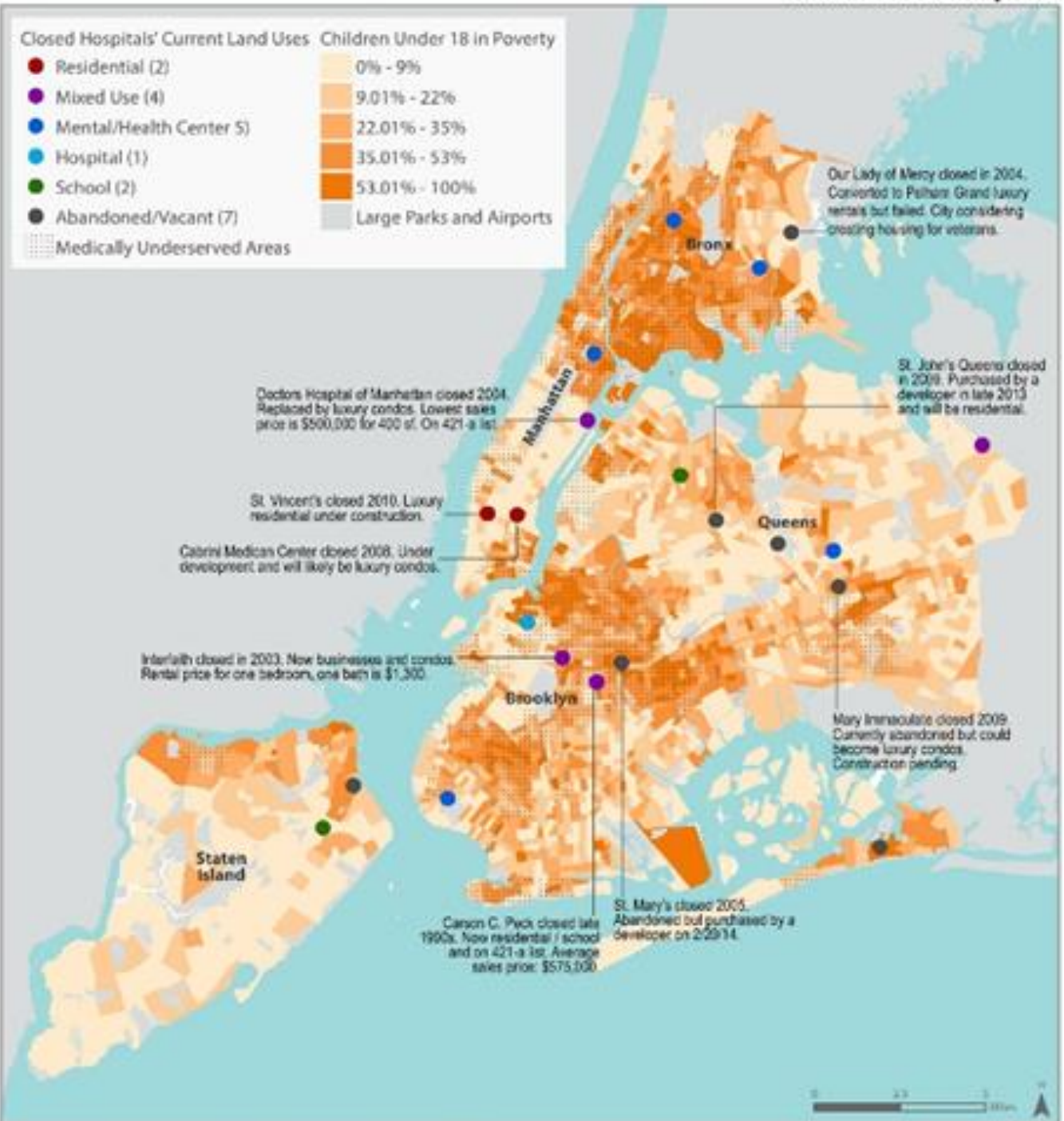


**Prepared for the Save Our Safety Net - Campaign  
by Community Studies of New York, Inc./Infoshare**

**January 6, 2006**



# New York City Hospitals Closed 1995-2012 Converted or to be Converted to Market Rate Residential



One closed hospital's address is unknown and is therefore not shown on this map.

Sources: NYC DCP, NYC DPR, NJDEP, NYS CSCIC, CPHS, 2007-2011 American Community Survey, 2008 Institutional Cost Reports (ICR), US Dept of Health and Human Services, 5/8/14.



DATE: April 30, 2020

RE: Testimony Before New York City Council

Thank you for inviting me here today to talk about some of the racial and economic disparities that have been exposed by the coronavirus pandemic – and to suggest what I think needs to be done to ensure that those disparities are not repeated in the future.

To begin with, I believe there are five (5) important things the City needs to do right away:

- 1. Fund an independent study to document exactly what happened during the course of the current pandemic. And let be clear that when I say “independent”, I mean “outside the control of the City and its leaders”.**
- 2. Consolidate the various databases that are used to keep track of testing, infections, hospitalizations, treatments, and deaths. This is especially important in times like this – but it should also be the way things are done during normal times as well.**
- 3. Establish a new Office of Pandemic Research and Response. The need for such an office became apparent shortly after the pandemic began – and that need is not going away anytime soon.**
- 4. Establish new healthcare programs to address the various needs that are identified during the course of the independent study.**
- 5. Work with New York State’s Congressional Delegation to ensure that future federal funds are distributed through municipalities rather than through federal agencies and large banks.**

\*\*\*\*\*

Let me elaborate a little bit on each of those suggestions.

RE: An Independent Study

Many residents – especially residents of color – have lost faith in the City’s ability to be open and honest in times like this.

In large part, that’s because of things that the City did – and didn’t do – during the course of the current pandemic.

Let me give you some examples:

- **The City initially refused to release any data concerning the race of those who were infected with – and those who had died from – COVID-19.**
- **The City subsequently admitted that it lacked racial and ethnicity data on thirty-seven percent (37%) of those who had died from COVID-19.**
- **The City subsequently admitted that its original COVID-19 death figures did not include those who died at their homes.**
- **The City subsequently admitted that many of those who have died in hospitals had no “cause-of-death” listed in their records.**

\*\*\*\*\*

When I first learned that racial data was not being released for those New York City residents who had died from COVID-19, I immediately became suspicious that a cover-up was in the works.

That suspicion grew as I learned about the racial disparities that were being reported in COVID-19-related deaths from other locations throughout the country.

Why were those other cities able and willing to release racial information about the people who died there and we weren’t doing the same here?

\*\*\*\*\*

When the racial data for our COVID-19-related deaths was finally released, it became clear why the City had held that information back in the first place.

Not only did it indicate that there are racial disparities in the number of people who are dying from this disease, it also made it clear that the City was seriously under-reporting the overall number of COVID-19-related deaths.

\*\*\*\*\*

We now know why the City was reluctant to release data concerning the racial composition of those who have died from COVID-19.

It obviously would have preferred to bury this information – and just pretend that there is no discrimination when it comes to something like the coronavirus pandemic.

Unfortunately, those of us who live in minority communities already know the true color of the coronavirus.

\*\*\*\*\*

It is absurd that the City still doesn't know basic characteristics such as the race, age, gender, and ethnicity of everyone who has been tested, infected, hospitalized, treated, and died since the onset of the pandemic.

Every one of those categories is important – and the data collection needs to be uniform and consistent across the board for each of them.

\*\*\*\*\*

We are a city in which minorities are the majority – and yet we still get undercounted and underreported whenever something like this occurs.

We need to stop trying to hide the truth about what's going on – and start trying to fix the underlying issues that cause things like this pandemic to disproportionately affect people of color.

\*\*\*\*\*

Having already botched both the collection – and the release – of COVID-19-related data, it is imperative that the City now allow an independent study of that data to be undertaken.

It is also appropriate that the City fund that study – or that it finds a funding source for it.

\*\*\*\*\*

The proposed independent study needs to be overseen by a Blue Ribbon Panel that includes epidemiologists, research methodologists, health care professionals, and, perhaps most importantly, community representatives who know what’s going on in their neighborhoods.

And the people who are chosen to serve on that Blue Ribbon Panel need to reflect the fact that we live in a city in which minorities are the majority.

\*\*\*\*\*

RE: Consolidate Various Databases

At this point, we still don’t know how many people in New York City have been infected – or how many have died – from COVID-19.

How the hell is that even possible in the year 2020?

\*\*\*\*\*

In addition, we are still not conducting the type of randomized testing that will allow us to make any reasonable estimates for either of those figures.

Even the current antibodies testing that the state is doing is not producing results that tell us anything about the race, age, gender, and ethnicity of those who have been infected.

And the fact that most of that testing is taking place outside of minority neighborhoods also guarantees that the results will not be truly representative of what’s already happened.

\*\*\*\*\*

We need to consolidate the collection of information about the people who die in the City.

Regardless of whether people die in a hospital, in a nursing home, at home, in a homeless shelter, in a jail cell, or whatever – we need to ensure that we collect the same basic information about each of them.

\*\*\*\*\*

And when health problems like this occur, we need to do the same thing with regard to those who are affected, those who are tested, those who are treated, and those who survive.

We have to stop being afraid of telling the truth about the racial disparities that occur when things like this COVID-19 pandemic happen or we will never really solve the underlying causes for those disparities.

\*\*\*\*\*

RE: Establish a New Office of Pandemic Research & Response

Our City, as a whole, was woefully underprepared for this pandemic.

That may sound harsh but, in reality, it's a gross understatement of just how poorly we were prepared for any health problem like this.

\*\*\*\*\*

Because of our lack of preparedness, we found ourselves in the middle of a daily tug-of-war between the federal government in Washington, DC and the state government in Albany, NY.

If nothing else, this pandemic should have taught us that we need to be ready at all times to take care of ourselves.

That's why we need to start developing our own resources, our own stockpiles and reserves, and our own plans as to what needs to be done when something like this occurs.

\*\*\*\*\*

If New York City were a sovereign state, we would have the 12<sup>th</sup> highest Gross Domestic Product (GDP) in the world.

How is it then that we've ended up begging for things like protective masks, testing kits, and ventilators?

How is it then that we have thousands of school-age children who live in homes that do not have internet access – or who do not have access to computers?

\*\*\*\*\*

We like to tout Times Square as the “Crossroads of the World”.

But we failed to react like a city that has thousands of international visitors flying in every day when we first saw the coronavirus spreading throughout the Far East and Europe.

Why didn't we take more protective measures much earlier to protect ourselves?

\*\*\*\*\*

We clearly were not ready when this pandemic first hit our City.

Now, we know that it will likely be coming back in several more waves.

The first of those next waves will likely occur about six months from now.

Let's commit to one another that we will be ready for that next wave – and every wave after that.

\*\*\*\*\*

RE: Establish New Health Care Programs

Even though we have not yet conducted the independent study that I'm calling for, we already know many of the reasons why minority communities were hit so hard by this pandemic.

A recent literature review that was undertaken by the renowned research methodology methodologist Dr. Denise F. Polit has confirmed several of the factors that have contributed to the high level of COVID-19-related deaths in minority communities.

These include such things as:

- **Pre-existing health problems;**
- **Lack of access to health care;**
- **Reduced treatment by health care professionals;**
- **Environmental hazards;**
- **Types of employment;**
- **Multigenerational households; and**
- **Use of public transportation.**

\*\*\*\*\*

Since we already know some of the causes of the racial disparities that have been exposed by the coronavirus pandemic, let's start developing some new health care programs to address those problems.

These might include things like:

- **More community-based healthcare clinics;**
- **More outreach activities to the home-bound;**
- **More walk-up testing locations similar to the drive-thru locations that have been established for those with cars; and**
- **Re-training of healthcare professionals with respect to their interactions with minority patients.**

\*\*\*\*\*

### RE: Ensure That Federal Assistance Flows Through Local Communities

I have watched with horror and sadness as the Small Business Administration (SBA) and large banks have created policies and procedures that made it impossible for many small businesses – especially Minority-owned Business Enterprises (MBEs) and Women-owned Business Enterprises (WBEs) – to access any of the billions of stimulus funds that Congress appropriated to get the national economy re-started.

And when I dug deeper into those policies and procedures, here's what I found:



- **Large banks refused to process Paycheck Protection Program loans for businesses that did not already have an established lending history with them. In many cases, these were the same large banks that routinely refuse to lend money to small businesses – especially small MBEs and WBEs.**
- **Large banks handed out multi-million loans to publicly-traded companies – while at the same time they rejected loan applications for a few thousand dollars from the owners of local small businesses.**
- **The SBA created rules that unnecessarily restricted anyone who had ever been incarcerated – or even arrested – from getting any emergency grant money.**

Allowing big banks and the SBA to decide which businesses would receive loans and grants virtually guaranteed that most MBEs and WBEs would never see any of the stimulus money.

Henceforth, we need to get the money out of the hands of the big banks and federal agencies – and move it down to the community level.

Aren't we, the residents of New York City, the ones who can make the best decisions as to how such funds should be invested in our communities?

Aren't we the ones who can ensure that such funds get distributed fairly and equitably?

And aren't we the ones who can monitor what actually happens with those funds once they are given to businesses.

\*\*\*\*\*

RE: My Personal Experience

Before I go, I want to share a little of my personal experience in terms of dealing with the COBID-19 pandemic.

To begin with, I hit the trifecta when it came to being vulnerable to this disease:

- **I am over 50;**
- **I am Black; and**
- **I have diabetes.**

Because I have diabetes, I undergo dialysis treatments three days per week.

Those treatments take place in a dialysis center where I am in a room with 19 other patients who are undergoing similar treatments – all of whom are people of color.

And yet, even though our group – and every other group that undergoes similar treatments at that center – are among the most vulnerable in terms of COVID-19, not one of us has been tested for the disease.

Why aren't tests being conducted on a regular basis at this center – and every other dialysis center throughout the center.

Why have we – among the most vulnerable residents of the city – been totally ignored by the city and the state?

Clearly, Mayor de Blasio has done nothing to take care of me during this pandemic.

Nor has Governor Cuomo done anything that would help to determine if I've been infected.

And sure as hell our President, Donald J. Trump, has not done anything to suggest that he's particularly worried about my health and safety.

Which means that you – the members of the New York City council – are my only hope.

First, please do whatever you can to ensure that every resident of New York City is able to get tested whenever they want in a location within walking distance of their residence.

Second, please ensure that we implement programs that will ensure that fewer minorities in New York City are harmed by the next wave of this horrific disease.

Third, please commit to addressing the underlying problems that make minorities especially vulnerable to diseases like COVID-19.

Fourth, and most important, please commit right now – right here today – that you will do whatever is necessary to ensure that when a vaccine is developed to prevent COVID-19, that vaccine will get distributed in a way that will ensure that minority people are not at the end of the line. If you do nothing else, do that. That’s your job!

.....

Thank you for allowing me to share some of my thoughts about what needs to be done to address the racial that have been exposed by the coronavirus pandemic.

I understand that some of my suggestions may seem a bit radical to you – but let me simply remind you that doesn’t make them wrong.

The problems we’re trying to overcome have become entrenched in almost every aspect of our lives – and they can only be resolved if we are willing to embrace the concept of change.

Unlike many people, I don’t waste the time I spend in self-isolation wishing we can get back to the way things were as quickly as possible.

I spend my time thinking about what can be done to make things better than they were before.

As Alvin Toffler once stated: *“The responsibility for change...lies within us. We must begin with ourselves, teaching ourselves not to close our minds prematurely to the novel, the surprising, the seemingly radical”*.

Thank you – and God bless all of us!



New York City Council  
Committee on Oversight and Investigations  
Virtual Public Hearing  
Thursday, April 30, 2020

Statement by C. Virginia Fields  
President and CEO  
National Black Leadership Commission on Health

No Surprises!

The coronavirus pandemic is having a profound and disruptive effect on everyone's lives, it is no surprise that Black and Hispanic communities are being hit particularly hard in terms of the number of confirmed cases and deaths. From around the nation, in cities where people of color are the minority populations, we are seeing this take place. For example in Louisiana and Chicago, approximately 70% of COVID-19 deaths occurred among African Americans, even though they are a minority in both areas.

While this data is shocking, it is not surprising that the coronavirus is impacting people of color, who are placed at greater risk for contracting and dying from the virus. Such health disparities have existed for years and are now in plain view for the world to see. It is well documented that communities of color are more likely to suffer from conditions like respiratory problems, heart disease, obesity, diabetes and a myriad of other health issues.

In a recent article, written by National Black Leadership Commission On Health and Amida Care, we addressed the fact that these disparities exist because communities of color experience serious structural barriers to accessing quality, affordable health care, including discrimination and higher rates of poverty; and how this reality contributes to distrust in the system, which leads to many to avoid seeking health care altogether.

People of color are also less likely to have health insurance; more likely to work in low-wage industries like restaurants and hotels, which are taking serious hits due to COVID-19, leaving them unemployed or unable to afford time off; also on the frontlines of the COVID-19 fight, serving in essential roles at grocery stores, hospitals, and nursing homes.

To immediately mitigate the impact of COVID-19 in the hardest-hit communities, we know that testing should be prioritized in neighborhoods with high populations of people of color. We know that there needs to be greater transparency around available critical supplies, resources and equipment to hospitals primarily serving communities of color. However, successful efforts to address and reverse these disturbing trends will also require an increased investment in: (1) data transparency; (2) enhanced data collection capacity in collaboration with community-based partners; (3) routine communication regarding both efforts and outcomes; (4) attention

to reducing unintended consequences of data dissemination; and (5) clear application of data to policy, programs, and milestones.

The NYC COVID-19 Working Group, working with a number of leading advocacy organizations have developed key recommendations for enhancing data collection, dissemination and mitigation against growing health disparities in the COVID-19 epidemic in NYC and NYS that we will be submitting to the Governor, Mayor and City Council for further discussion and going forward.

In **Moving forward**, as a priority, NYC COVID-19 Working Group strongly recommends that daily reporting of data include race and ethnicity disaggregation in order to make sure we're reaching the most vulnerable populations among us - and not ignoring disparities that occur for communities of color; that data be made in more accessible formats that allow for analysis, such as Excel and that data be disaggregated to allow for analysis by multiple identities (i.e. separating rates for Black women from rates for Black men). Without this level of data analysis, interventions by both government and community organizations may not reach those most in need. In addition, this level of increased transparency will work to build trust between the government and communities of color. COVID-19 is a crisis, but it should not stop there. We need to learn lessons from the light that COVID is shedding on the gaps and inequalities in our healthcare system.

In closing, longer-term, this crisis reaffirms the urgent need to create a more equitable health care system. We need to learn lessons from the light that COVID is shedding on the gaps and inequalities in our healthcare system. We must start by making quality, affordable health care more accessible.

Furthermore, we need to address social determinants of health that we know impact a person's ability to get and stay well, including employment, food security and housing. We won't be able to truly overhaul the health-care system in this country without addressing the needs of the whole person, like livable wage jobs, healthful food options and quality, affordable housing.

---

### **About Black Health**

The National Black Leadership Commission on Health (Black Health), formerly known as NBLCA, is a 501c3 not for profit organization with a mission to champion the promotion of health and prevention of disease to reduce disparities and achieve equity with the black community.

**The Disproportionate Impact of COVID-19 on Communities of Color in New York City**  
**New York City Council Virtual Hearing**  
**April 30, 2020**

**Testimony from Camara Phyllis Jones, MD, MPH, PhD**

Thank you for inviting my testimony.

**Qualifications:** I am a family physician and epidemiologist whose work focuses on naming, measuring, and addressing the impacts of racism on the health and well-being of the nation.

I am currently the 2019-2020 Evelyn Green Davis Fellow at the Radcliffe Institute for Advanced Study at Harvard University. Past roles include President of the American Public Health Association (2015 to 2016), Assistant Professor at the Harvard School of Public Health (1994 to 2000), Medical Officer at the Centers for Disease Control and Prevention (2000 to 2014), Senior Fellow (2013 to present) and Adjunct Associate Professor (2003 to present) at the Morehouse School of Medicine, and Adjunct Professor (2004 to present) at the Rollins School of Public Health at Emory University.

Current service includes member of the Board of Directors of the DeKalb County (Georgia) Board of Health, member of the National Board of Public Health Examiners, faculty member for the Accreditation Council of Graduate Medical Education learning collaborative addressing health care disparities, and member of the National Academics of Sciences, Engineering, and Medicine Roundtable on Black Men and Black Women in Science, Engineering, and Medicine.

**Testimony:**

**The root cause of the disproportionate impact of COVID-19 on communities of color in New York City is racism**

- The COVID-19 pandemic has starkly revealed that access to opportunity and exposure to risk are deeply divided by “race” and ethnicity in the United States
- Racism is the name of the system that differentially structures opportunity and assigns value based on so-called “race”, which is the social interpretation of how one looks in a “race”-conscious society (see Jones CP, Phylon 2003 and Jones CP et al, Ethn Dis 2008)
- Racism is foundational in our nation’s history and continues to be alive and well in this country
- Racism unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources (see Jones CP, Phylon 2003 and Jones CP et al, Ethn Dis 2008)
- Racism is not only the root cause of the disproportionate impact of COVID-19 on communities of color in New York City, it is the root cause of all “race”-associated differences in health outcomes in the United States

- This includes differences in infant mortality rates and maternal mortality rates, as well as differences in the prevalence of obesity, diabetes, high blood pressure, heart disease, and the other chronic conditions which are now putting people infected with SARS-CoV-2 at higher risk of death
- The nation is suddenly paying attention to the excess deaths from COVID-19 in communities of color because our bodies are piling up so quickly that the excess cannot be ignored or normalized

### **How is racism specifically manifesting with COVID-19?**

- There are three levels of racism that impact health: institutionalized (structural), personally-mediated, and internalized (see Jones CP, AJPH 2000)
- People of color are getting more infected with SARS-CoV-2 because they are more exposed (frontline jobs, incarceration, homelessness) and less protected (essential roles not seen or valued)
- Then once infected, people of color are dying more from COVID-19 because they are more burdened by chronic diseases (segregated into disinvested and unhealthy environments) and have less access to health care (insurance, placement of resources, quality of care)

### **Now that we know about these disparities, we need to act**

- We need to continue collecting, analyzing, and disseminating COVID-19 data (testing, hospitalizations, and deaths) by “race” and ethnicity as well as by zip code, income level, primary language, disability status, and other axes of structured inequity
- We need to address the fact that people of color are more exposed, less protected, more burdened by chronic diseases, and have less access to health care. Here are some starting ideas for addressing each area:
  - **More exposed**
    - Enable a much larger group of people to safely shelter in place: Universal basic income, or at least equitable access to monies coming from the CARES Act including the one-time payment (needs to be made periodic), the Payroll Protection Act (needs to get to small businesses owned by “Black” and “Brown” people), paid sick leave, and unemployment insurance supplementation
    - Decarcerate those locked away in prisons, jails, and detention centers
    - Find housing for those who are unhoused: Consider temporary housing in dormitories or hotels which have been emptied by the pandemic response
  - **Less protected**
    - Recognize the essential nature of a much broader swath of the workforce, folks still going to work to enable others to safely shelter in place (postal, sanitation, warehouse, grocery, delivery, farm, meat packing, custodial, food service, home health, and many other workers)
    - Provide all essential workers with highly effective personal protective equipment
    - Provide all essential workers with hazard pay

- Develop a mechanism so that workers can register and be protected as a “conscientious objector” if they do not feel safe being compelled to return to work or to stay on the job
- **More burdened by chronic diseases:**
  - Increase testing and monitored isolation-away-from-home resources in communities of color
  - Reject calls to use pre-existing chronic diseases as a factor in denying or deprioritizing access to life-saving therapies (intensive care unit beds, ventilators) in the event of local shortages
- **Less access to health care**
  - Augment health care resources in communities of color, including increased staff, intensive care unit beds, ventilators, and emergency dialysis capability in local hospitals
  - Institute city-wide agreements between hospital systems that NO hospital will have implement crisis standards of care including rationing of life-saving therapies until ALL hospitals in the city have to do so
  - Advocate for universal health coverage (like Medicare for All) since the insufficiency of employer-based health insurance has now been made manifest in this time of massive unemployment (ironically as a result of a health crisis!)

**In order to impact the course of the pandemic for all people, we need to shift from a medical care model of testing for SARS-CoV-2 to a public health model of testing for the virus**

- Periodically (weekly?) test a population-based probability sample of the city, including both symptomatic and asymptomatic persons, to estimate the current prevalence of the virus in the population
  - This prevalence estimate will help guide resource allocation two weeks hence
  - Can isolate all infected persons, preferably away from their families in COVID-19 isolation shelters which are staffed by nurses who will monitor temperatures, oxygen saturation levels, and vigor; be equipped with oxygen; and be able to transfer patients quickly to hospitals should the need arise
  - **Note:** Isolation of the asymptomatic positives may have an especially important impact on altering the course of the pandemic
  - Do contact tracing for all of the positives, especially the asymptomatic positives
  - Quarantine, test, and monitor all of the contacts
- Continue to offer tests to all of those who are symptomatic, on the front lines, or even just curious in addition to the public health surveillance approach to testing outlined above
- This public health approach to testing, isolation, contact tracing, and quarantine will enable us to go beyond simply documenting the course of the pandemic (as we are currently doing by only testing those with symptoms in order to confirm a diagnosis at the individual level) to actually altering the course of the pandemic



**Health equity is assurance of the conditions for optimal health for all people, and achieving health equity will be guided by at least the following three principles (see Jones CP, Med Care 2014 and Jones CP, Newsweek 2020):**

- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need

# Going Public

## Levels of Racism: A Theoretic Framework and a Gardener's Tale

Camara Phyllis Jones, MD, MPH, PhD

### ABSTRACT

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences.

She then presents an allegory about a gardener with 2 flower boxes, rich and poor soil, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health*. 2000;90:1212–1215)

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to one racial group.<sup>1</sup> Ignoring the etiologic clues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable "race" is not a biological construct that reflects innate differences,<sup>2–4</sup> but a social construct that precisely captures the impacts of racism.

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism.<sup>5,6</sup> In light of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010,<sup>7,8</sup> it is important to be able to examine the potential effects of racism in causing race-associated differences in health outcomes.

### Levels of Racism

I have developed a framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences. In this framework, *institutionalized racism* is defined as differential ac-

cess to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.

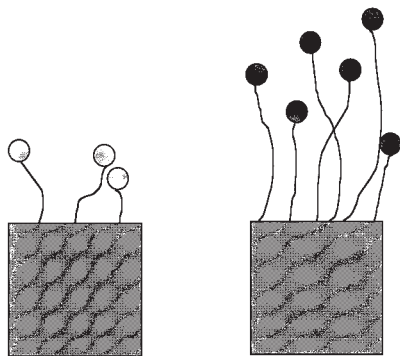
*Personally mediated racism* is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others accord-

The author is currently with the Department of Health and Social Behavior, Department of Epidemiology, and the Division of Public Health Practice, Harvard School of Public Health, Boston, Mass. She will soon begin working with the Centers for Disease Control and Prevention, Atlanta, Ga.

Requests for reprints should be sent to Camara Phyllis Jones, MD, MPH, PhD, Centers for Disease Control and Prevention, 4770 Buford Hwy, MS K45, Atlanta, GA 30341.

This article was accepted April 12, 2000.

## Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

ing to their race, and discrimination means differential actions toward others according to their race. This is what most people think of when they hear the word “racism.” Personally mediated racism can be intentional as well as unintentional, and it includes acts of commission as well as acts of omission. It manifests as lack of respect (poor or no service, failure to communicate options), suspicion (shopkeepers’ vigilance; everyday avoidance, including street crossing, purse clutching, and standing when there are empty seats on public transportation), devaluation (surprise at competence, stifling of aspirations), scapegoating (the Rosewood incident,<sup>9,10</sup> the Charles Stuart case,<sup>11–14</sup> the Susan Smith case<sup>15–18</sup>), and dehumanization (police brutality, sterilization abuse, hate crimes).

*Internalized racism* is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one’s own full humanity, including one’s spectrum of dreams, one’s right to self-determination, and one’s range of allowable self-expression. It manifests as an embracing of “whiteness” (use of hair straighteners and bleaching creams, stratification by skin tone within communities of color, and “the white man’s ice is colder” syndrome); self-devaluation (racial slurs as nicknames, rejection of ancestral culture, and fratricide); and resignation, helplessness, and hopelessness (dropping out of school, failing to vote, and engaging in risky health practices).

The following allegory is useful for illustrating the relationship between the 3 levels of racism (institutionalized, personally mediated, and internalized) and for guiding our thinking about how to intervene. I use this story in my teaching on “race” and racism at the Harvard School of Public Health as well as in my public lectures.

### *Levels of Racism: A Gardener’s Tale*

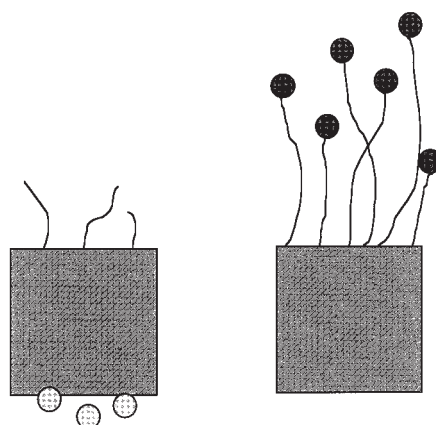
When my husband and I bought a house in Baltimore, there were 2 large flower boxes on the front porch. When spring came we decided to grow flowers in them. One of the boxes was empty, so we bought potting soil to fill it. We did nothing to the soil in the other box, assuming that it was fine. Then we planted seeds from a single seed packet in the 2 boxes. The seeds that were sown in the new potting soil quickly sprang up and flourished. All of the seeds sprouted, the most vital towering strong and tall, and even the weak seeds made it to a middling height. However, the seeds planted in the old soil did not fare so well. Far fewer seeds sprouted, with the strong among them only making it to a middling height, while the weak among them died. It turns out that the old soil was poor and rocky, in contrast to the new potting soil, which was rich and fertile. The dif-

ference in yield and appearance in the 2 flower boxes was a vivid, real-life illustration of the importance of environment. Those readers who are gardeners will probably have witnessed this phenomenon with their own eyes.

Now I will use this image of the 2 flower boxes to illustrate the 3 levels of racism. Let’s imagine a gardener who has 2 flower boxes, one that she knows to be filled with rich, fertile soil and another that she knows to be filled with poor, rocky soil. This gardener has 2 packets of seeds for the same type of flower. However, the plants grown from one packet of seeds will bear pink blossoms, while the plants grown from the other packet of seeds will bear red blossoms. The gardener prefers red over pink, so she plants the red seed in the rich fertile soil and the pink seed in the poor rocky soil. And sure enough, what I witnessed in my own garden comes to pass in this garden too. All of the red flowers grow up and flourish, with the fittest growing tall and strong and even the weakest making it to a middling height. But in the box with the poor rocky soil, things look different. The weak among the pink seeds don’t even make it, and the strongest among them grow only to a middling height.

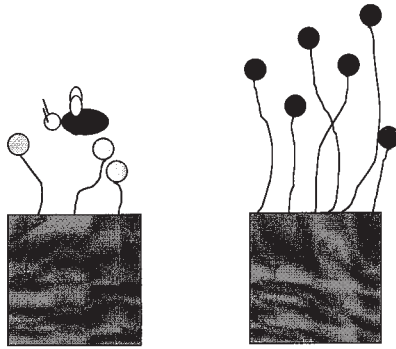
In time the flowers in these 2 boxes go to seed, dropping their progeny into the same soil in which they were growing. The next year the same thing happens, with the red flowers in the rich soil growing full and vigorous and strong, while the pink flowers in the poor soil struggle to survive. And these flowers go to seed. Year after year, the same thing happens. Ten years later the gardener comes to survey her garden. Gazing at the 2 boxes, she says, “I was right to prefer red over pink! Look how vibrant and beautiful the red flowers look, and see how pitiful and scrawny the pink ones are.”

## Personally mediated racism



- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

## Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

This part of the story illustrates some important aspects of institutionalized racism. There is the initial historical insult of separating the seed into the 2 different types of soil; the contemporary structural factors of the flower boxes, which keep the soils separate; and the acts of omission in not addressing the differences between the soils over the years. The normative aspects of institutionalized racism are illustrated by the initial preference of the gardener for red over pink. Indeed, her assumption that red is intrinsically better than pink may contribute to a blindness about the difference between the soils.

Where is personally mediated racism in this gardener's tale? That occurs when the gardener, disdaining the pink flowers because they look so poor and scraggly, plucks the pink blossoms off before they can even go to seed. Or when a seed from a pink flower has been blown into the rich soil, and she plucks it out before it can establish itself.

And where is the internalized racism in this tale? That occurs when a bee comes along to pollinate the pink flowers and the pink flowers say, "Stop! Don't bring me any of that pink pollen—I prefer the red!" The pink flowers have internalized the belief that red is better than pink, because they look across at the other flower box and see the red flowers strong and flourishing.

What are we to do if we want to put things right in this garden? Well, we could start by addressing the internalized racism and telling the pink flowers, "Pink is beautiful!" That might make them feel a bit better, but it will do little to change the conditions in which they live. Or we could address the personally mediated racism by conducting workshops with the gardener to convince her to stop plucking the pink flowers before they have had a chance to go to seed. Maybe she'll stop, or maybe she won't. Yet, even if she is convinced to stop plucking the pink flowers, we have still done

nothing to address the poor, rocky condition of the soil in which they live.

What we really have to do to set things right in this garden is address the institutionalized racism. We have to break down the boxes and mix up the soil, or we can leave the 2 boxes separate but fertilize the poor soil until it is as rich as the fertile soil. When we do that, the pink flowers will grow at least as strong and vibrant as the red (and perhaps stronger, for they have been selected for survival). And when they do, the pink flowers will no longer think that red pollen is better than pink, because they will look over at the red flowers and see that they are equally strong and beautiful. And although the original gardener may have to go to her grave preferring red over pink, the gardener's children who grow up seeing that pink and red are equally beautiful will be unlikely to develop the same preferences.

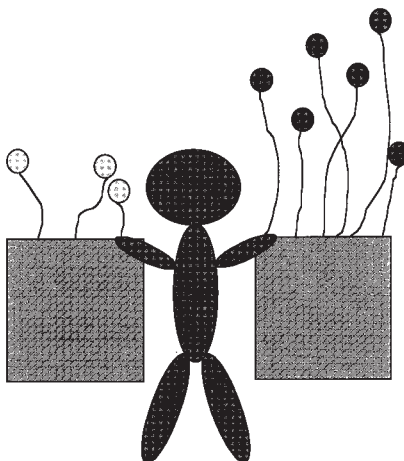
This story illustrates the relationship between the 3 levels of racism. It also highlights the fact that institutionalized racism is the most fundamental of the 3 levels and must be addressed for important change to occur. Finally, it provides the insight that once institutionalized racism is addressed, the other levels of racism may cure themselves over time. Perhaps the most important question raised by this story is *Who is the gardener?* After all, the gardener is the one with the power to decide, the power to act, and the control over the resources.

In the United States, the gardener is our government. As the story illustrates, there is particular danger when this gardener is not concerned with equity. The current Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010 is to be lauded as the first explicit commitment by the government to achieve equity in health outcomes.

Many other questions arise from this simple story. What is the role of public health researchers in vigorously exploring the basis of pink-red disparities, including the differences in the soil and the structural factors and acts of omission that maintain those differences? How can we get the gardener to own the whole garden and not be satisfied when only the red flowers thrive? If the gardener will not invest in the whole garden, how can the pink flowers recruit or grow their own gardener?

The reader is invited to share this story with family members, neighbors, colleagues, and communities. The questions we raise and the discussions we generate may be the start of a much-needed national conversation on racism. □

## Who is the gardener?



### Government

- Power to decide
- Power to act
- Control of resources

### Dangerous when

- Allied with one group
- Not concerned with equity

## References

1. Jones CP, LaVeist TA, Lillie-Blanton M. "Race" in the epidemiologic literature: an examination of the *American Journal of Epidemiology*,

- 1921–1990. *Am J Epidemiol.* 1991;134: 1079–1084.
2. Cooper R, David R. The biological concept of race and its application to public health and epidemiology. *J Health Polit Policy Law.* 1986;11: 97–116.
  3. Cavalli-Sforza LL, Menozzi P, Piazza A. *The History and Geography of Human Genes.* Princeton, NJ: Princeton University Press; 1994: 19–20.
  4. Williams DR. Race and health: basic questions, emerging directions. *Ann Epidemiol.* 1997;7: 322–333.
  5. Krieger N, Rowley DL, Herman AA, Avery B, Phillips MT. Racism, sexism, and social class: implications for studies of health, disease, and well-being. *Am J Prev Med.* 1993;9(6 suppl): 82–122.
  6. Jones CP. *Methods for Comparing Distributions: Development and Application Exploring "Race"-Associated Differences in Systolic Blood Pressure* [dissertation]. Baltimore, Md: Johns Hopkins School of Hygiene and Public Health; 1994.
  7. President Clinton announces new racial and ethnic health disparities initiative [White House fact sheet]. Washington, DC: US Dept of Health and Human Services Press Office; February 21, 1998.
  8. US Dept of Health and Human Services. The Initiative to Eliminate Racial and Ethnic Disparities in Health. Available at: <http://raceandhealth.hhs.gov/>. Accessed May 29, 2000.
  9. Jones MD, Rivers LE, Colburn DR, Dye RT, Rogers WW. A documented history of the incident which occurred at Rosewood, Florida, in January 1923. Located at: State Library, Tallahassee, Fla. Also available at: <http://members.aol.com/klove01/rosehist.txt>. Accessed May 29, 2000.
  10. Love K. Materials on the destruction of Rosewood Florida. Available at: <http://members.aol.com/klove01/rostedest.htm>. Accessed May 29, 2000.
  11. Canellos PS, Sege I. Couple shot after leaving hospital: baby delivered. *Boston Globe.* October 24, 1989;Metro/Region section:1.
  12. Jacobs S. Stuart is said to pick out suspect. *Boston Globe.* December 29, 1989;Metro/Region section:1.
  13. Cullen K, Murphy S, Barnicle M, et al. Stuart dies in jump off Tobin Bridge after police are told he killed his wife: the Stuart murder case. *Boston Globe.* January 5, 1990;Metro/Region section:1.
  14. Graham R. Hoax seen playing on fear, racism: the Stuart murder case. *Boston Globe.* January 11, 1990;Metro/Region section:1.
  15. Davis R. Prayers lifted up for abducted boys: tots whisked off in S.C. carjacking Tuesday. *USA Today.* October 27, 1994:10A.
  16. Terry D. A woman's false accusation pains many blacks. *New York Times.* November 6, 1994;section 1:32.
  17. Harrison E. Accused child killer's family apologizes to blacks. Race relations: Susan Smith's brother says that his sister's false claim that an African American man kidnapped her sons was a "terrible misfortune." *Los Angeles Times.* November 9, 1994:A9.
  18. Lewis C. The game is to blame the blacks. *Philadelphia Inquirer.* November 16, 1994:A15.

# Systems of Power, Axes of Inequity Parallels, Intersections, Braiding the Strands

Camara P. Jones, MD, MPH, PhD

**Abstract:** This commentary builds on work examining the impacts of racism on health to identify parallels and intersections with regard to able-ism and health. The “Cliff Analogy” framework for distinguishing between five levels of health intervention is used to sort the *Healthy People 2020* goals on Disability and Health along an array from medical care to addressing the social determinants of equity. Parallels between racism and able-ism as systems of power, similarities and differences between “race” and disability status as axes of inequity, intersections of “race” and disability status in individuals and in communities, and the promise of convergent strength between the anti-racism community and the disability rights community are highlighted. With health equity defined as assurance of the conditions for optimal health for all people, it is noted that achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.

**Key Words:** racism, abilism, cliff analogy, health equity, social determinants of health, social determinants of equity, healthy people 2020, disability and health

(*Med Care* 2014;52: S71–S75)

In my keynote address at the April 2013 meeting *Health Disparities Research at the Intersection of Race, Ethnicity, and Disability: A National Conference*, I drew parallels between racism and able-ism to discuss “Systems of power, axes of inequity: parallels, intersections, braiding the strands.” In this commentary, I build on that keynote address in the hope that these musings will spark additional creative thinking in all of our communities and spur new collective action toward achieving health equity.

## LEVELS OF HEALTH INTERVENTION

Levels of health intervention can be visualized using a Cliff Analogy.<sup>1</sup> Imagine a person just strolling along and

From the Satcher Health Leadership Institute, Morehouse School of Medicine, Atlanta, GA.

Portions of this commentary were presented at “Health disparities research at the intersection of race, ethnicity, and disability: a national conference” on April 25, 2013 in Washington, DC.

The author declares no conflict of interest.

Reprints: Camara P. Jones, MD, MPH, PhD, Satcher Health Leadership Institute, Morehouse School of Medicine, 720 Westview Drive SW, NCPC A-250, Atlanta, GA 30310. E-mail: cpjones@msm.edu.

Copyright © 2014 by Lippincott Williams & Wilkins  
ISSN: 0025-7079/14/5210-0S71

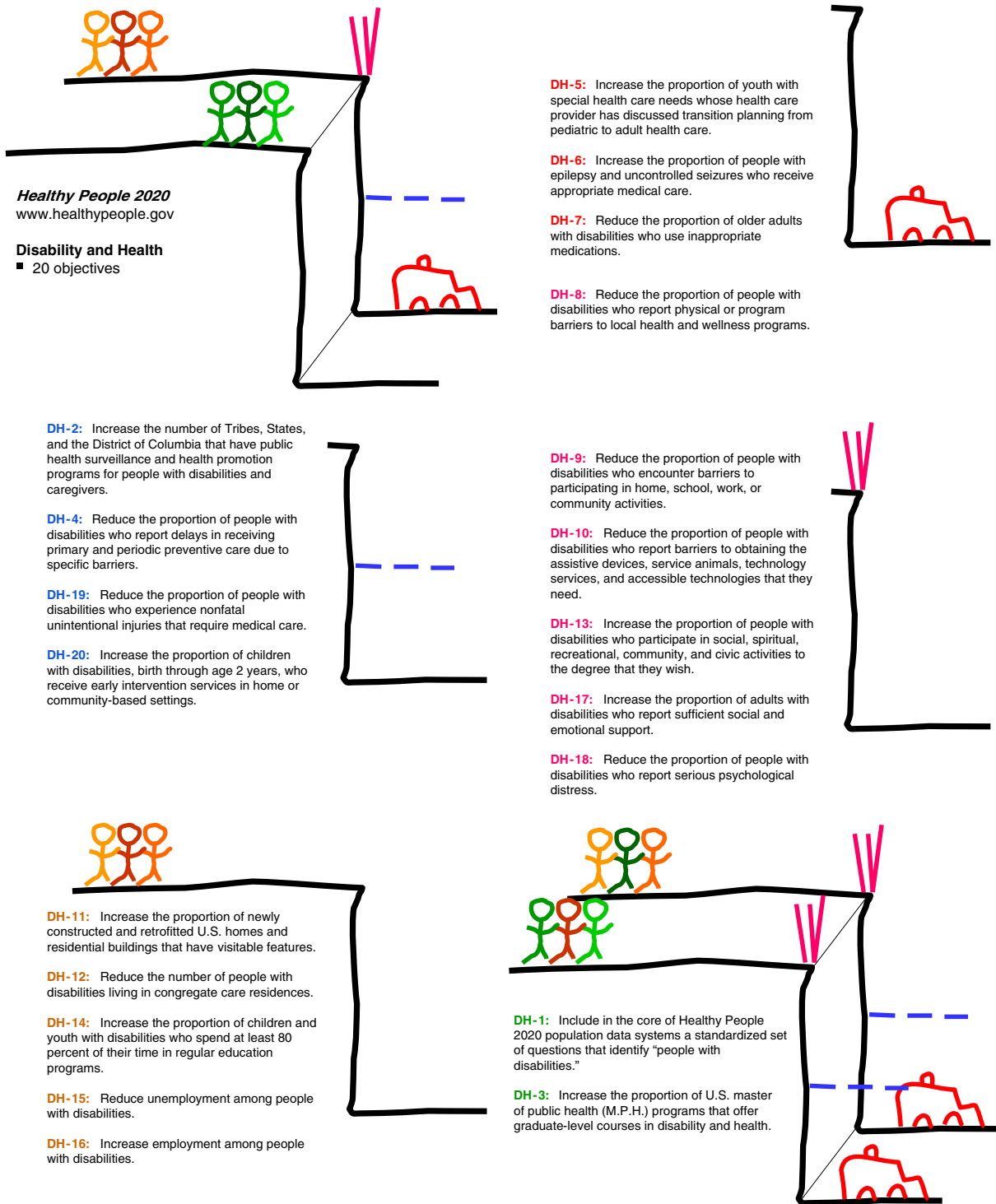
suddenly falling off of the cliff of good health. If that were us or someone in our family, we would be delighted to find an ambulance at the bottom of the cliff to speed us on to care. However, if we were also concerned about others who might come along that cliff face, if we cared about community health, or population health, or public health, we might well ask ourselves what we could put in place as a health intervention besides just stationing lots of ambulances at the bottom of the cliff. Perhaps, we could put a net halfway down the cliff face to catch people who have fallen before they got crunched at the bottom. However, nets have holes in them, so some people might fall through the cracks. We could build a fence at the edge of the cliff to keep people from falling in the first place. But that would have to be a very strong fence if there were a lot of population pressure against it. Or we could move the population away from the edge of the cliff.

So far, we have described 4 levels of health intervention: medical care and tertiary prevention (ambulance at the bottom of the cliff); safety net programs and secondary prevention (net halfway down); primary prevention (fence at the edge); and addressing the social determinants of health (moving the population away from the edge of the cliff). But our picture does not yet illustrate how health disparities arise. Group differences in health status arise on at least 3 levels: differences in quality of health care; differences in access to health care; and differences in underlying exposures, opportunities, stresses, resources, and risks that make some individuals and populations sicker than others in the first place.

To use the Cliff Analogy to understand how health disparities arise, we need to recognize that the cliff with which we are dealing is not a flat, 2-dimensional cliff but is actually a 3-dimensional cliff. At some parts of the cliff, the ambulance at the bottom may have a flat tire, so it is slow or veers off in the wrong direction (differences in quality of care). Or there may be no ambulance there at all, nor net, nor fence (differences in access to care). And usually at those parts of the cliff, the population is being pushed closer to the edge (differences in underlying exposures and opportunities).

Recognition of the 3-dimensionality of the cliff raises new questions. How did the cliff become 3-dimensional in the first place? And why are there differences in how resources and populations are distributed along the cliff face? When we engage with answering these questions, we are at a fifth level of health intervention: addressing the social determinants of equity.

The social determinants of equity differ from the social determinants of health. While the social determinants of



**FIGURE 1.** The 20 objectives on “Disability and Health” from *Healthy People 2020*, arrayed by 5 levels of health intervention. a. Five levels of health intervention depicted along a cliff. b. Ambulance: Medical care and tertiary prevention. c. Net or trampoline: Safety net programs and secondary prevention. d. Fence: Primary prevention. e. Moving the population from the edge: Addressing the social determinants of health. f. Acknowledging the three dimensionality: Addressing the social determinants of equity. Parts a-f can be viewed in the image from left to right and from top to bottom.

health are the conditions in which people are born, grow, live, work, and age,<sup>2</sup> the social determinants of equity are systems of power. If the social determinants of health are the contexts in which individual behaviors arise and convey risk, the social determinants of equity determine the range of contexts available and who is found in which context. The social determinants of equity govern the distribution of resources and populations through decision-making structures, policies, practices, norms, and values, and too often operate as social determinants of *in*-equity by differentially distributing resources and populations. They include racism, sexism, heterosexism, capitalism, and able-ism.

We have used the Cliff Analogy to illustrate 5 levels of health intervention arrayed in 3 dimensions: health services (which include medical care and tertiary prevention; safety net programs and secondary prevention; and primary prevention), addressing the social determinants of health, and addressing the social determinants of equity. The 20 Healthy People 2020 objectives on “Disability and Health” can be arrayed along this cliff (Fig. 1). Three of the objectives (DH-5, DH-6, and DH-7) are at the level of the ambulance (medical care and tertiary prevention). Four of the objectives (DH-2, DH-4, DH-19, and DH-20) are at the level of the net or trampoline (safety net programs and secondary prevention). Six of the objectives (DH-8, DH-9, DH-10, DH-13, DH-17, and DH-18) are at the level of the fence (primary prevention). Five of the objectives (DH-11, DH-12, DH-14, DH-15, and DH-16) are at the level of moving the population away from the edge of the cliff (addressing the social determinants of health). And 2 of the objectives (DH-1 and DH-3) are at the level of acknowledging and addressing the 3-dimensionality of the cliff (addressing the social determinants of equity). The public health community concerned with disability and health has clearly understood the importance of monitoring and intervening at all of these levels of health intervention, rather than simply focusing on the elements of health services (medical care and primary, secondary, and tertiary prevention).

## SYSTEMS OF POWER, AXES OF INEQUITY

Racism has been defined as a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), which unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.<sup>3</sup> This definition of racism can be generalized to be a definition of any group-based structured inequity by changing the descriptor after the phrase “based on.” For example, *sexism* can be defined as a system of structuring opportunity and assigning value based on *sex*, which unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.

The group-based descriptors used to fill in the blank after the phrase “based on” in the definition above are axes of inequity, which in the contemporary United States include

“race”; sex; ethnicity; labor roles and social class markers; nationality, language, and legal status; sexual orientation; geography; religion; and disability status. Note that these axes of inequity are all *risk markers* (in contrast to *risk factors*). That is, these group-based attributes are markers for how opportunity is structured and value is assigned in our society. And even disability status, which some might argue is also an inherent *risk factor* in the causal pathway to poor health, need not be so in a permissive environment.

## PARALLELS, INTERSECTIONS, BRAIDING THE STRANDS

Following are some musings on the similarities and differences between “race” and disability status as axes of inequity. “Race” is a group attribute which is deemed immutable, whereas disability status is an individual attribute for which there is recognition that the status can change. Yet both “race” and disability status are socially constructed through interaction with the environment. With regard to “race,” structural barriers are sometimes invisible and ignored. With regard to disability status, structural barriers are often visible but still ignored. For both “race” and disability status, assumptions are made about abilities and intrinsic worth based on group assignment.

For both “race” and disability status, there are social judgments about relative dependence versus independence. In addition, those stigmatized by “race” or disability status have a range of experiences in relationship to their group status, from individuals who embrace their group assignment as identity to individuals who externalize their group assignment as incidental. This range is reflected in the salience of group-based advocacy, which has fluctuated for both “race” and disability status over time. For both “race” and disability status, there is a tension between visibility and invisibility of the group assignment. Within “race,” whiteness is often experienced as invisible racelessness, whereas those racialized to other groups often experience their “race” as their most visible personal attribute. Within disability status, emotional, cognitive, or sensory disabilities may be invisible during casual encounters, whereas motor or other physical disabilities may be highly visible.

Segregation continues by both “race” and disability status, and plays a role in terms of how opportunity is structured and how value is assigned. However, mechanisms of accommodation differ between “race” and disability status. The histories of racial oppression and disenfranchisement are often invisible or discounted today, and the myth of meritocracy on an equal playing field is so prevalent, that accommodation for racial oppression by providing access to opportunities based on “race” is not widely supported. In contrast, increasing recognition of the temporary status of being able-bodied, coupled with strong advocacy by the disability rights community, is continuing to result in expanding mechanisms of accommodation based on disability status.

### Parallels

Racism and able-ism are both systems of inequity which structure opportunity and assign value based on individual characteristics which are ascribed group significance. For both



communities, there is an assertion of universal human rights versus rights based on a “minority” or “underserved” status. But does the United States (US) have international treaty obligations pertinent to “race” or to disability status?

The *International Convention on the Elimination of all forms of Racial Discrimination* (ICERD) is an international antiracism treaty adopted by the UN General Assembly in 1965.<sup>4</sup> The US signed the ICERD in 1966, and the US Senate ratified the treaty 28 years later in 1994. The second US periodic report required under the treaty was submitted to the UN Committee on the Elimination of Racial Discrimination in 2007,<sup>5</sup> to which the Committee responded with its 14-page *Concluding Observations* in May 2008.<sup>6</sup> The concerns and recommendations from that document include racial profiling (para 14), residential segregation (para 16), disproportionate incarceration (para 20), differential access to health care (para 32), and the achievement gap in education (para 34). The third US periodic report was submitted to the CERD in June 2013<sup>7</sup> and will be considered by the Committee in August 2014.

The *Convention on the Rights of Persons with Disabilities* (CRPD) is an international disability rights treaty adopted by the UN General Assembly in 2006.<sup>8</sup> The US signed the CRPD in 2009, but the US Senate has not yet ratified the treaty.

## Intersections

“Race” and disability status as axes of inequity intersect both in individuals and in communities. Many of the papers in this issue address these intersections. Because individuals can experience disadvantage and stigma based on neither, one, or both statuses, we will briefly discuss 3 issues: blinding privilege, competing oppressions, and fluctuating salience.

It is difficult to recognize systems of inequity that advantage one-self. For example, it is difficult for men to recognize their male privilege and sexism. It is difficult for white people in the United States to recognize their white privilege and racism. It is difficult for all Americans to recognize their American privilege in the global arena. And it is difficult for temporarily able-bodied people to recognize their able-bodied privilege. It is especially difficult to recognize how one is privileged on one axis when one is disadvantaged on another. People impacted by disadvantage and stigma based on only one status may be oblivious to the disadvantage and stigma conferred on others by the other status, and may play into the counter-productive game of “Whose oppression is worse?”. Meanwhile, people living with disadvantage and stigma based on both statuses will recognize the salience of both, even as the salience of each status may vary depending on the context.

## Braiding the Strands

There can be convergent strength between the anti-racism community and the disability rights community in terms of expanding advocacy agendas, integrating research agendas, and sharing successful policy strategies. The 3 tasks that I have historically identified with regard to addressing racism as a threat to the health and well-being of the nation have their parallels when addressing able-ism as a threat to the health and well-being of the nation. They are: (1) put

racism/able-ism on the agenda. Name racism/able-ism as forces determining the other social determinants of health. Routinely monitor for differential exposures and opportunities (as well as outcomes) by “race”/disability status. (2) Ask “How is racism/able-ism operating here?” Identify mechanisms in structures, policies, practices, norms, and values. Attend to both what exists and what is lacking. (3) Organize and strategize to act. Join in grassroots organizing around the conditions of people’s lives. Identify the structural factors creating and perpetuating those conditions. Link with similar efforts across the country and around the world.

## ACHIEVING HEALTH EQUITY

We now shift from a consideration of 2 systems of power (racism and able-ism) and 2 axes of inequity (“race” and disability status) to my 3-part definition of health equity, including what it is, how to achieve it, and how it relates to health disparities.

*Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. Health disparities will be eliminated when health equity is achieved.*

This definition of health equity, although related to the earlier *Healthy People 2020* (HP2020) definition of health equity<sup>9</sup> to which I also contributed, differs from the HP2020 definition in several ways: (1) Here, health equity is conceived as a process (assurance), not as an outcome (attainment). “Attainment of the highest level of health for all people”<sup>9</sup> from the HP2020 definition is our common goal, but it is not health equity. To reach that goal, we need to implement health equity as an assurance process involving active inputs, constant vigilance, and continuous correction. Note that assurance was identified by the Institute of Medicine<sup>10</sup> as one of the 3 core functions of public health, along with assessment and policy development. (2) Here, the need to not only recognize but also rectify historical injustices is clearly articulated. Not only do we need to investigate and acknowledge the historical roots of every problem that we seek to solve, but we must also be unafraid to right the historical wrongs that we identify. This is especially true when historical injustices are being perpetuated by contemporary structural factors, as with institutionalized racism.<sup>11,12</sup> (3) Here, the principle of providing resources according to need makes clear the form that “vigorous and focused ongoing societal efforts”<sup>9</sup> from the HP2020 definition might take. Equal is not always equitable, especially in the face of inherited disadvantage and a legacy of inaction in the face of need.

## MOVING FORWARD

This commentary builds on work examining the impacts of racism on health to identify parallels and intersections with regard to able-ism and health. Both racism and able-ism are systems of structuring opportunity and assigning value based on group attributes. These systems of power

unfairly disadvantage some individuals and communities, unfairly advantage other individuals and communities, and sap the strength of the whole society through the waste of human resources. We draw parallels between “race” and disability status as risk markers and axes of inequity. We acknowledge their intersections in individuals and in communities. We braid the strands between efforts of the anti-racism community and the disability rights community. And we define health equity as a process: assurance of the conditions for optimal health for all people.

Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. It requires dismantling systems of structured inequity and putting in their place systems in which all people can know and develop to their full potentials. We will need collective commitment and collective action to achieve our common goal. Let’s go!

### REFERENCES

1. Jones CP, Jones CY, Perry GS, et al. Addressing the social determinants of children’s health: a cliff analogy. *J Health Care Poor Underserv*. 2009;20(suppl):1–12.
2. World Health Organization. *Rio Political Declaration on Social Determinants of Health*. Rio de Janeiro, Brazil: World Health Organization; 2011. Available at: [http://www.who.int/sdhconference/declaration/Rio\\_political\\_declaration.pdf](http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf). Accessed July 21, 2014.
3. Jones CP. Confronting institutionalized racism. *Phylon*. 2003;50:7–22.
4. United Nations General Assembly. *International Convention on the Elimination of All Forms of Racial Discrimination. A/RES/2106(XX)*. New York, New York, USA: United Nations; 1965. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>. Accessed July 21, 2014.
5. United Nations, Office of the High Commissioner for Human Rights. *Reports Submitted by States Parties Under Article 9 of the Convention: Sixth Periodic Reports of States Parties Due in 2005*. United States of America: CERD/C/USA/6 Geneva, Switzerland; United Nations; 2007. CERD/C/USA/6, 24 October 2007. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f6&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f6&Lang=en). Accessed July 21, 2014.
6. United Nations, Office of the High Commissioner for Human Rights. *Consideration of Reports Submitted by States Parties Under Article 9 of the Convention: Concluding Observations of the Committee on the Elimination of Racial Discrimination*. United States of America. CERD/C/USA/CO/6, 2008. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f6&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f6&Lang=en). Accessed July 21, 2014.
7. United Nations, Office of the High Commissioner for Human Rights. *Reports Submitted by States Parties Under Article 9 of the Convention: Seventh to Ninth Periodic Reports of States Parties Due in 2011*. United States of America. CERD/C/USA/7-9, 3 October 2013. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f7-9&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f7-9&Lang=en). Accessed July 21, 2014.
8. United Nations, Office of the High Commissioner for Human Rights. *Convention on the Rights of Persons with Disabilities*. Available at: <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>. Accessed July 21, 2014.
9. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at: <http://healthypeople.gov/2020/about/DisparitiesAbout.aspx>. Accessed July 21, 2014.
10. National Research Council. *The Future of Public Health*. Washington, DC: The National Academies Press; 1988.
11. Jones CP. Levels of racism: a theoretic framework and a gardener’s tale. *Am J Public Health*. 2000;90:1212–1215.
12. Coates T-N. The case for reparations. In: Scott Stossel, ed. *The Atlantic*. Washington, DC: The Atlantic Monthly Group; 2014. Available at: <http://www.theatlantic.com/features/archive/2014/05/the-case-for-reparations/361631/>. Accessed July 21, 2014.

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...



Gundry MD

NEWSWEEK MAGAZINE

# Coronavirus Disease Discriminates. Our Health Care Doesn't Have To | Opinion

BY CAMARA PHYLLIS JONES ON 04/07/20 AT 7:00 AM EDT



## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...



INION

CORONAVIRUS

HEALTH CARE

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

**A**re we really all in this together? It is true that until December 2019, no human had encountered the 2019 novel coronavirus, and so none of us was immune. It is also true that political and national boundaries have not halted the spread of this contagion throughout the world. But it is just as true that COVID-19 has washed away any veneer of equal opportunity or equal risk in the population.

The "pre-existing health conditions" that put a person at risk of severe disease and death from COVID-19 are over-represented in communities of color and poor communities as a result of long-term disinvestment and neglect. And now our country's delayed response to the looming pandemic has resulted in

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

...raised the specter of health care providers having to make decisions in real time, at the bedside, of who will receive life-saving treatment and who will not.

These decisions used to be made from a distance by our insurance companies, economic system and legally structured racial residential segregation. Now, they will seem personal and real in a whole new way.

Health equity is assurance of the conditions for optimal health for all people. It is a process, not a magical outcome. As we navigate through the immediate health, economic and social demands of the COVID-19 pandemic, three principles for achieving health equity can provide us with both a moral and practical compass: valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need.

These principles can serve as a framework for evaluating current and proposed policy solutions, as well as a checklist for identifying gaps in policy where no solutions have yet been suggested. They can also be the basis for decision-making at the health care provider level.

**SIGN UP FOR OUR  
NEWSLETTER**

**SIGN UP**

**Update your preferences »**

---

## IN THE MAGAZINE

**COVER NEWS** Who Should Doctors Save? Inside the Debate Over Rationing Coronavirus Care

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

**FEATURES** **OPINION** **Charging Copays and Deductibles During a Pandemic Is Foolish—and Deadly**

**FEATURES** **OPINION** **The Psychological Toll of Health Care Rationing Shouldn't Be Underestimated**

**PIERS** **OPINION** **We Must Now Allocate COVID-19 Care To Those Who Will Benefit The Most**

**FEATURES** **OPINION** **Here Is How We Protect Doctors Against Lawsuits for Rationing COVID-19 Care**

**FEATURES** **OPINION** **As the Pandemic Compels Us to Ration Care, Transparency Is Vital**

**DOWNTIME** **CULTURE** **Marvel at These 10 Freaks of Nature**

**HORIZONS** **SPORTS** **Americans May Be Missing Out On \$8.5 Billion In March Madness Bets**

**DOWNTIME** **CULTURE** **Celebrities Are Helping Kids Keep Up With Their Schooling at Home**

**PERISCOPE** **U.S.** **Military activates never-before-used federal response to combat coronavirus**

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

**PERISCOPE** **POLITICS** **Trump Campaign Shelves 2020 Ad Blitz Touting Economy Because of Coronavirus**

**DOWNTIME** **CULTURE** **Uzo Aduba as Trailblazer Shirley Chisholm in the Hulu Series 'Mrs. America'**

**FEATURES** **OPINION** **Telehealth, Not the ER, Must Be the Front Line in the War on Coronavirus**

**FEATURES** **OPINION** **As Doctors Decide Who Will Die, Keeping Faith With Patients Is Essential**

**FEATURES** **OPINION** **The U.S. Must Provide Health Insurance for All—And This Pandemic Proves It**

**FEATURES** **POLITICS** **Can You Trust the Pollsters to Accurately Predict Trump-Biden 2020 Matchup?**

How can we operationalize these principles for our response to the COVID-19 pandemic?

### **Valuing All Individuals and Populations Equally**

We need to consider how to reach all communities with our life-saving messages of social distancing, frequent hand-washing, stay-at-home orders and symptoms of COVID-19. And we need to enable all individuals to take up these practices. We need to value those who are detained in jails, prisons and immigration detention centers, as well as those who are unhoused, as much as we value people living in senior communities. We need to anticipate all of the needs that exist.



## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

...to value all individuals and populations equally. For example, the decarceration of jailed, imprisoned and detained people who pose little risk to society and are at high risk of death from COVID-19 due to their age or underlying health status. And connection to community resources to support these returning citizens. Or the housing of previously unhoused individuals in available vacant properties. Or at least providing hand-washing stations and opening public restrooms for their use.

Has the lack of women at the top helped cripple America's response to the pandemic? | Opinion

### Do you think the lack of women at the highest level of government has hobbled the U.S. response to Covid-19?

- Yes
- No
- I don't know

Powered by

At the policy level, the most important way to value all individuals and populations equally is by looking at who is at the decision-making table and who is not, what is on the agenda and what is not. When any of us is at a decision-making table, we need to look around and ask, "Who is not here who has an interest in this proceeding?" And then our job is not just to represent the interests of the missing parties, although that may be a necessary short-term strategy. Our job is to create space for them at the table.

Even now, when Congress is working on the fourth COVID-19 rescue plan for the nation, we need to ensure that all voices can be heard in the deliberations.

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

...representative in the long term, and may take over many other critical

Communities of color should not be "sacrifice zones" with regard to the COVID-19 response. One wonders about the decision to disembark infected persons from the Diamond Princess cruise ship in Oakland Bay rather than in San Francisco Bay, noting that Oakland has a much higher population of color. Or about the decision to convert Carney Hospital in the Dorchester neighborhood of Boston to be the country's first hospital devoted to the care of COVID-19 patients, depriving that predominantly black neighborhood of access to other medical services and possibly increasing the risk of infection in the area.

Certainly, the since-abandoned policy proposal to provide lower one-time cash payments to Americans with lower incomes was the opposite of valuing all individuals and populations equally.

At the bedside, decisions about the allocation of life-saving treatments should not be done by the medical professionals directly involved in the patient's care. It is too easy for implicit bias about relative worth based on race or ethnicity, class, gender, language, disability or other characteristics to manifest itself in decision-making when a provider is tired or stressed. If patient prioritization will instead be done by a hospital ethics board, the composition of that board also needs to be examined for balance along axes of difference and power, and community input into the criteria and processes for decision-making should be rapidly sought.

If we really want to value all individuals and populations equally, should we use a lottery system for allocation of scarce resources? At least structured inequity and subjective valuation would be taken out of the decision-making. This is a provocative suggestion. But perhaps the threat of a fair system in which all people would have equal chances at life would stimulate a more rapid production and distribution of life-saving health resources, solving the issue of scarcity.

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

COVID-19 IS WASHING AWAY ANY VENEER OF EQUAL OPPORTUNITY OR RISK, WRITES DR. CAMARA PHYLIS JONES.

ILLUSTRATION BY ALEX FINE; PHOTO BY FS PRODUCTIONS/GETTY

### **Recognizing and Rectifying Historical Injustices**

The principle manifestation of historical injustices during the crisis of the COVID-19 pandemic is how segregation of resources and risks, societal devaluation, and environmental hazards and degradation are written into the bodies of people of color and poor people. The greater health burden borne by these people may not only predispose them to more severe manifestations of the virus itself, but may also disadvantage them in any ethical protocol established for the rationing of scarce health resources. That would be wrong. It would be counter to the health equity principle of recognizing and rectifying historical injustices, putting at double jeopardy those who already bear the brunt of chronic assaults to health. Instead, this principle should lead to the provision of more ventilators and health services in populations with higher pre-existing health burdens.

Recognizing and rectifying historical injustices also necessitates collection and disaggregation of data on coronavirus testing, diagnosis, treatment, and outcome by "race" and ethnicity so that the impacts of those historical injustices can be recognized and addressed.

In the longer term, attention by policymakers to the history of each problem to be solved will always provide useful insight into effective solutions.

Understanding how a knot got tied will always help in untying the knot. The United States population is notoriously ahistorical, thinking that the present is disconnected from the past and that the current distribution of advantage and disadvantage is just a happenstance. The long-term application of this principle will involve the large-scale teaching of our full histories as a nation and a commitment to apologize and make reparations for past injustices, recognizing that they continue to have present-day impacts.

### **Providing Resources According to Need**

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

...to implement it takes a tremendous amount of political will. The first step is to establish a metric of need on which there is wide consensus. In the context of the COVID-19 pandemic, it might be the number of diagnosed cases or indicators of the trajectory of the epidemic (including doubling time and basic reproduction number) in a given jurisdiction. It might include projected number of deaths, projected demands on the health care system, current health system capacity or current levels of resources in an area.

Once a metric of need is established and agreed upon, it would then seem reasonable to take all available resources and distribute them according to that metric of need. However, even in the clear current situation of New York, topping out these measures of need all around, there is not a rapid deployment of national resources to the city. Other jurisdictions are holding on to theirs because of projected need in a few weeks. And the federal government is slow in using its full power to rapidly commission and deploy resources to areas of need. Instead of conducting targeted and fluid mobilization as the pandemic moves across the nation, there appears to be a stance of disbelief and paralysis at the scope of the need.

As often happens, people (and political jurisdictions) never compare themselves to those who have less than what they have. They always compare themselves to those who have more, so they always feel needy. A pre-established metric of need should solve that. But perhaps strong community pressure is also required.

This pandemic will not end in days or weeks. It could be a year, maybe 18 months. By then, the world will have faced immeasurable loss in terms of life. And economies will need to get back into gear. But maybe the lesson that we are all human and all vulnerable will have sunken through to those who feel better than, or removed from, or insulated from the conditions of others.

It is my hope that these three principles for achieving health equity will be useful in guiding decision-making during these treacherous times. But looking forward,

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

*Camara Phyllis Jones, M.D., Ph.D., is the Evelyn Green Davis Fellow of Harvard University's Radcliffe Institute for Advanced Study, a senior fellow at the Morehouse School of Medicine and past president of the American Public Health Association.*

*The views expressed in this article are the writer's own.*

### D MORE

[Who Should Doctors Save? Inside the Debate Over Rationing Coronavirus Care](#)

- [The Psychological Toll of Health Care Rationing Shouldn't Be Underestimated](#)
- [Doctors Are Being Forced to Ration Care. Blame Decades of Poor U.S. Policy](#)
- [Charging Copays and Deductibles During a Pandemic Is Foolish—and Deadly](#)
- [Telehealth, Not the ER, Must Be the Front Line in the War on Coronavirus](#)

---

[REQUEST REPRINT & LICENSING](#) OR [SUBMIT CORRECTION](#) OR [VIEW EDITORIAL GUIDELINES](#)

### SPONSORED CONTENT

by  mgid

---

**67 Yr Old Grandma  
Stunned Doctors! No  
Painful Treatments, Do  
This**

# CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

TRUSTEDPRODUCTREVIEW

## This Story Can Make You Change The Way You Sleep

BLISSY PILLOWCASE

## No Prescription Needed And It's Stronger Than Adderall

MINDTECH

## NY Drivers With No DUI's Getting A Big Pay Day

Do not pay your next car insurance bill until you read this

LIFE360TIPS

---

# Newsweek

© 2020 NEWSWEEK



---

**Editions:** U.S. Edition 日本 Pakistan Polska România

## CORONAVIRUS DISEASE DISCRIMINATES. OUR HEALTH CA...

**Testimony:**

**David A. Perlstein, MD, MBA, FAAP**

**President and CEO SBH Health System (St. Barnabas Hospital)**

I am David Perlstein, and I am a Pediatrician and the current President and CEO of SBH Health System also known as St. Barnabas Hospital.

COVID-19 has impacted all New Yorkers, but some are being impacted more than others. In communities of color across the city, and the country for that matter, the impact of these inequalities is causing an already unlevelled playing field to tip over. Poverty rates in communities of color, such as ours at St. Barnabas Hospital, in Councilman Torres' District, were too high before COVID. This is even more worrisome now with the loss of jobs, school closings, and decreases in support services which are impacting our community at a much higher rate than other communities.

This virus is also killing more people of color. Many say that COVID-19 doesn't discriminate and we are all equally vulnerable, but that doesn't mean it isn't biased. If you are a person of means, with resources, income and savings, you can still get infected by COVID-19; however, you can also weather a prolonged period of quarantine, thereby protecting your family and friends.

I am personally lucky. Before the COVID pandemic, I used public transportation, to get to the hospital, namely the B train, but since the outbreak, I have been driving to work. I have a car. I have that option. I can easily stay more than 6 feet away from others and thus far, I remain uninfected by COVID-19, but it's not so easy for many others.

Highlighting the inequalities are the multitude of videos of wealthy infected Americans quarantining in their homes, with the ability to hide out in their basements, attics, third bedrooms, mother-in-law apartments and vacation homes.

In New York City, especially in poor neighborhoods of color, social distancing and quarantining is a luxury that many cannot afford. In our Bronx neighborhood, most people do not own cars. They often depend on public transportation to get



to work, shop, or just get around, and many cannot afford to routinely take taxis or Ubers. This increases the risk of exposure to COVID-19. Many who live in these same Bronx communities also suffer from such chronic illnesses as heart disease, asthma, emphysema, diabetes, kidney disease and high blood pressure. A significant percentage have service jobs, upon whom we all depend on to deliver our food, clean our buildings, take care of us in hospitals, protect us or transport us around the city. If they get infected, quarantining is not a simple practice, and family members and roommates also frequently become infected.

More starkly, according to the NYC Department of Health's COVID-19 database as of April 28, almost 90% of Bronx residents who died from COVID-19 had underlying health conditions. Compare this to the average rate for the other boroughs of 69%. This is directly a result of poverty and, in large part, this poverty is a direct result of decades of systemic racism that has led to healthcare disparities in our community. In other words, Social Determinants of Health are real.

Before COVID, Bronx County ranked 62<sup>nd</sup> of 62 counties in New York, according to the annual Robert Wood Johnson Report ranking County Health and Wellness. Many of us have spent our careers trying to impact that. It will be significantly harder now.

The human, economic and social costs of COVID are immense. Because of our service area, and the pervasive poverty, most of our patients who are lucky to be insured are covered by government-sponsored health insurance programs, the majority by Medicaid. Even most of our elderly patients, who may be covered by Medicare, are also Medicaid-eligible due to that poverty. This doesn't account for those undocumented members of our community, who despite working and paying taxes receive few if any benefits.

An unfortunate truth is that in the current health care delivery system, St. Barnabas Hospital is not financially viable. This fact is not new, and we have experienced growing negative margins over the past several years, as our revenue has not kept up with expenses. That is a direct result of rising labor and supply costs in a period of flat or decreasing government-based revenue. But just because we are not financially viable, it doesn't mean that we are not essential. We employ over 3000 people, half of whom currently reside in the Bronx. We

also serve as a Trauma Center, Heart Attack Center, Stroke Center, and Behavioral Health Hub, and have large women's and children's programs, as well as very busy substance abuse programs.

Before COVID, our intensive care units were full, and it was hard to find an available hospital bed on our inpatient units, including our psychiatry units. Our emergency department cared for around 90,000 people per year, and our total ambulatory visits numbered about 650,000. We trained 300 residents and fellows and over 300 medical students. We delivered high quality care, almost eliminating all hospital-acquired Infections, and ranked among the top hospitals in quality by Healthfirst. We became the fiduciary for Bronx Partners for Healthy Communities (a part of the Delivery System Reform Incentive Payment Performing Provider System). We are efficient and effective. We are outcomes driven and patient centered.

After COVID, we will face an even worse financial situation. We expanded our inpatient capacity, including quadrupling the number of ICU beds. We are delivering the majority of our primary and specialty care via telephonic visits. We closed our inpatient pediatric floor and detox floors to accommodate our acute medical capacity. We eliminated all elective cases. We stopped receiving interventional cardiac patients to expand our ICU. We have been paying for all of our heroic staff members' meals and covering the cost of their parking and transportation. We have spent over \$7 million on supplies, capital and overtime. The good news is that yesterday we celebrated our 500<sup>th</sup> COVID infected patient discharged from the hospital. The bad news is that we have we have lost over 200 souls to the disease, and we still have almost 50 patients who remain on ventilators. Our staff of heroes has worked tirelessly to take care of patients, and I remain in awe daily.

We also have not remained untouched personally. We have lost at least 5 staff members, including a Doctor, 2 Nurses, an EKG tech and a telecom technician. In our community, however, it feels as if we have lost a generation.

The outlook is not rosy. Due to New York State's budget shortfalls, we were notified in the middle of last month that we were being cut almost \$9 million as a result of Medicaid reforms. In addition, CMS had already been cutting reimbursements to hospitals delivering care to medicaid patient populations.

At present, unless there is a change, SBH faces a 10% operating loss. We may not be alone, but that will not reassure our staff or our patients, or a community that will suffer even more if we are forced to close. Let me state this clearly. The community that has been suffering the most may lose their healthcare provider.

I do not believe that the current healthcare system can survive this pandemic without changes. Poor community hospitals and public hospitals which depend primarily on government payers and especially Medicaid will not be able to make up the losses. Without change, we will not survive, and the safety net we offer our community will also not survive. Without a change in how we globally manage populations and cover the costs associated with that care, there will be no way to improve the lives of our suffering community.

And our community has earned the right to live better. It is unacceptable that we have permitted our communities of color to live without the same guarantees and protections as more affluent ones. We must use this experience to create sustainable programs aimed at addressing the major social disparities which permeate our poorer communities. Housing, physical and food insecurities; and education, income and healthcare disparities must be addressed to ensure that the next pandemic doesn't wipe out the rest of our community. Let us commit to investing in technology that simplifies lives, including broadband Internet access so that our community can benefit from advanced Video-Telehealth services now. Enough of the trickle down effect.

Let's also address income inequality by investing in safe, affordable housing; prioritizing education reform from preschool to college; ensuring access to high quality fresh foods; giving individuals the opportunity to make a living wage; and reforming our prison systems which must include training and education for incarcerated individuals so that when they are released, they can more effectively assimilate back into society.

Let's finally address the disparities by investing in affordable healthcare that is patient-centered and focuses on wellness and prevention for everyone, not just those who can afford it. Healthcare is a right and not just a benefit reserved for some. Let's offer hope and a future to the countless children, teens and young adults who have none.

These are not pipe dreams. We are still the wealthiest nation on earth and we can rethink how we care for each other, given our new understanding of the risks of continuing to ignore our shared vulnerability. Let's not be satisfied with returning to a "normal" that doesn't address these disparities. Let us all dedicate our resources and commit to supporting that change.

**Dr. Perlstein is the President/CEO of SBH Health System.**

References: (links below)

ECONOMIC SNAPSHOT OF THE BRONX

New York State COVID Tracker

NYC Department of Health's COVID-19 database

Community Health Profiles 2018

Robert Wood Johnson 2020 County Health Rankings

[\*Economic Snapshot of the Bronx\*](#)

[\*NYS COVID Tracker\*](#)

[\*NYC Department of Health's COVID-19 database\*](#)

[\*Community Health Profiles 2018\*](#)

[\*RWJ 2020 County Health Rankings\*](#)

Testimony by David R. Jones  
President and CEO  
Community Service Society  
City Council Oversight and Investigations Committee Hearing  
Thursday, April 30, 2020  
COVID-19 Impact on Communities of Color

Good Afternoon –

I am David Jones, President and CEO of the Community Service Society (CSS).

CSS has been around for more than 175 years advocating for the city's working poor and addressing the root causes of poverty through research, advocacy, direct programs, litigation and innovative policy interventions that help low-income New Yorkers get ahead and achieve economic mobility.

Thank you Mr. Speaker, Chair Torres and distinguished members of the Oversight and Investigations Committee for holding this hearing.

Let me state the obvious: New York is in the midst of a crisis that will dramatically change who we are as a city, one that will disproportionately impact lower-income black and brown New Yorkers.

The COVID-19 pandemic has revealed how **underlying racial disparities in access to health care, housing and economic opportunity** determines one's life chances.

Data released earlier this month underscore the pandemic's broader racial context.

Appalling but not unfamiliar, [statistics](#) from the New York State Department of Health found that black New Yorkers have been more than twice as likely to die from COVID-19 than white residents.

More specifically, black New Yorkers represent 28 percent of deaths in New York City and 18 percent of deaths in New York State, despite being 22 percent and 9 percent of the population, respectively;

Latinos, who are 29 percent of the population in New York City and 11 percent statewide, represent 34 percent and 14 percent of the COVID-19 deaths.

If you go to places like Chicago, Los Angeles County, or Milwaukee, the statistics are equally grim. Further evidence that differential death rates track systemic exclusions from labor, housing, healthcare and society-at-large.

People are literally dying based on their income and race. And those deaths track systemic exclusions and privations in terms of jobs, housing, healthcare and society at large.

The underlying issues deserve repeating:

- Structural racism produces negative health outcomes for black and brown New Yorkers.

- Health providers in communities of color are grossly under-resourced.
- State health financing and planning policies privilege hospitals in affluent communities.
- A deregulated health care financing regime coupled with a paucity of state health planning have accelerated the pace of hospital mergers and consolidations – a growing trend in the corporate health care model that places profit over care -- have led to hospital closures in poor communities.
- The ACA and Medicaid -- rightfully credited with cutting uninsured rates *by half* in New York -- are under withering attack by this White House. This comes at a time when many – particularly immigrants – remain without health coverage, go without care because they cannot afford it, and go to overstretched emergency rooms at our cash-starved, bed-deprived public hospitals when needs become critical.
- Essential workers in our city – transit workers, healthcare, grocery and warehouse workers, first responders, childcare, home attendants, postal employees and cleaning service workers, among others -- are disproportionately people of color with higher exposure to the virus.
- The hundreds of thousands of undocumented immigrants in NYC have been ruthlessly excluded from federal aid including pandemic unemployment assistance.
- NYC *is not* reporting COVID-19 race data on a daily or weekly basis. Similarly, the CDC has failed to prioritize

reporting by race and ethnicity making it harder to tailor targeted responses to the pandemic.

Where do we go from here?

In the short term, we must do everything to keep black, brown, and all communities safe.

That includes:

- Ensuring the adequate distribution of personal protective equipment (PPE) and disinfectant to community members, businesses, NYCHA residents and workers;
- Ensuring that testing resources are prioritized and targeted for those zip codes with the highest rates of morbidity and mortality (i.e. the outer boroughs).
- Providing more funding and support for H+H facilities, which is on the front lines of the pandemic
- Making grants and no interest loans available for community businesses to purchase equipment and make modifications for safe operations;
- Making COVID-19 medical treatment, not just testing, free of charge;
- Establishing a moratorium on rent and mortgage payments for those directly impacted by the pandemic.

It's also clearly the time for the state to look at all revenue generators, and not use this crisis as a convenient excuse for extreme austerity. A "pied-a-terre tax" and a "[stock transfer tax](#)" – which has been proposed by several lawmakers -- should



be on the table. Taxing the ultra-rich is controversial, but this is the time for state legislators in both houses to stand up, and show leadership at this critical moment when communities are hurting.

Over the longer term, we need to treat this crisis as an opportunity to rebuild and reimagine systems and institutions that are not serving communities.

In short, we need a new social contract that provides for what people need to live – **housing, healthcare, education and living-wage employment** with essential standards like paid leave, predictable schedules and the right to organize.

These should not be considered “amenities” to be secured by class, race, or citizenship status – but rights.

### **City Council Coronavirus Legislation**

I commend the City Council for proposing several bills to aid and protect New Yorkers during this pandemic. Particularly legislation extending Paid Sick Days for gig workers, and other independent contractors, as well as prohibiting the firing of essential workers without just cause.

Related to that, we need to strengthen the safety-net and ***permanently*** fix holes, especially for immigrants and non-traditional workers.

### **Bill for Public Education Campaign to Raise Awareness of Paid Sick Leave**

Our recent *Unheard Third* poll tells us that there is a need for more public outreach to inform New Yorkers of the benefits available to them. It suggests that most workers are probably unaware of the federal CARES Act and its benefits, including: 80 hours of paid sick leave; or that State COVID-19 sick leave fills some of the holes in the federal bill and provides 14 days of job protection and pay during periods of quarantine or isolation regardless of employer size.

As the City and State move to more testing, contact tracing and away from self-quarantine, these benefits will become increasingly important, especially for essential workers. But many, if not most, workers are not aware of even basic NYC paid sick days rights, let alone the new federal and state provisions. The New York City law goes beyond most local and state sick leave laws to say that sick leave can be used when businesses, schools or day care are closed because of a public health emergency.

A bill before the City Council would require the City to create posters on Paid Sick Days to be distributed at pharmacies, which will now be involved in COVID-19 testing, informing the public about their right to sick leave that could now be extended to describe temporary federal and state COVID-19 sick leave as well. *Pass this bill.*

## **Housing**

COVID-19 is putting tremendous pressure on city and state budgets.

The mayor is proposing huge cuts to the capital budget for affordable housing. And he proposed totally eliminating summer youth employment, rather than reimagining it as a remote training experience. These are two examples of exactly the wrong cuts.

When the moratorium on evictions expires in mid-June -- or later if extended -- we are going to see a major spike in evictions. As an interim step, the city should be considering some form of rent relief right now that is universally available and easily accessible to anyone impacted by COVID-19. This includes undocumented New Yorkers.

At the same time, the city and state need to develop programs that allow mission-driven nonprofit developers, or tenants themselves, to acquire multi-family properties that come up for sale -- or go into foreclosure -- during the pandemic-related economic downturn. Programs should be augmented by law that give tenants, nonprofits, or the city the right of first refusal, paired with targeted funding to support acquisition.

The NYC Public Advocate has proposed the repurposing of vacant and abandoned buildings for the long-term permanent housing needs of the homeless and low-income New Yorkers. This is something worth considering.

## **NYCHA**

NYCHA residents have also been deeply impacted by this pandemic. The data on cases and deaths has not been tracked, and should be, to target assistance.

As you know, the federal CARES package provided \$685 million for public housing to cover increases in operating costs due to the pandemic -- sanitizing, outreach, protective equipment, etc. That may not be enough to cover the short-staffing at NYCHA developments even before the outbreak. To allow NYCHA to staff up to the need -- and make up for recent severe staff cuts -- the city and state should consider resuming the operating subsidies they terminated 20 years ago. NYCHA needs to streamline the process and increase its capacity to respond quickly to the requests.

Residents can apply for an interim income recertification to reduce their rents accordingly (set at 30 percent of income). But it can take months to approve the requests. We have already heard that recertification requests are already 20 percent higher than last year.

## **Healthcare**

As I stated earlier, when it comes to healthcare resources, we must prioritize testing for those communities with the highest rates of morbidity and mortality. And support our public hospitals which are on the frontlines of this pandemic. We also should protect funding for community-based initiatives like the Managed Consumer Care Assistance Program – MCCAP, and Access Health, that are best positioned to reach and connect low-income communities of color to healthcare resources.

The city should also leverage resources being offered through Bloomberg Philanthropies to provide support to CBOs to do contact tracing and that have program models proven to be effective at addressing structural racism and social determinants of health and other risk factors associated with chronic health conditions (e.g., diabetes, hypertension, asthma) that affect low-income, communities of color disproportionately.

Finally, we should continue expansion of H+H's NYC Care program to Queens and Manhattan as soon as possible, providing funding for CBOs to do outreach, and including community health centers, which provide quality healthcare services to many vulnerable communities, as part of the program.

## **Diversify the Economy**

A lot of attention and energy is being placed on how we open the economy in a safe way. How we restore confidence in New York as a business center. That's important for obvious reasons.

But we must invest the same energy towards addressing structural inequities and strive to create an economy that shares prosperity across income groups.

To that end we need to figure out how to raise labor standards for gig workers who make up a growing share of the low-wage workforce. And those who have been left out of the economy and hit the hardest by the health and economic implications of the pandemic, including people with conviction histories and those released from jails and prisons to avoid pandemic spread.

Some of the questions we need to pose are:

- What are the needs of the city's homegrown millennials who have been left behind by largely better-educated newcomers to the city who compete for jobs and housing? They represent a disproportionate share of workers in low-wage service industries like retail and restaurants that have been decimated by the pandemic.
- What is our plan for helping them get ahead when the economy comes back?
- If tourism and retail are slow to recover, where will the new jobs be? How can we diversify our economy to be more resilient?

As we look at growth sectors for jobs that pay a living wage, including tackling our long-neglected infrastructure through a public works programs, we need to draw on New Yorkers' talents, skills, and dedication, and specifically include individuals with conviction histories.

The city will need to spend tens of billions of dollars to invest in our transit system and upgrade public housing. We need to leverage these opportunities to develop good jobs for people without a 4-year college degree. But before we do that, we need to create a pipeline of training and hiring to connect the people in need to these jobs.

When competition for jobs ramps up, and we know it will, we must make sure that people with conviction histories are given a fair chance, that systems are in place to guard against discrimination and biased job denials, and that criminal record status not be used as a knee-jerk – and illegal – sorting mechanism to keep people from the opportunity to earn a living.

During the Depression, Congress enacted New Deal programs like the Works Progress Administration (WPA), recognizing that the economy is fueled from the bottom up. We need this kind of broad vision and wide-ranging programs if we are to recover as a nation.

Yet today, instead of resources, the federal government – and at times the state and local government – have given people austerity. Austerity cannot form the basis of the new social

contract we so desperately need if we are to climb out of this. Austerity cannot be the answer to a history of assigning life chances by race and income. We can and must do better. We owe it to everyone who makes this city whole, including those we needlessly, cruelly lost due to poor planning and biased decision-making. Leaving people of color out in the cold – to die – must stop, and real change begin.

Thank you.



Diana Hernández, PhD

### **Introduction**

Thank you Speaker Johnson and members of the City Council. Chair Ritchie Torres, thank you for organizing this historic hearing and bringing awareness to this issue rather early in the process given that disparities are commonly an afterthought, and it is my hope that this hearing will seed ideas for the way forward.

I am an Assistant Professor of Sociomedical Sciences at the Mailman School of Public Health at Columbia University and an appointed member of the NYC Environmental Justice Advisory Board.

I am honored to share my perspective on COVID disparities as a sociologist and academic researcher who focuses on the social and environmental determinants of health and someone who is deeply committed to health equity. My community-engaged work has been based in the South Bronx where I grew up and now live.

### **Background**

As this pandemic unfolded, we initially thought that age was the key vulnerability. But in the US the endurance of the color line is, in fact, the proven susceptibility. The manifestation of the COVID color-line is based on race, place, socioeconomic position and health status. It was Frederick Douglas that first mentioned the color line in an essay in 1881, it was repeated by W.E.B. DuBois in the early 20<sup>th</sup> Century as he documented health and social disparities affected Blacks in the U.S. In this most recent example, it may well be that history will show that the color line will define the COVID-19 pandemic in the US, especially here in New York City.

My comments today are in three parts. First, I will provide facts about the disparate COVID impacts based on available data. Second, I will offer perspectives on factors that have contributed to these disparate impacts that range from socioeconomic conditions to health and healthcare disparities. Lastly, I will offer some considerations as we plan the way forward.

*[Disparate Impact, Disparate Risk factors, Disparate Access and Availability of Resources]*

#### *Disparate Impact:*

COVID-19 is exposing and exacerbating existing health and socioeconomic inequalities in our society and especially in our city. This statement is substantiated by several facts.

## The Disparate Influence of COVID-19 on Communities of Color in New York City

### FACT 1.

Black New Yorkers are **2x more likely to die** of COVID-19 than their White counterparts;  
Hispanic New Yorkers are 1.8x more likely.

### FACT 2.

The Bronx and Queens have **1.9x and 1.7x** higher COVID-19 death rates than Manhattan, respectively.

### FACT 3.

Hypertension, diabetes, and obesity are **2.4x-8x more prevalent** in the Bronx compared to the Financial District, Greenwich Village, and SoHo

### FACT 4.

In NY State, the top 3 comorbidities for COVID-19 are:

1. hypertension
2. diabetes
3. hyperlipidemia (associated w/ obesity)

Data from NYC DOH & NY State DOH. Rates measured per 100,000 population.  
Analysis by M.E. Martinez, Assistant Professor, Columbia University Mailman School of Public Health. Data current the week of April 27<sup>th</sup>.

- In the context of COVID- “social distancing has been “aspirational, at best” due to crowded housing, reliance on public transportation, jobs on the frontlines, risks that are not equally distributed due to labor market and housing discrimination entrenched in racism.

We have seen primary and secondary impacts of the pandemic alike:

- Primary- illness from infection (some with potentially lasting effects) and premature death
- Secondary- mass trauma from compounding losses including mourning from premature, sudden and unceremonious deaths, economic and wage losses, academic/learning losses, a severe mental health toll and social emotional impacts, losses of a sense of normalcy, identity, safety and security as we face uncertain times in the recovery period ahead.

### *Disparate Underlying Risk Factors:*

The fact is that these impacts are a function of disparate risk factors related to chronic health disparities, access to care and socioeconomic conditions. Using the Bronx as an example, where the death rate is highest in the City, I will zero in on my community. According to the DOHMH’s community health profiles, we have among:

- the highest unemployment rates, the highest poverty rates, high rent burden and significant food insecurity. Many in my community are also precariously employed and unstable in their housing. We are also exposed to a disproportionate amount of air pollution and housing maintenance defects.

- As far as healthcare outcomes- we have among the highest uninsured rates in the City, a high rate of avoidable hospitalizations among adults and children, many lack a regular provider and encounter overwhelmed medical facilities.
- As described above, disparities in chronic health conditions such as hypertension, diabetes, disproportionate smoking rates stemming from a saturated tobacco retail landscape.

#### *Disparate Healthcare Access and Resources*

- Limited Access to healthcare resources such as testing and clinical care has also been severely unequal
- Many symptomatic people have been turned away from testing and care, at times facing their untimely deaths due to delayed or denied care
- Resources were also not matched to demonstrated needs in the most impacted communities, which also happen to be those most at risk.

Looking ahead, I offer ideas about COVID-specific measures and support for the safety-net, ensuring better health in communities and focusing less on resilience and more on security:

1. COVID-specific-
  - Data Transparency- it's an uncomfortable reality but it is a first step in addressing the unequal truth. Information should be provided to the public with attention to race/place disparities (currently only available by gender and age on the DOHMH website) and available on the NYC data portal for researchers to use in a timely fashion.
  - Addressing misclassification of infection and deaths- ensuring that folks are properly counted in this epidemic is key to understanding the true epidemic.
  - Universal testing including antibody testing and hotspot testing in the most impacted and most-at risk communities
  - Prioritized Vaccine Access
  - Access to PPE to all residents, as appropriate and commensurate with risk and degree of protection needed, including the distribution of masks and hand sanitizer
  - Community engagement- ensuring that people most impacted are meaningfully engaged that communication effectively reach various populations tending to language and literacy-access issues.
2. Supporting health and well-being in communities of color and low-income communities
  - A focus on physical health, mental health and preventive healthcare are critical
  - We have witnessed time and again, that people of color die at disproportionate rates not of a flawed biology but because of underlying conditions that reflect how racism and discrimination gets under the skin and manifest themselves in chronic health conditions that reflect failures in policies and practice that are historically rooted. The way forward must include a fortified baseline, so that those most affected this time around are stronger and better-off before the next

one, so that difference in the future is marked by an unusual suspect- not just race, place and socioeconomic disadvantage.

3. Support for the safety-net—As of today 30 million Americans have filed for unemployment benefits. Moving forward, we need a more comprehensive safety net that is wider and deeper-
  - Prior to the crisis, countless residents were food insecure, housing insecure, energy insecure, subjected to a persistent digital divide.
  - At the city, state and national level, we need to go beyond moratoriums to assist individuals with rent and mortgage relief, utilities bill assistance, quality and affordable food access, telecommunications and wifi service access as well as healthcare insurance. These provisions are critical for enabling secure and connected households rooted in a modern understanding of basic needs.
    - These forms of assistance should not just be based on prior income but also include those affected by COVID wage losses because there are many people who newly find themselves in need and should be supported on the basis of their current circumstances, not just their previous earnings.
    - Ensuring that affordable housing providers need additional supports since they house the most highly affected members and also the most vulnerable to housing displacement
  
4. Focus less on resilience and more on security
  - Emergency and disaster contexts are often followed by rhetoric about resilient communities. That assumption is problematic because bouncing back to social, economic and health positions that were so precarious and unstable to begin with are not places to return to. Instead, our communities need to emerge better, stronger, and more secure. Those most affected also need to be elevated in their baseline conditions, they need to be provided the opportunity to lead more dignified lives and be better able to survive this and future calamities.

## City Council Oversight Hearing

PRESENTED BEFORE:  
THE NEW YORK CITY COUNCIL  
COMMITTEE ON OVERSIGHT AND INVESTIGATIONS

PRESENTED BY:  
ELIZABETH CLAY ROY  
EXECUTIVE DIRECTOR, TAKEROOT JUSTICE

APRIL 30, 2020

My name is Elizabeth Clay Roy, and I am the Executive Director of TakeRoot Justice, a social justice, legal services organization that serves over 2000 clients and dozens of partners across New York City each year. We believe that community organizing should be at the center of any effort to create systemic change. TakeRoot Justice has a long history of partnering with grassroots and community-based organizations that build leadership and power within New York City's low-income communities, particularly communities of color and immigrant communities.

I want to thank the Oversight and Investigations Committee and City Council for this important hearing and your leadership by listening to community voices.

Thanks to publicly available, disaggregated data on the impact of COVID-19, we all know that the death and infection rate of Black and Brown New Yorkers is higher than average, and this is part of a nationwide pattern. Low-wage workers in NYC have been disproportionately affected by the economic and health impacts of COVID-19. They constitute a large portion of the workforce now deemed "essential," and continue their jobs often at great risk to themselves and without proper access to protective equipment or health care.

Two centuries of public health research show that the most basic influences on health are people's living conditions —their housing, education, and working conditions and their access to clean air, water, nutritious food and affordable health care. In the past, epidemics of cholera, yellow fever, tuberculosis, and influenza struck the poor much more often than the better off. What we are learning is that in 2020, with our advances in knowledge, technology and societal wealth, is that we haven't yet made enough progress toward health equity.

There are deep-seated inequities that disproportionately affect many communities of color including higher rates of chronic diseases, lower access to health care, lack of paid sick leave, lack of or inadequate health insurance, income disparities, any of which could heighten the effects of a crisis like the coronavirus outbreak.

Let's use what we know about the social determinants of health for a just and equitable recovery. To make health equity a reality in the months ahead requires government agencies, nonprofit and private organizations and communities to work together across sectors to improve health and reduce inequality.

We recognize that the City's health department and the City Council has paid attention to health equity, but this is a collective challenge, a collective risk and requires a collective impact solution.

What is our societal corollary to personal protective equipment that is crucial for us to prevent and recover from this virus? What are the community level actions we can take to ensure those at greatest risk stay well? The following is part of a list of the **public protective infrastructure** that our society needs:

1. **Housing:** Housing is a human right one of the most important public health interventions. New York State's own Department of Health has seen housing interventions have a strong, measurable impact on reducing inpatient hospital stays and emergency room use. Persistent mold and pest issues in apartments, and poor building maintenance have contributed to longstanding respiratory illness for many New Yorkers. As NYCHA tenant leaders and TakeRoot Justice clients Ms. Lakeesha Taylor and Ms. Saundra Coleman wrote in their Daily News op-ed today: "Tenants regularly experience water outages and hot water disruptions, making handwashing and proper disease prevention difficult. Frequent, extended elevator outages make social distancing impossible." All landlords must make rapid and consistent repairs to keep their tenants safe, and tenants need access to counsel more than ever to ensure their rights are respected.
2. **Housing Stability:** Black and Hispanic/Latinx New Yorkers make up 89% of those who were homeless at the beginning of this year. Affordability is the central issue- and we need a rent freeze. We need to ensure that homeless New Yorkers all have a place to live, consistent with social distancing guidelines, as quickly as possible and strengthen protection for renters in the midst of this health crisis to prevent thousands more New Yorkers joining them.
3. This is quite possibly the end for thousands of businesses that are owned and staffed by people of color. This loss of jobs, income and wealth will be devastating and deepen the health risks of poverty for years to come. New York City should expand on its existing grants and loans to create an emergency relief fund for small business owners, worker

cooperatives, employees, street vendors, and independent contractors to cover lost revenue and wages.

4. Social cohesion and civic engagement are social determinants of health- along with perceptions of equity. Community organizations play a critical role here. Grassroots, neighborhood based, Black, Brown and immigrant-led organizations that have emerged in the last few years are a great risk of closing down as their members and community supporters cannot afford to support them. But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for a small percentage of the city budget. Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding. Instead of cutting discretionary funding, we join others in calling on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration and no retroactive cuts. We also support federal funding that directly impacts the hardest hit neighborhoods by this global crisis.
  
5. Improving health also requires improving democracy – finding ways to bring community residents and organizations into the planning, implementation and evaluation of the policies and programs that affect their well-being. Public health evidence shows that policies and programs that include the wisdom and insights of the people most affected by the problem to be solved are more likely to be effective, accepted and sustained. Elections, participatory budgeting and public input must adapt and continue.

Finally, I would encourage the Council to adopt a Racial Equity Impact Assessment Guide for budget and policy decisions going forward.

TakeRoot is supporting a just recovery with the following work:

### **Tenants' Rights**

We work side-by-side with tenants as they fight against gentrification to demand better living conditions, affordable rents, and a voice in the policies that shape their neighborhoods.

*In this moment:* The clearest need right now is housing, so that people can shelter in place safely in their homes during the pandemic. Our Housing Team has buckled down and worked harder than ever. We just launched a new Response Hotline that is fielding questions about: evictions and inability to pay rent, public benefits and unemployment benefits, commercial rent, COVID-19 related issues about court and agency closures and changes to the law, housing court cases, and consumer debt issues. In addition to offering direct resources and brief legal advice, we will track community member needs and emerging patterns.

While we helped fight hard for the eviction moratorium, we already are planning for what to do when it lifts. We've created strategies for dealing with interruptions to repairs and maintenance,

and strategies for defending against COVID-19-cased eviction cases, for example rent arrears caused by lost income. We're also looking towards new crisis-related government benefits (none exist yet, but they're coming and people will need to learn how to screen for eligibility and apply for them).

### **Workers' Rights**

TakeRoot's workers' rights team combats workplace exploitation & violations against workers who assert their rights under labor laws.

*In this moment:* In response, the Workers' Rights Practice has expanded our representation to include workers whose applications for unemployment and pandemic unemployment benefits have been denied, and require appeals, as well as an increased focus on emergency sick leave cases. We know that health and safety at the workplace are critical issues for essential workers, and we will continue to provide guidance on these issues.

### **Capacity Building**

The Capacity Building Team believes that the shared control of resources and wealth is a key component to a just society.

*In this moment:* Our Capacity Building and Equitable Neighborhoods teams are working closely with small-business owners and worker-owned cooperatives on commercial rent abatement and establishing governance and regulatory structures for mutual aid societies so that people can get back on their feet with the help of engaged communities.

### **Consumer Justice**

Through free resources including legal clinics, community education, consumer advocacy services and legal representation and services, the Consumer Justice team builds community strength and financial empowerment.

*In this moment:* The specific strategy that is aimed to keep us healthy in this pandemic – staying at home – leaves many women at greater risk of intimate partner violence. Economic abuse is one of many means that abusers use to control and manipulate their partners, often coercing their partners into extreme debt to maintain control and power. Once a survivor's credit is ruined, it adds significant challenges in her ability to rebuild her life.

Our Consumer Justice team is working with survivors of domestic violence by helping them untangle their economic ties to abusers and consumer debt incurred through financial abuse as a tool of control. We are creating and disseminating Economic Rights Fact Sheets for Survivors and Advocates and increasing legal advice and representation for clients in the coming months. We will continue to share these resources through long-time and emerging community partners.

### **Equitable Neighborhoods**

TakeRoot Justice Equitable Neighborhoods practice works with grassroots groups, neighborhood organizations and community coalitions to make sure that people of color, immigrants and low-income residents are not ignored or pushed out in the name of "progress." In this moment: Offering resources for NYCHA tenants and organizers about how to ensure critical repairs are made and helping community groups navigate community planning.



**Immigrants' Rights**

We believe in the freedom of movement and migration for all people. The Immigrants' Rights team finds creative ways to use and change the law in order to build power in immigrant communities of color.

*In this moment:* We continue to work with immigrant communities from all over the world, including many undocumented people, as well as formerly incarcerated people to ensure that vigorous legal defense continues, even as the courts go virtual.

When it comes to addressing COVID-19, we are all only as safe as those members of our community who are most at risk. Through unity – in community – we can overcome what lies ahead. We must commit to a level of public protective infrastructure that reduces the severity of this health crisis and reduces its opportunity to return.

Testimony re: Oversight – Disparate Impacts of COVID-19 on Communities of Color  
Submitted to  
NYC Council, Committee on Oversight and Investigations

Submitted by  
Frankie Miranda  
President  
Hispanic Federation

April 30, 2020

Good Afternoon. My name is Frankie Miranda and I am the President of Hispanic Federation. I would like to thank Speaker Johnson, Chair Torres, and committee members for bringing us together today to discuss the disparate impact that COVID-19 is having on communities of color.

The COVID-19 virus is laying bare the devastating racial and ethnic inequalities that hover over our city. The legacy of structural discrimination – highly segregated and unequal public education, substandard housing and healthcare, grinding poverty – are putting our people most at risk of catching and dying from this virus.

The impact of COVID-19 on Latino communities in New York City is staggering. Data from the New York City Department of Health shows that the virus is killing Latinos (and Blacks) in the five boroughs at twice the rate that it is killing Whites. Official public health data is just now accounting for the hundreds of men and women who have died of the disease in their homes. Indeed, when the worst of the crisis subsides we will find that significant numbers of Latino New Yorkers, especially those whose immigration status was unsettled, avoided hospitals out of fear of incurring costs of care or falling victim to the anti-immigrant enforcement actions of the Trump administration.

The economic impact of the pandemic is felt in special and difficult ways in Latino households across the city. Latinos and immigrants are less likely to have jobs that allow them to work remotely or abide by social-distancing rules. They are also more likely to suffer from food insecurity and lack health insurance. The economic impact of this pandemic on the Latino community will be nothing short of devastating. Because Latino workers are overrepresented in front-line service sectors of the economy, they make up a sizeable portion of the newly-unemployed. Many of our people who remain employed form the backbone of what is now considered the “essential” workforce – grocery store staff, cooks, caretakers, cleaners and



delivery workers. They are putting themselves at the frontlines of the pandemic but are barely scraping a living. They are also much more likely than their peers to operate mom-and-pop small businesses that run on extremely narrow margins. A recent national survey conducted by Latino Decisions found that an astonishing 65 percent of Latino households in the United States had faced a job loss, reduction in hours or wages, or the loss of their source of self-employment.

To make matters worse, there are massive holes in the pandemic safety net, especially for the undocumented, mixed-status families, and people related to an undocumented immigrant, whose jobs are disappearing, who are not eligible for unemployment insurance, who have no company-sponsored health insurance to rely on, and who won't be receiving support from our federal government.

Hispanic Federation's network of 150+ Latino community-based organizations, over 60 of which are located in New York City, are front-line service providers for our neighborhoods and communities. The work they are doing today – and are committed to doing over the coming weeks and months – will be essential for us to get through this public health crisis.

If we are to effectively address this unprecedented crisis in Latino neighborhoods in NYC, we must make sure that Latino community-based organizations are front and center when it comes to resource allocation and interventions directed at our state's most affected populations. Our nonprofits are deeply embedded in our neighborhoods, providing frontline health and human services to millions of Latino New Yorkers. They also serve as economic engines, employing tens of thousands of people.

Since day one, nonprofits felt the brunt of the harmful economic effects of the COVID-19 pandemic while providing services to those most effected by the current health crisis. Our underfunded and over stretched organizations are working night and day to provide for communities of color across New York City. Due to overwhelming needs within their communities, they've begun providing services that they were never built to provide. Day laborer centers have become food distributors, immigration service providers are assisting people with unemployment applications, and the list goes on. Our agencies have quickly adapted to provide direct services with minimal contact and minimal resources (funding and personal protective equipment (PPE)) and when society can once again convene, our organizations will be on the front lines helping people rebuild their lives.

As president of Hispanic Federation, I have had numerous conversations with executive directors who are on the verge of closing their doors – organizations that have been pillars within their communities for decades. As trusted organizations, they effectively serve the most vulnerable populations in our city and keep millions of our residents afloat financially, socially and mentally.

Our city's nonprofits provide families with food and clothing, help people gain skills to become employed, help homeless families find shelter, assist families in obtaining health insurance and maintain healthy lifestyles, and provide countless other services that are heavily relied upon. In short, nonprofits make our communities stronger not only by providing needed services but also by serving as engines of economic activity.

Not only are our nonprofits crucial to the social well-being of the city, but we also play a substantial role in the city's economy. Nonprofits alone account for 16% of the private workforce, compared to 10% nationally. The community-based organizations we proudly represent employ thousands of professionals and support staff across our five boroughs: from social workers and immigration lawyers to after-school program staff and health navigators.

As the COVID-19 unemployment crisis grows, New York City must work to protect nonprofits and save critical service providers from succumbing to the economic downfall experienced in the past. The 2008 Great Recession caused America's nonprofit sector to suffer, especially those smaller nonprofits that are critical service providers within their communities. In fact, between 2008 and 2010, 13.5% of the nation's public charities closed. We must learn from the past and make sure the same mistakes are not made again.

Thank you for your time. Hispanic Federation is here to serve and is happy to work with the New York City Council to protect Latino New Yorkers and the nonprofits that serve them.



**WRITTEN TESTIMONY**  
**New York City Council Committee on Oversight and Investigations Meeting April 30, 2020**

**Disparate Impacts of COVID-19 on Communities of Color**

**To:** The Honorable City Councilmember Ritchie Torres  
**From:** Japanese American Social Services, Inc.  
**Date:** April 30, 2020

Dear Councilmember Torres,

Thank you for your leadership to address the disparate impact of COVID-19 on communities of color in New York City. While we defer to public health experts on the social determinants of health and environmental drivers contributing to the disproportionate impact of COVID-19 on communities of color, we join in our city's concern and call for resources and attention to the fact that Black New Yorkers are twice as likely to die from COVID, and fatalities among Latinx New Yorkers are the second highest in the city.

One issue of concern fully in the power of the City Council to address is Council discretionary funding. We know the city is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However **any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on smaller organizations serving communities of color.** Grassroots organizations led by and serving communities of color often do not have the organizational capacity to engage in the onerous City agency RFP process.

Asian-led organizations like JASSI provide the most effective culturally competent and language accessible services that have the most impact on addressing the needs of our community. As the challenges our community faces are exacerbated by the COVID19 pandemic, these services are even more critical.

Since the COVID-19 pandemic crisis JASSI has been flooded with health insurance inquiry calls, especially associated with the loss of insurance due to termination of jobs because of the COVID-19 outbreak. JASSI has been providing and disseminating in-language critical information about new developments in the context of this pandemic, helping clients get health insurance coverage, or re-enroll, which is so vital right now. JASSI has also been contacting our senior clients to make sure that they are safe and in good health to reduce their anxiety in the COVID-19 crisis.

We hope that New York City Council will agree that the scopes of JASSI's work before and after March 22 is essential for Access Health Initiative and Senior Support Program with which JASSI has contracted.

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for **reimbursement for work done after March 22** have us concerned as most of the

**Board President:** Ryoko Mochizuki, CBP, CCP, CPA, MBA, Esq., *President of Law Office of Ryoko Mochizuki & Associates LLC (LORMA)*; **Board Treasurer:** Sayaka Araki, CPA, *The Noguchi Museum*; **Board Secretary:** Mayumi Iijima, Esq., *Law Offices of Mayumi Iijima, P.C.*; **Board of Directors:** Asako Aiba, Esq., *Manager - Legal Division, MST America Inc*; Hiroko Hatanaka, *Former V.P. of IW Group*; Monica Jenson, *KPMG LLP*; Yoshio Kano, *Executive Secretary of Japanese Medical Society of America, Inc.*; Tazuko Shibusawa, Ph.D., LCSW; Sayaka Takeda, *Nomura Research Institute America*; Narumi Yoshida, CPA/PFS, CFP®, EA, *Hara Yoshida Accounting / Yoshida Wealth Management, Inc.*; **Honorary Board Member:** Sato Iwamoto, MSW **Advisory Board:** Hideo Dan, Attorney at Law; Richard Hara, Ph.D., *Lecturer of Columbia University School of Social Work*; Yoko Naka, MSW; Kanako Okuda, MSW, LCSW, *Director of Field Education at Hunter College Silberman School of Social Work*; Kozo Osaki, CPA; **Staff:** Chiya Ikemi, MSW, *Interim Director*; Aya Fiskaa, *Grant and Outreach Coordinator*; Ai Iguchi, MPH, *Community Health Navigator*; Mizue Katayama, MA, *Senior Program Manager*; Yoko Yoshida, *Administrative Assistant*



organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for **0.42%** of the city budget. **Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding.** Instead of cutting discretionary funding, we call on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end. These concrete actions the Council can take will support community based organizations led by and serving those most impacted by COVID-19.

Thank you.

Hiroko Hatanaka  
Member of the Board of  
Japanese American Social Services, Inc.





## New York City Environmental Justice Alliance

166A 22nd Street, Brooklyn, NY 11232 | [www.NYC-EJA.org](http://www.NYC-EJA.org)

On the ground – and at the table

### **New York City Environmental Justice Alliance testimony to Committee on Oversight and Investigations on Disparate Impacts of COVID-19 on Communities of Color.**

My name is Jalisa Gilmore and I will be testifying on behalf of the New York City Environmental Justice Alliance. Founded in 1991, NYC-EJA is a citywide network of grassroots organizations from low-income communities and communities of color in environmentally overburdened neighborhoods.

The negative health outcomes of COVID-19 closely mirror the racial and economic disparities that environmental justice communities have faced for decades. Disproportionate siting of polluting infrastructure in low-income communities of color, have resulted in higher levels of chronic illnesses, increasing susceptibility to COVID-19. We are seeing these same communities are being hit hardest by the coronavirus pandemic.

In NYC, African Americans and Latinos represent higher rates of fatalities than their representation in the population. COVID-19 testing and resources needs to be prioritized in low-income communities and communities of color.

Research is showing that higher levels of PM<sub>2.5</sub> are associated with higher death rates from COVID-19, and that small decreases in pollution could have resulted in fewer deaths in NYC. While worldwide air pollution has been decreasing, it's unclear how this is changing in EJ communities, that currently endure the highest levels of air pollution. NYC cannot afford to follow the lead of the federal administration and allow polluters to suspend pollution monitoring and reporting.

It's likely the COVID-19 crisis will extend through the summer months. Many communities most impacted by COVID-19 are also the most heat vulnerable. Residents without access or funds to utilize air conditioning will be at the greatest risk for heat mortality. The NYS Home Energy Assistance Program (HEAP) needs to increase funding for AC purchases, provide utility bill assistance, and ensure all low-income households are eligible. Additionally, the City should proactively begin purchasing ACs so that units can be distributed to the most vulnerable residents. NYC must also develop a plan for mitigation strategies for preventing the spread of the virus within Cooling Centers.

Furthermore, extreme heat puts increasing strain on our energy grid, causing the most polluting power plants in environmental justice communities to be fired up, worsening air quality and increasing electricity costs. NYC must invest in resilient, clean and distributed energy to reduce strain on the grid.



NYC must also prepare for a possibly more active than usual hurricane season coinciding with the coronavirus pandemic. Superstorm Sandy damaged and disrupted critical infrastructure and services, and demonstrated the vulnerability of low-income communities of color. Furthermore, emergency shelters and hurricane evacuations may be complicated by social distancing orders.

Similar to climate change, COVID-19 is exacerbating already existing racial inequalities. COVID-19 is decimating our economy, and the widespread job loss and trauma for many people will continue to grow. Climate solutions will create direct opportunities for coming out of an economic collapse and address health disparities, but only if there is large-scale, coordinated citywide action rooted in equity. For more detailed recommendations of climate solutions, please visit NYC-EJA's website to review our Earth Day report "**NYC Climate Justice Agenda 2020: A Critical Decade for Climate, Health, and Equity.**"

<https://www.nyc-eja.org/campaigns/community-resiliency/>



For Immediate Release: 4/29/2020

GOVERNOR ANDREW M. CUOMO

**SECRETARY TO THE GOVERNOR MELISSA DEROSA ISSUES REPORT TO GOVERNOR CUOMO OUTLINING THE COVID-19 MATERNITY TASK FORCE'S INITIAL RECOMMENDATIONS**

***Governor Accepts Task Force Recommendations in Full***

***Recommendations Include Measures to Diversify Birthing Site Options and Support Patient Choice; Extend Period of Time a Healthy Support Person Can Accompany a Mother Post Delivery; Mandates Testing of all Pregnant New Yorkers; Ensures Equity in Birthing Options; Creates of an Educational Campaign; and Reviews of the Impact of COVID-19 on Pregnancy and Newborns with Special Emphasis on Reducing Racial Disparities in Maternal Mortality***

***Based on Task Force Recommendations, Governor Issues Executive Order Allowing for Immediate Establishment of Additional Birthing Surge Sites***

***The Task Force's Full Report is Available [Here](#)***

Secretary to the Governor Melissa DeRosa today issued a report to Governor Cuomo outlining the COVID-19 Maternity Task Force's initial recommendations. Governor Cuomo has accepted these recommendations in full. The recommendations include measures to diversify birthing site options and support patient choice; extend the period of time a healthy support person can accompany a mother post delivery; mandate testing of all pregnant New Yorkers; ensure equity in birthing options; create an educational campaign; and review the impact of COVID-19 on pregnancy and newborns with special emphasis on reducing racial disparities in maternal mortality. The task force's full report is available [here](#).

"In the midst of this pandemic many women are struggling with additional stress and anxiety caused by the uncertainty of this virus and how it might affect their pregnancy or birthing plan," **Governor Cuomo said**. "I'm grateful to the task force for their quick work, and I am accepting all their recommendations which will help tackle the problems that so many women are facing and ensure safer, healthier pregnancies for all."

"COVID-19 has caused enormous stress for women and expecting parents who are preparing to bring a child into this world in the midst of this global pandemic," **Melissa DeRosa, Secretary to the Governor and Chair of the New York State Council on Women and Girls, said**. "I am proud that during these uncertain times, New York is leading the way in ensuring laboring mothers are properly supported and safely cared for. The policies being advanced today will be implemented immediately to address the very valid fears and concerns that so many women are now facing, and to address issues that impact pregnancy and infants."

**Recommendation One: Diversify Birthing Site Options to Support Patient Choice**

The Task Force members recommend that Governor Cuomo issue an Executive Order to allow for the immediate establishment of additional birthing surge sites operated by currently established licensed birthing hospitals and centers.

The Task Force also recommends that the New York State Department of Health be directed to develop a streamlined process to accept applications from licensed health care facilities, such as community health centers and federally qualified health centers, to convert unused space in their facility to dedicated labor and delivery spaces during an emergency. The Task Force also recommends that the State limit emergency birthing centers to licensed facilities.

Further, to increase access to midwifery services, the Task Force recommends DOH move to expedite, within the next 45 days, the finalization of the licensure process for the establishment of midwifery led birthing centers in New York State to ensure there are sufficient birthing facilities available to meet community need during emergency situations.

### **Recommendation Two: Extend Period of Time a Healthy Support Person Can Accompany a Mother Post Delivery**

The Task Force recommends that Governor Cuomo update the Executive Order 202.13, authorizing at least one support person to accompany a pregnant individual for the duration of their stay in any hospital, birthing facility or postpartum unit, as medically appropriate. This order must clarify that "duration of stay" includes labor, delivery and the postpartum period, including recovery. This order should also clarify that doulas are considered an essential part of the support care team and should be allowed to accompany a pregnant individual during labor and delivery as an additional support person, as medically appropriate. Exceptions should be made only in limited circumstances and based on clinical guidance, such as availability of PPE.

### **Recommendation Three: Mandate Testing of All Pregnant New Yorkers**

The Task Force recommends universal COVID-19 testing for all pregnant individuals and for all support persons accompanying pregnant individuals at birthing facilities, as testing becomes available.

The Task Force also recommends that DOH issue guidance for COVID-19 testing that defines pregnant individuals as a priority population for testing and states that pregnant individuals be tested during pregnancy and one week prior to their estimated due date or upon admission if the second test is not conducted one week prior to delivery.

The Task Force also recommends that DOH monitor the availability of testing supplies to support equitable access to testing kits and laboratory analysis for all pregnant individuals in all birthing settings.

### **Recommendation Four: Ensure Equity in Birthing Options**

The Task Force recommends work groups charged with developing standards, policies and/or regulations related to birthing options develop include participation from community members.

The Task Force also advises that DOH identify and engage community members and representatives from maternal child health serving community-based organizations to join a NYS COVID-19 Maternity Task Force working group charged with the development of a messaging and education campaign aimed at those most impacted by racial/ethnic, economic or other disparate outcomes.

### **Recommendation Five: Educational Campaign**

The Task Force recommends that DOH engage subject matter experts, community members and representatives from community-based organizations serving maternal and child health populations to

create an educational campaign on behalf of the COVID-19 Maternity Task Force. This campaign would be designed to:

- Emphasize the safety of and rebuild confidence in maternity care at all certified birthing facilities;
- Explain infection control practices in each type of birthing facility; and
- Increase patient understanding of different levels of maternity care and types of birthing facilities as well as how to work with your provider to select the appropriate patient-centered delivery.

### **Recommendation Six: Reviews of the Impact of COVID-19 on Pregnancy and Newborns with Special Emphasis on Reducing Racial Disparities in Maternal Mortality**

The Task Force recommends that DOH work with the University at Albany School of Public Health Maternal & Child Health Program to conduct a review of the impact of COVID-19 on pregnancy and discuss a summary of its findings with the Task Force and the Regional Perinatal Centers.

DOH will host weekly statewide interactive webinars addressing the management of maternity care during the pandemic as needed as part a collaboration with the New York State Perinatal Quality Collaborative in partnership with American College of Obstetrics and Gynecology District II. DOH will also host a webinar on obstetrical care and implicit bias within the context of the COVID-19. DOH will also collaborate with the Centers for Disease Control and Prevention on a COVID-19 Pregnancy Module that will capture supplemental data on COVID-19 during pregnancy.

This module will help describe risk for severe illness or adverse outcomes among pregnant individuals with laboratory evidence of COVID-19 infection up to delivery, and their newborns, to inform public health guidance and risk communication messages.

The Department and American College of Obstetrics and Gynecology District II will issue guidance on best practices, including prenatal care, during the time of COVID, with a special emphasis on reducing racial disparities.

### **About the New York State COVID-19 Maternity Task Force**

In April 2018, Governor Andrew M. Cuomo announced a multi-faceted initiative to combat maternal mortality and racial disparate outcomes in New York State. Continuing New York State's commitment to improve maternal and child outcomes and recognizing the significant strain the COVID-19 pandemic has placed on hospital infrastructure and the concerns of many pregnant individuals across New York State, Governor Cuomo directed the NYS Council on Women and Girls, with the support of the New York State Department of Health, to convene an expert task force to address the impact of COVID-19 on maternity. Chaired by Secretary to the Governor Melissa DeRosa, the Task Force was charged with examining the best approach to provide mothers a safe alternative, when appropriate, to already stressed hospitals amid the ongoing COVID-19 pandemic.

Comprised of a multi-disciplinary group of maternal and infant health professionals from across New York State, the Task Force met remotely to discuss these issues and propose recommendations. Given the urgency of the COVID-19 emergency and its impact on pregnant people, meetings of the Task Force were held within a week in order to make an initial set of recommendations. Recommendations were compiled and analyzed by DOH staff and shared with Task Force members, who reviewed the submissions and made a collective determination to advance the recommendations outlined below.

As the COVID-19 crisis continues to unfold, the Task Force will stay in place and consider additional ways to address issues that impact pregnancy and infants, starting with review of relevant literature

conducted by DOH and University at Albany School of Public Health's Maternal & Child Health Program.

Prior to the creation of the Task Force, New York State took several steps to expand access to access to maternal care during the COVID-19 pandemic, including:

- Expanding access to telehealth and telephonic visits;
- Expanding access to midwives to ensure sufficient personnel are available to provide maternity care;
- Mandating the presence of a support person throughout the birthing process and recovery;
- Authorizing out-of-state obstetrician-gynecologists and midwives from other states to practice in New York to improve surge capacity; and
- Identifying sexual and reproductive health services as essential.

Members of the COVID-19 Maternity Task Force include:

- Christy Turlington Burns, founder of Every Mother Counts
- Christa Christakis, MPP - Executive Director, American College of Obstetricians & Gynecologists District II
- Sascha James-Conterelli, DNP, RN, CNM, FACNM - President, NYS Association of Licensed Midwives
- Loretta Willis, Vice President Quality & Research, Healthcare Association of NYS
- Lorraine Ryan, Sr. VP Legal Regulatory & Professional Affairs Greater NY Hospital Association
- Rose Duhan, President & CEO, Community Health Care Association of NYS
- Ngozi Moses, Executive Director Brooklyn Perinatal Network
- Nan Strauss - Every Mother Counts
- Dr. Deborah E. Campbell, MD - Montefiore Medical Center
- Whitney Hall, CCE, LM, CLC - President, NYS Association of Birth Centers
- Natasha Nurse-Clarke, PhD, RN - Regional Perinatal Center Coordinator, Maimonides
- Dr. Dena Goffman, MD - NYP/Columbia
- Rev. Diann Holt - Founder/Executive Director Durham's Baby Café
- Cynthia Jones, MD, MPH - Mosaic Health Center



**Testimony of Habitat for Humanity New York City**

**To the New York City Council  
Committee on Oversight and Investigations**

**Oversight - Disparate Impacts of COVID-19 on Communities  
of Color**

**April 30, 2020**

**Testimony respectfully submitted by:**  
Katrell Lewis, Senior Advocacy Manager  
Habitat for Humanity New York City

Good afternoon. My name is Katrell Lewis, Senior Advocacy Manager for Habitat for Humanity New York City. Thank you to Speaker Johnson, Chairman Torres, and members of the committee for holding this important hearing.

Habitat for Humanity New York City knows the power and importance of affordable homeownership. We've spent the past 36-years building and preserving more than 1,400 homes with low- to moderate-income families in all five boroughs. These homeowners are teachers' aids, home health care workers, administrative workers, janitors, bus drivers – simply put, they are the frontline COVID-19 heroes.

As an affordable housing professional, I specifically want to discuss the impact of the COVID-19 pandemic and its effects on affordable housing in communities of color. According to the Furman Center's Homeownership New York City report, the black homeownership rate is 26.5%; nearly half of New York's white homeowner rate. The LatinX homeownership rate is 15% and the borough with the largest LatinX population, the Bronx, has the second-lowest homeownership rate of all counties in the United States. The Bronx also experienced an 8% decrease in homeownership between 2009 and 2016 - the greatest percentage decrease across New York City.

I speak about these homeownership rates within communities of color because it has a direct impact on how people experience the pandemic and our collective response as it relates to housing. With local, state, and national "stay at home" orders, stable and secure housing is the primary public health solution to COVID-19. Yet homeowners are provided more immediate and direct stabilization support than renters, which subsequently results in a racial disparity in housing security.

Mortgage lenders, including banks and federally backed mortgage holders, have quickly offered some assistance to borrowers affected by COVID-19. For New York City, this means nearly 50% of our white population may be eligible for some direct housing assistance compared to nearly 75% of our black population and 85% of our LatinX population who do not have any housing assistance as of now. While these preliminary mortgage-based solutions are also imperfect, a temporary stay on eviction is not enough to support our more housing insecure population.

Our homeownership disparity is due to decades of racist redlining, predatory lending, and lack of mortgage financing access which continues today. In a 2017 Association for Neighborhood & Housing Development (ANHD) analysis report titled, "Black and Latino Borrowers Locked Out of Homeownership in NYC," they concluded bank lenders are "retreating from lending" to Black and LatinX communities. In 2017, NYC had 29,184 homeownership loans, NYC's white population had a total of 12,378 loans or 42.4%. This is compared to 2,302 loaned to our LatinX neighbors (7.9%) and 2,230 (7.6%) to black New Yorkers.

Affordable housing is a deeply interconnected continuum with each solution, whether it be affordable ownership, rentals, public housing, or shelter, all serving an important segment of the population. For example, a family given the opportunity to purchase a starter home is more likely to leave behind a rent-stabilized or otherwise affordable rental unit, freeing up that unit for another family. We have seen this firsthand at Habitat for Humanity New York City, as a significant number of our first-time homebuyers have transitioned into homeownership directly from public housing units operated by NYCHA. This cascading effect frees up units along the housing continuum, so that by helping one family, we are actually providing opportunities for more rent-burdened families across the continuum.

The homeownership gap that has persisted for generations is now exposing additional social and economic inequality experienced by communities of color in health and economic crises. While it is important for the City, State, and Federal government to identify immediate and short-term solutions for our tenant community, which is disproportionately people of color, it is equally critical that we remember why and how this inequality in housing stability exists. Coming out of this health crisis we will be entering into an even deeper housing crisis than existed before. It is

critical that we invest even more deeply in creating and preserving affordable homeownership opportunities for our low- to moderate-income neighbors, especially in communities of color facing gentrification. Prioritizing new opportunities to own your home or building, utilizing Community Land Trusts, and enforcing fair and community-based lending should be top priority within an adjusted affordable housing plan in order to truly tackle the inequities on which our housing landscape is built. A true injustice would be for our great-great-grandchildren to be sitting here 100-years from now amidst another pandemic talking about the continued social, racial, and economic disparities in housing that continue to negatively impact our communities.

Please feel free to contact me if you have any questions regarding legislative and budget priorities and I thank you for the opportunity to testify today. We look forward to expanding our partnership and impact with the City in serving low-income families in need of affordable homeownership.



**Testimony Presented to the New York City Council's Committee on Oversight and Investigations Hearing on April 30, 2020**  
**Marina Ortiz, East Harlem Preservation**

Good evening. I am with East Harlem Preservation and the Committee to Empower Voice for Healing and Equity. Today, however, I am speaking from personal experience and my observations as an elder, as a disabled New Yorker, and as an income-limited Puerto Rican woman in El Barrio.

I'm happy to report that East Harlem residents are getting a lot of support from local pantries and schools cafeterias. Of course, we could do with less price-gouging at the supermarkets.

It's also refreshing to see less police in the street, but even now, the focus is still on black and brown youth (and, more increasingly, the homeless).

I really don't get why we are still talking about health disparities as if they are just a matter of choice or self-control. Believe it or not, white people also smoke and drink and take drugs and eat fast food.

But, yes, we do live in sick buildings, 100-year-old tenements and public housing complexes that are surrounded by five bridges and a highway. We also serve as a pathway into Manhattan for truck deliveries. We have endured generations of lead-paint poisoning, mold, bad water, redlining, and gentrification. THAT is why East Harlem had the highest number of COVID-19 cases in Manhattan.

I am privileged enough to live near Central Park and even though the NYPD vehicles at every entrance, police have consistently ignored gentrifiers' flagrant disregard for the health of black and brown folks by refusing to engage in social distancing or even masking, instead targeting youth on the corner.

What we need is what we've always needed: truly affordable (and decent) housing, equitable health care, quality (and free) education and public transportation.

What we don't need are more police, more people in jail, and scapegoating of the homeless population as "disease carriers." What we do need is direct financial support, training, and real protections for "essential" black and brown workers whose faces are the ones we are seeing in news reports as victims of the pandemic. What what we need is support for those on the ground who are providing mutual aid to their neighbors.

We also need to reach deeper into the immigrant Latino and Asian population who remain extremely afraid to seek medical and social service support.

What we need is commercial rent control, and other protections for small businesses, not lip service.

We do not need anymore fake affordable housing and subsidizing of the real estate industry and the banks.

What we need is protection from hate groups preparing to parade throughout the city tomorrow to demand an end to the quarantine, and an end to police-assisted special treatment of privileged groups that continue to endanger their neighbors by ignoring health guidelines.

We also have a sizable Puerto Rican population in East Harlem, whose families there are suffering because they have yet to receive federal help.

The disparities are not new, they are just being magnified. I ask you to make serious systematic changes to guarantee racial equity at all levels of government. And if you're wondering how the heck we are supposed to pay for all these services, perhaps we should consider reprioritizing our priorities.

I am less concerned about open streets, bike lanes, a state-of-the-art transit system, and public-service parades than I am about ending institutional racial disparities and making wealthy people pay their fare share. We don't need more police; the quarantine has showed that people of color were compliant. We don't need any more studies and task forces, we need wealthy New Yorkers to pull their weight. And, we need transparency and accountability for the economic and policy decisions being made.

We cannot be expected to do more with less, and tomorrow May Day, tens of thousands of tenants and workers throughout the country will be letting their landlords and corporate employers know that they/we are not expendable. We hope that you will support us.

Marina Ortiz  
East Harlem Preservation

**Statement of Mark Henry, Chair, Amalgamated Transit Union (ATU) NYS  
Legislative Conference Board & President/Business Agent, ATU Local 1056  
to City Council Committee on Oversight and Investigations on “Disparate Impacts  
of COVID-19 on Communities of Color,” April 30, 2020**

The impact of COVID-19 highlights the concerns in communities of color and among members of ATU Local 1056. Our members operate and maintain NYC Transit bus routes serving Queens with some routes extending into The Bronx, Brooklyn and Manhattan.

To delve deeper into the issues, I could look at the disparity of services, medical centers, health care, hospital closures, quality of school education, physical fitness, curriculums, public services, shopping, groceries shopping, types restaurants, and housing, but mainly public transportation; the inequality in every one of these categories is immense. Our communities are marginalized and undervalued.

Our members are a diverse “community of color.” Many members develop a lot of the illnesses once they have come on the job, which this virus preys upon. “Pre-existing conditions” — high blood pressure, heart disease, diabetes plus inadequate healthy food options — make African Americans more vulnerable to the virus. Indeed, at 127 per 100,000, the known death rate for black New Yorkers more than doubles the rate for whites.

To address these problems, we need to start with collecting real data for each demographic. We need people of every ethnicity especially the black communities to talk to their state health departments, and their local health departments, their city and county health departments to make sure their leaders are collecting that data so we understand the true toll and impact this has on communities of color first and foremost.

Nonetheless, we still know little about COVID-19 other than how it attacks vulnerable populations, that the symptoms vary and that we experience the devastating aftermath of this virus. My members are primarily Transit workers i.e. “essential workers” or “emergency workers” depending on what Stimulus program denies usage of that entitlement. Our local has suffered six (6) lives lost due to this virus; six families and countless friends and co-workers have been impacted. Another 103 members of our local are either positive or in some type of quarantine status. This virus attacks the lungs and other vital organs which makes my members particularly vulnerable, working against an unknown assailant virus that has a limitless time frame, according to health experts.

Transit Workers are unable to shelter in place – at home, we require a workplace that provides the minimum “at home” shelter or better “shelter” at the workplace. Transit workers are exposed to all dangers and still shown great resiliency mentally and physically under uncertain conditions.

Unfortunately, the authority following CDC directives, was extremely slow to protect the members of Local 1056 and other MTA bus, subway and rail workers. Just providing proper PPE was an issue but could have saved a life. The Transit Authority later lamented that decision when the first Transit Workers died as a result of COVID -19.

The authority began to provide the needed PPE to workers and initiated effective measures suggested by the unions (Cleaning of Equipment and workspaces, social distancing in workplace, rear boarding, and blocking of first several rows of bus, requiring passengers to wear masks).

Cleaning protocols are needed; ATU supports the recently mandated a 24 hour cleaning schedule for public transit equipment, also address the serious homeless problem on buses – yes also on buses – and trains as these individuals seek shelter through the mass transit system, to help reduce the spread of the virus through the community. As to public transit overnight subway closures, MTA and authority already “enjoy” shuttle bus replacements where it shuts down parts of system and it should rely solely on its public transit bus operators and not privatize a public service. For an agency strapped for cash, outsourcing work makes absolutely no sense as an answer to any overnight subway closures.

The transit authority remains consistent, not recognizing or minimizing the value of their employee. They seem never to miss an opportunity to demonstrate this! Even when it comes to Government stimulus programs at federal or state level, they carved out their employees from receiving the necessary relief. Pandemic relief in those documents, stimulus laws, must provide relief to our membership. Stress of working in the unknown and still providing for your family adds to the anger and frustration. These workers also merit hazardous pay as “essential workers” with demonstrated recognition.

Focusing on NYC (24/7), especially in the outer boroughs where many transit deserts exist, New York City **needs** public transit to work in order to re-open NYC and allow our city and this nation’s economy to rebound. The best way to kill a neighborhood is to kill its public transit or limit it usage and service. An essential service should not put the public at risk when they use that service. The authority must provide the necessary service level so riders can easily maintain social distancing.

COVID-19 has shown all the economic pitfalls, adverse impacts of cost-cutting and elimination of programs over past years...its amazing that your zip code could impact your quality of life.

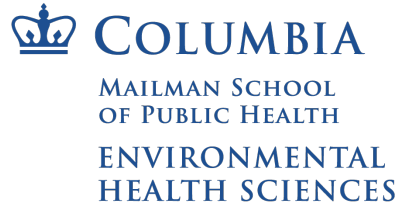
We need a protected, safe and healthy workforce and workplace to provide levels of service needed to assure the riding public they can safely return to work via public transit. The workers needed to sustain the rebound in services, support roles, hospitality, retail, public service, health care, education need safe public transit to return to work in numbers enough to make a difference. Our neighborhoods need to reflect what is necessary to sustain communities of color with a proper lifestyle. Maybe then COVID-19 could be defeated or at least somewhat contained.

# # #



*Amalgamated Transit Union Local 1056*  
211-12 Union Turnpike  
Hollis Hills, NY 11364  
(718) 949-6444 \* [www.Local1056.org](http://www.Local1056.org)

For more information:  
Corey Bearak, ATU 1056 Policy & Political Director  
(718) 343-6779/ (516) 343-6207



Markus Hilpert (PhD)  
Associate Professor of Environmental Health Sciences  
Email: mh3632@columbia.edu

April 30, 2020

**Draft Remarks for the hearing on examining the disparate impact that COVID-19 is having on communities of color, Thursday, April 30th at 1:00pm**

*Disclaimer: The opinions expressed herein are my own and do not necessarily reflect the views of Columbia University.*

Dear Speaker Johnson, Council Member Torres, and other council members:

My name is Markus Hilpert and I am an engineer doing research in environmental health sciences. I note that I shared accompanying slides with the council, but since not everybody can see these slides, I will present things as if you hadn't the slides.

I will comment on two matters: Firstly, I want to present results of a study I led to examine the environmental impacts of the opening of a large trucking-intensive warehouse in the South Bronx. Please let me explain why this is relevant to this hearing. Air pollution causes diseases such as asthma and heart disease, which in turn can increase the severity of COVID-19 infections. Health disparities can arise, because often sources of air pollution emissions are added in low-income communities and communities of color. Such air pollution sources can include industrial operations, power plants, and traffic. Secondly, I want to draw your attention to elevators in NYCHA housing which could hinder social distancing. Health disparities can occur, because the majority of NYCHA residents are African American or Hispanic.

Let me remind you of the highly nonuniform distribution of air pollution in NYC as measurements by the NYC Community Air Survey (NYCCAS) show. For instance, the South Bronx is exposed to high levels of black carbon, a tracer of tailpipe emissions from trucks. Black carbon levels are usually elevated around interstates, but high levels also correspond to other emission sources.

Some of the air pollution sources in the South Bronx are local and include two interstates, several trucking intensive businesses, and the waste transfer station for the entire Bronx. In 2018, a new warehouse of an online grocery store opened in the South Bronx. Suppliers deliver goods to this warehouse with large trucks, and then these goods are delivered to customers with smaller trucks. Columbia University was approached by a community organization, South Bronx Unite, to study the environmental impacts of this warehouse. I am the principal investigator of this NIH-funded study, which is conducted in collaboration with South Bronx Unite. We used traffic radar devices to count vehicles, and we measured air pollution and noise. A paper describing these impacts was just accepted for publication in the International Journal of Environmental Research and Public Health.

We found that after the warehouse opening, traffic increased significantly during several time windows throughout the day, but predominantly at night. For truck traffic, the greatest change we observed was 32% and occurred between 9 PM and midnight. The contributions of the warehouse to air pollution and noise levels were relatively small, in part because baseline levels are high. However, even small increases can result in disparate health outcomes, because air pollution sources were likely not added in other, more affluent neighborhoods.

Let me also comment on pollution baseline levels. At half of the measurement sites, noise levels exceeded EPA's recommended 70 dB limit. Black carbon levels we measured were consistent with the NYCCAS report, which shows higher black carbon levels in the South Bronx when compared to the entire Bronx and all of NYC.

Let me now talk about elevators. We are concerned about the COVID-19 impacts on people residing in densely populated NYCHA housing. Elevators are of special concern. About half of NYCHA's 3,000 elevators are functionally "single elevators," meaning they are the only elevator providing access to a specific set of residential floors. If such an elevator breaks down, residents need to take the stairs. I calculated that on average 120 NYCHA residents share an elevator, a high number, which makes it difficult to practice social distancing, particularly if so-called single-elevators break down.

To wrap up: we determined the environmental impacts of the opening of a trucking-intensive warehouse in a low-income community. We found significant increases in traffic and relatively small increases in air pollution and noise. When interpreting this finding, you need to keep in mind that over many decades air pollution sources were systematically added to the South Bronx. For instance, the Deegan and Sheridan expressways were built through the neighborhood, and many trucking intensive businesses added in the Harlem River Yard. All these sources contribute to today's high levels of air pollution. And this air pollution can cause a number of cardiovascular and respiratory diseases, which can increase the risk of severe illness and potentially death from COVID-19. Hence air pollution contributes to the higher burden that communities of color carry during the COVID-19 outbreak.

Finally, as a NYC resident, I appreciate your leadership in this fight against COVID-19. Short-term actions are needed to deal with the ongoing on-slaughter, and longer-term actions to protect communities of color during future ones. Thank you.

Markus Hilpert



Columbia University  
MAILMAN SCHOOL  
OF PUBLIC HEALTH

# Disparate Impact of COVID-19 on Communities of Color

*Markus Hilpert*

Department of Environmental Health Sciences  
Mailman School of Public Health  
Columbia University

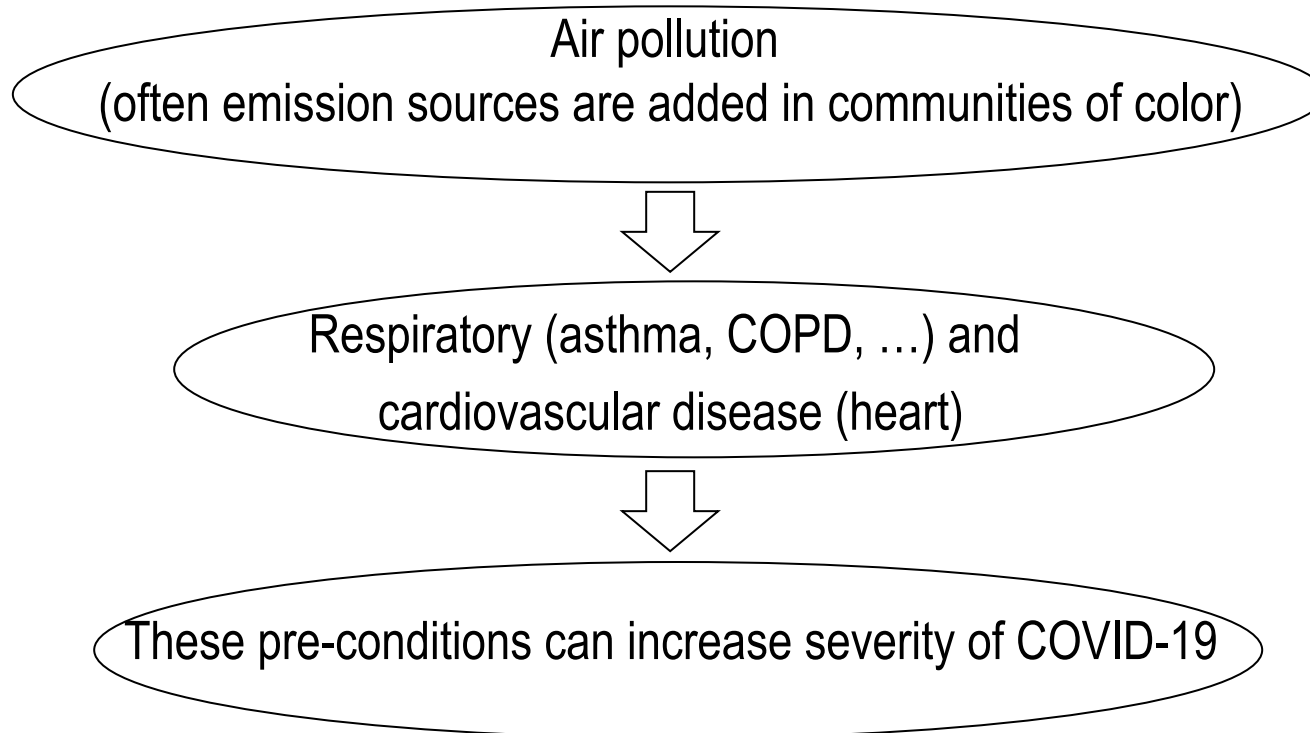
New York City Council, April 30, 2020

*Disclaimer: The opinions expressed herein are my own and do not necessarily reflect the views of Columbia University.*



# Outline

## 1. Impacts of traffic on air pollution and noise in the South Bronx



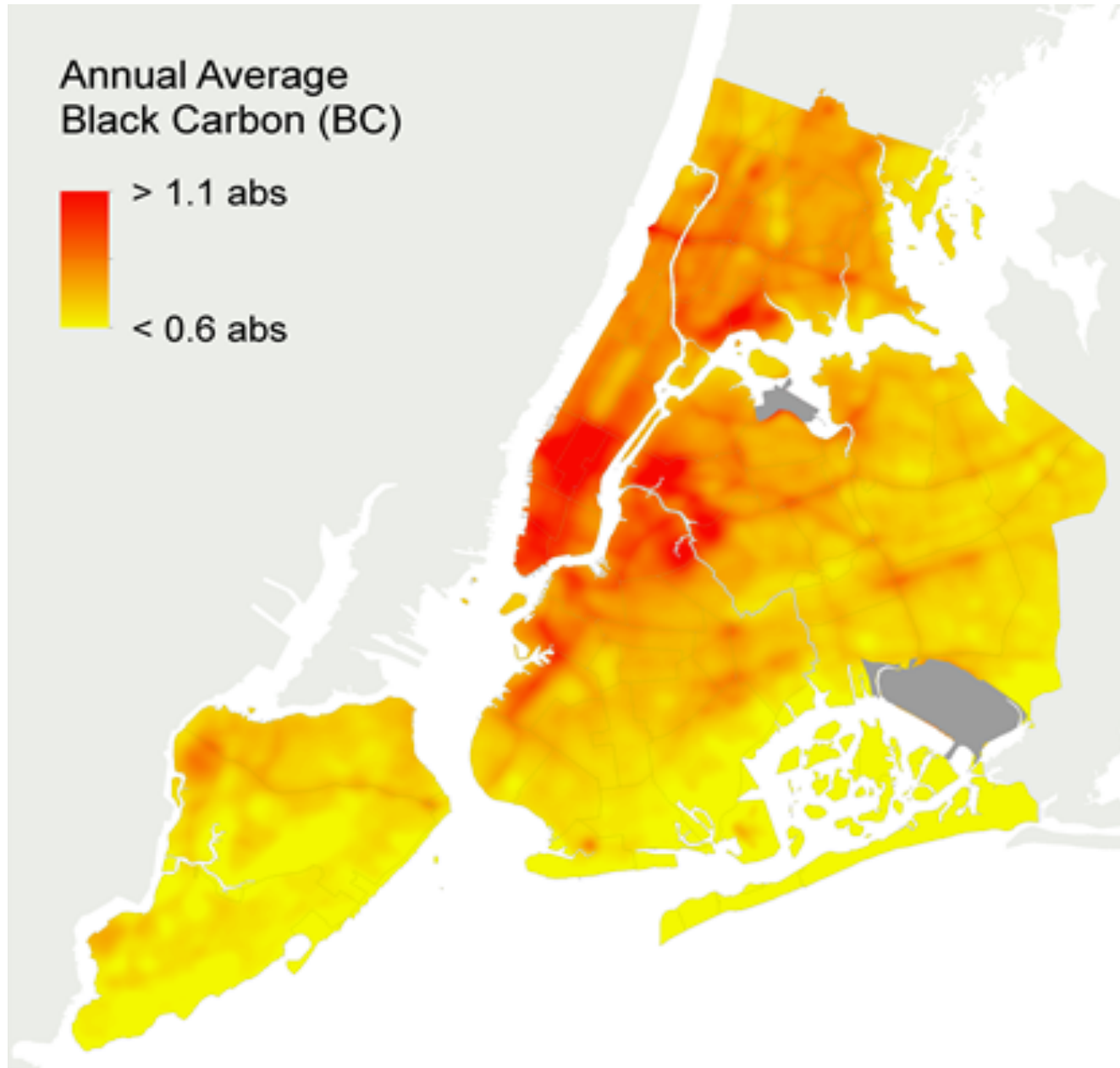
## 2. Elevators in NYCHA housing

NYCHA, Resident Data Summary (January 1, 2016)

White	Black	Hispanic	Asian	Other
4.8%	45.6%	44.4%	4.6%	0.5%

# NYC Community Air Survey (NYCCAS)


2018




# Study Site



 Air Monitoring & Noise Monitoring Only

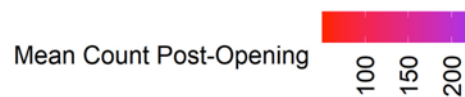
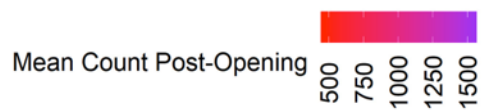
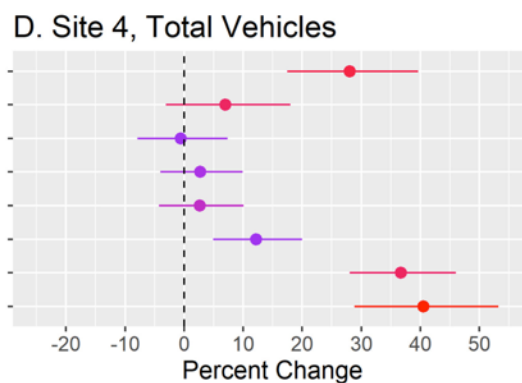
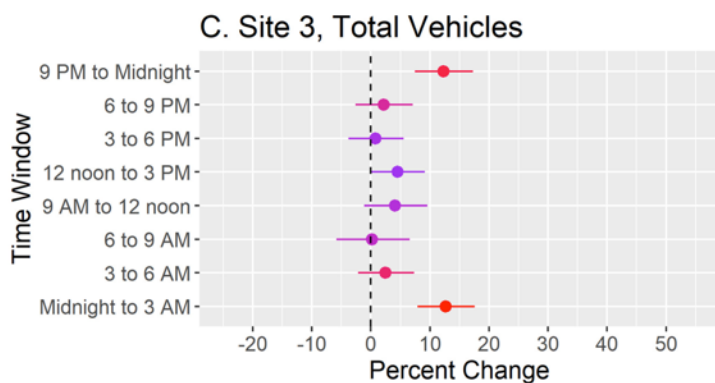
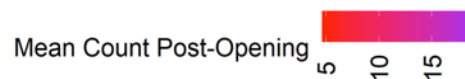
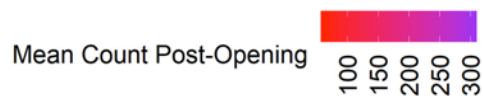
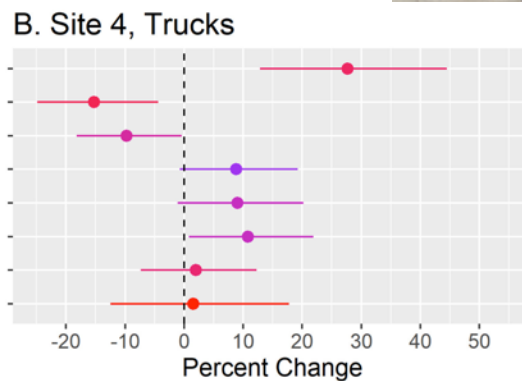
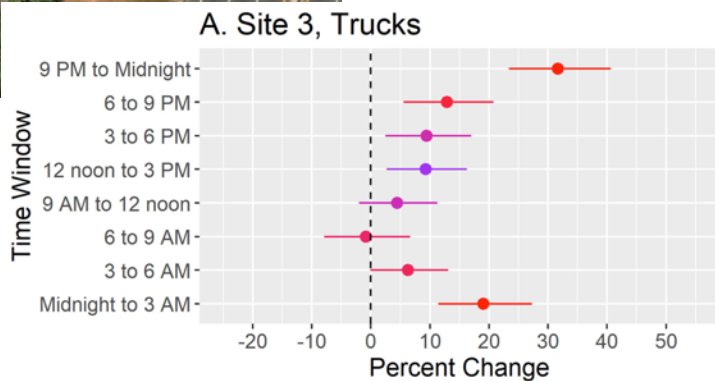
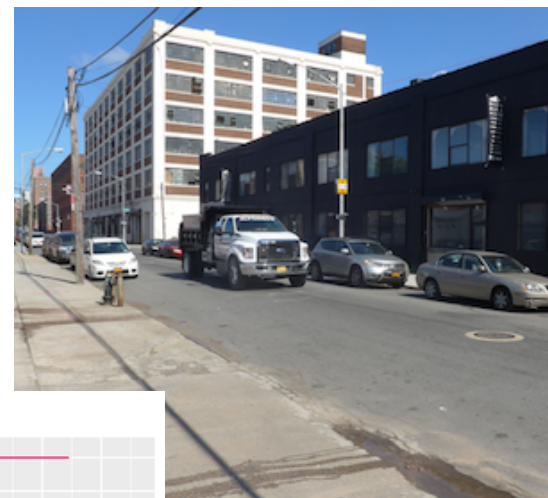
 Traffic Counting, Air Monitoring, & Noise Monitoring

 Online Grocery Delivery Service Warehouse

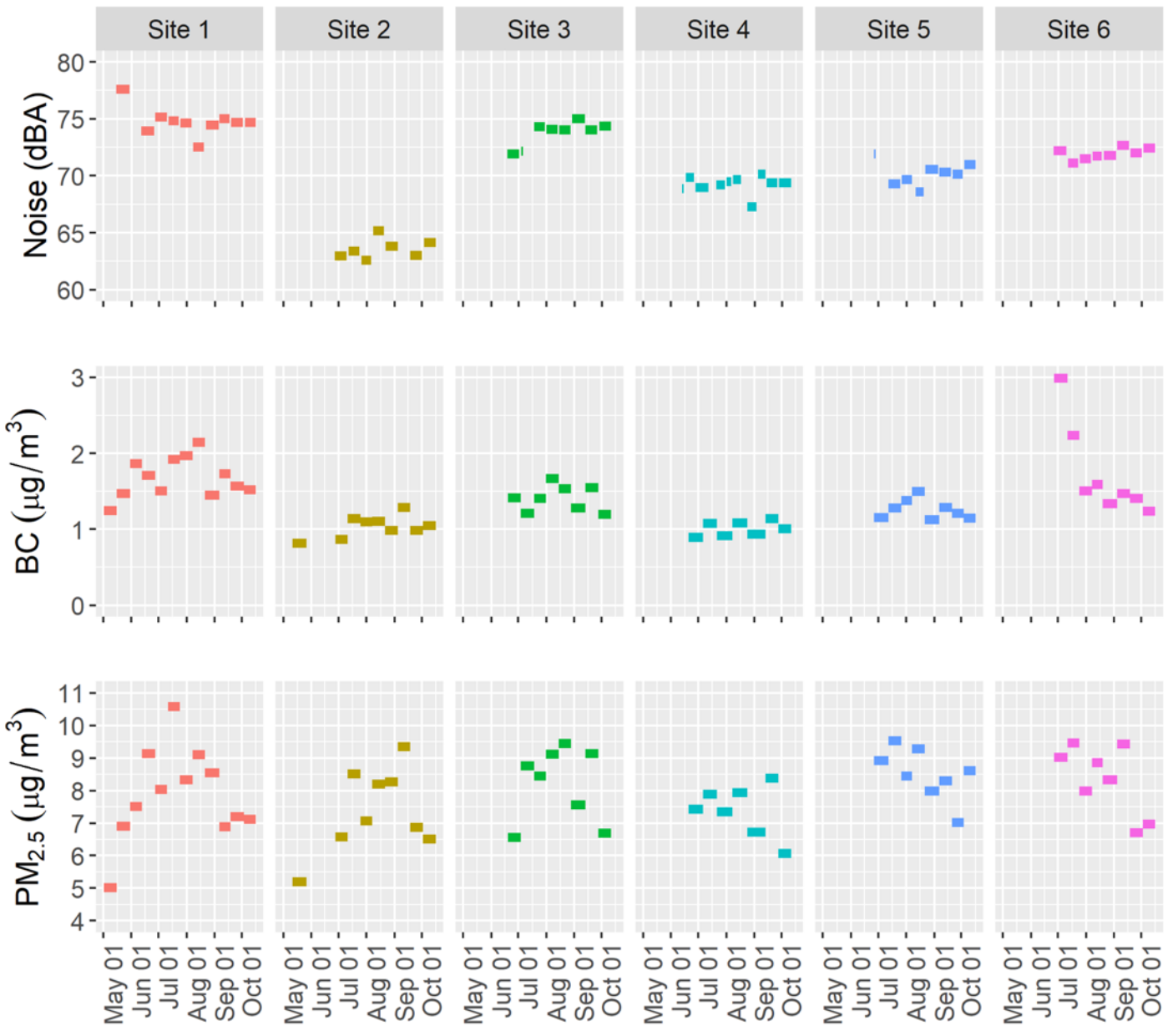
# Data Collection



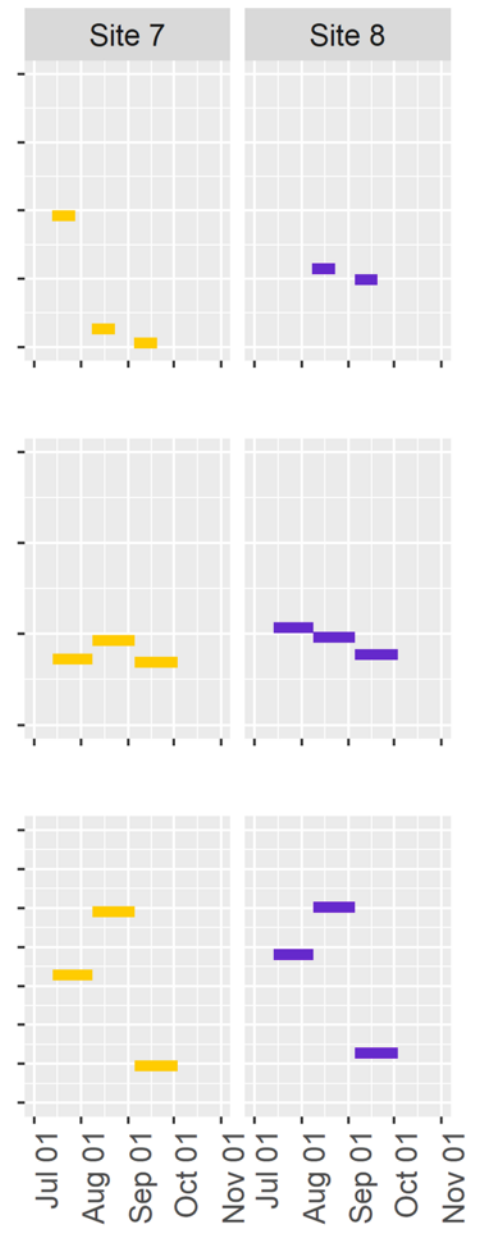
South Bronx Unite



2017



2018



# NYCHA Housing in the South Bronx



# NYCHA Elevators

- NYCHA maintains 3,163 passenger traction elevators that transport residents from lobbies to residential floors

(NYCHA Action Plan – Elevators, 2020)

- 1,560 NYCHA elevators are functionally “single elevators”—the only elevator providing access to a specific set of residential floors

(NYCHA Action Plan – Elevators, 2020)

- 381,159 authorized residents live in NYCHA public housing

(NYCHA 2019 Fact Sheet)

$$\Rightarrow \frac{381,159}{3,163} = 121 \text{ residents per elevator}$$

**A high number which makes it difficult to practice social distancing**



# Conclusions

- We determined increases in traffic, air pollution and noise due to the opening of a trucking-intensive delivery service warehouse in a low-income community in NYC
- Low-income communities are at risk of placement of new air pollution emitting operations which can contribute to preexisting-conditions (asthma, heart disease, ...) that increase severity of COVID-19 infections
- Lack of elevators in NYCHA housing can hinder social distancing



**Testimony of Dr. Maya Clark-Cutaia, Assistant Professor of Nursing at  
NYU Rory Meyers College of Nursing**  
before  
**The New York City Council Committee on Oversight and Investigations**

**April 30, 2020**

Good Afternoon Chairperson Torres and all Council Members present. My name is Dr. Maya Clark-Cutaia and I am an assistant professor at New York University (NYU) Rory Meyers College of Nursing and Grosman School of Medicine. Thank you for the opportunity to testify today and share my knowledge on the topic of COVID-19, particularly its disproportionate impact on vulnerable populations across the United States.

Individuals suffering from underlying medical conditions, in particular those with multiple chronic conditions, such as heart disease, obesity, and kidney disease, are at increased risk of a COVID-19 diagnosis and COVID-related mortality. According to the Centers for Disease Control, 78% of COVID+ patients admitted to the ICU in the United States had one or more underlying health condition. These individuals are often from vulnerable populations — the elderly, the immunocompromised, the institutionalized, and the disenfranchised.

This is the population of patients I provide care to and conduct research with. My patients are from minority backgrounds, live in low-socioeconomic status neighborhoods, and have low health literacy. They are the patients with diabetes and hypertension supported by federally subsidized programs, already making decisions regarding their health versus their basic necessities. As such, they are likely to have poorly controlled medical conditions. They are the patients in under resourced community hospitals.

My patients are also often in nursing homes — however, they could just as easily be in prisons and jails, because the risks and health disparities for these populations are the same.

**Unequal, unprotected**

The advent of COVID-19 has not only highlighted existing disparities and inequities, it has reminded us of the significantly poorer outcomes related to lack of resources in these communities. As the COVID-19 illness emphasizes disparities in the incidence and prevalence of underlying medical conditions and treatment regimens in these vulnerable populations, it has forced us to take stock of how the current provision and division of health care resources in our country contributes to healthcare inequities.

Forget the many advantages afforded to those of means, such as testing and homeopathic remedies that may or may not work, the sheer way of life of many of these patient populations puts them at risk of serious illness and not adhering to recommended restrictions and management plans. For example, they have to go to work to make money and they are less likely to seek medical care and more likely to rely on social networks like their church for support. They are the commuter nation, sometimes taking multiple bus routes to and from work daily. They are the patients who have less ability to tune into *CNN*, *Fox*, or *MSNBC*, and search the web or other news outlets to stay informed of the COVID-19 crisis. For those that are institutionalized in nursing homes or prison, tight quarters do not allow for social distancing. Furthermore, much needed resources such as medical staff and supplies are limited, and some institutions, depending on location, geography, and funding, for example, are under resourced.



Many of us would like to assign blame. We would like to prosecute the perpetrator, but the fact of the matter is, these disparities have existed long before COVID 19 and will, sadly, most likely persist after the pandemic. This is not to say that tackling disparities and inequities is hopeless, but that it is time to channel our outrage into action, action that is sustainable, action that is meaningful.

### **Reaching vulnerable communities**

We, as providers and researchers, need to be innovative in the ways that we reach our patients and ensure that they have the resources they need to keep themselves healthy and reduce their risk of contracting COVID-19. This includes eating and sleeping well, exercising, taking their medications on time, and adhering to treatment schedules, like dialysis regimens.

We need to ask ourselves difficult questions, such as: How are these patients obtaining their medications from the pharmacy? How are those who suffer from kidney disease being transported *safely* to and from dialysis when they are already immunocompromised? How are we reducing their risk when the suggested personal protective equipment (PPE) is already worn and patients still suffer from line infections, and PPE is at a premium? How are patients consuming the recommended diet when the general population continues to “stock up” during these periods of restriction? What food remains on the shelf that is SNAP or WIC approved? How do you get exercise in a neighborhood that is not safe to walk? How do you get enough sleep when the burden of living paycheck to paycheck weighs heavily upon your chest?

And then, we need to come up with creative solutions. Providers need to educate patients and identify at-risk/vulnerable populations as well as their potential needs and how to address them. It is paramount that we facilitate rapport between communities with resources and those without.

Policy makers need to broaden the scope of federally subsidized programs. It is time to begin to incentivize healthcare professionals to work in these under-resourced areas and institutions. While such programs have existed for rural areas, there are many areas in which underserved, vulnerable populations still require attention. We need to gain a better understanding of the facilitators of the disparities in our nursing homes and the prison system and develop realistic solutions to bring resources into these facilities. We also need pharmaceutical companies, pharmacies, and health systems to provide medications to patients free of charge and to potentially ensure that prescription refills are delivered to those in need.

Local politicians can encourage safe practices to keep their constituents healthy, like crowd control and safe distancing in lines at the grocery store and supporting local food delivery and the other necessity efforts. We need to demand that jails and prisons institute early-release programs and create optimal management conditions for those caring for this forgotten population.

If we fail now to protect these groups from COVID 19, especially in vulnerable communities, each of us will be impacted by the loss of a loved one to this novel illness.

Thank you for the opportunity to testify. I welcome any additional questions the Committee may have. (Please contact Konstantine Tettonis, NYU Government Affairs, konstantine.tettonis@nyu.edu.)



**Testimony to the New York City Council’s Committee on Oversight & Investigations Hearing on Disparate Impacts of COVID-19 on Communities of Color**

Delivered virtually by Michael Adams, CEO, SAGE, on April 30, 2020

Thank you to Speaker Corey Johnson and Committee Chair Ritchie Torres for inviting SAGE to testify at today’s important hearing on the impact of COVID-19 on communities of color. My name is Michael Adams, I’m the CEO at SAGE, and my pronouns are he/him. SAGE is the leading provider of services and supports to LGBTQ older adults in New York City. Our programs include SAGE Centers in mid-town Manhattan, Harlem, the Bronx, and Staten Island, as well as in Brooklyn in partnership with GRIOT Circle; affordable elder housing in Brooklyn and soon in the Bronx; case management and mental health support; programs focused on older adults living with HIV, older lesbians, transgender elders, and older veterans; and numerous other activities. Among SAGE’s LGBTQ elder constituents, more than 1,300 are elders of color.

LGBTQ elders in general, and LGBTQ elders of color more specifically, are living literally at the epicenter of the COVID-19 pandemic. This is not only because of their age, but also because of: (1) disproportionately high levels of underlying health conditions like HIV and diabetes; (2) higher levels of poverty and food and housing insecurity; (3) lower access to health care and supportive services; (4) social isolation and thin support networks; and (5) mistrust of government and other institutions based on historical and current discrimination and mistreatment. All of these challenges are even further exacerbated for transgender elders of color.

The realities of the COVID-19 pandemic shine a powerful spotlight on these inequities. We already know that people of color – in particular black and brown people – are getting sick, being hospitalized, and dying at much higher rates than the population as a whole. This is especially true for LGBTQ elders of color for the

reasons I have just highlighted. While much of New York City is sheltering in place, many of the LGBTQ elders of color who SAGE serves are still leaving home to work both out of economic necessity and because they are essential workers or employed in the service sector. In addition, many are forced to leave their homes because they are caregivers for other elders, both biological and chosen family members. This is especially risky for LGBTQ elders of color because, in SAGE's experience, personal protective equipment (PPE) often is not available in communities of color. Many LGBTQ elders of color live in low-income neighborhoods with fewer supermarkets, meaning they must travel further to buy food, putting themselves at greater risk for infection. Many are struggling to put food on the table during this public health crisis. We know that a staggering 62% of the elders of color who SAGE serves in the Bronx and 50% of our constituents of color in Harlem are nutritionally insecure. Problems with food insecurity have grown dramatically worse during the COVID-19 pandemic.

It is also worth noting that LGBTQ older adults of color served by SAGE are nearly twice as likely as older adults in general to lack internet access at home, a deeply troubling gap in equity given that the internet is one of the few means of social connection during this public health crisis.

It is critically important – in fact a matter of life or death – that LGBTQ elders of color receive the support they need during this pandemic. Since March 16, SAGE staff have made more than 2,400 wellness telephone calls to LGBTQ elders of color we serve through SAGE Bronx, SAGE Harlem, and the Edie Windsor SAGE Center in midtown Manhattan. Our Brooklyn-based partner, GRIOT Circle, has made more than 430 wellness calls to elders of color who are GRIOT members. These phone calls by SAGE and GRIOT are extremely important – they ensure that our elder constituents hear a live human voice every day for purposes of social connection. In addition, these telephonic check-ins are the means by which we find out if an elder in the community is out of food, or needs medicine for a chronic condition, or is sick with the virus and needs health care support. When our callers find an elder in need, we move as quickly as we can to address those needs, whether it's doing a home delivery of groceries from a local supermarket or food pantry, or bringing personal protection equipment (PPE) to an elder's home so that they can safely go outside to shop or get a little exercise, or just providing a few minutes of human interaction to reduce acute social isolation.

Unfortunately, the need for telephonic support is far outstripping our staff's capacity to make these calls. As a result, we recently launched a new volunteer-based initiative, SAGEConnect, which matches volunteers with elders who need to receive calls. While resources are a severe challenge, we hope to make SAGEConnect available in Spanish as well as English and are working to accomplish that goal.

In addition, to continue to offer the crucial senior center programming that provides community to LGBTQ elders, SAGE has quickly converted our on-site SAGE Center activities into virtual and telephonic programs that are attracting hundreds of elder participants. For example, we currently have 19 virtual programs up and running for our SAGE Bronx and SAGE Harlem participants including activities like health and wellness classes, exercise and dance sessions, the L Group telephone discussion group for elder lesbians of color, online Latino Gay Men's Discussion Groups, and multiple online support groups for Spanish-speaking LGBTQ elders.

More and more virtual and telephone-based programs are being added by SAGE every day. Next week alone, SAGE will offer over 55 online programs. These programs, along with our telephone assistance program, are essential means of maintaining some modicum of social connection for LGBTQ elders during this extremely stressful and isolating time. In these ways, SAGE is offering the same or greater programs and supports than we offered prior to COVID-19, but via different means. All of SAGE's activities in response to the pandemic are coordinated with the Department for the Aging (DFTA). Throughout the pandemic, SAGE has continued to meet and exceed all DFTA requirements because we know that life-saving services to LGBTQ elders generally and LGBTQ elders of color more specifically are essential services.

In our work to support LGBTQ elders of color, SAGE is proud to partner with GRIOT Circle, which runs our current SAGE Center in Brooklyn with DFTA funds subcontracted to GRIOT by SAGE. GRIOT asked me to share the following perspective, which we at SAGE fully endorse:

“At the intersections of structural and systemic racism, LGBTQ phobia, misogyny, and ageism are historic barriers that facilitate economic inequalities and heightened marginalization. For GRIOT Circle members it has fractured how they

live their lives. This pandemic has paralyzed and has re-traumatized many of our members. It has heightened the isolation, anxiety, depression, economic hardships, and food insecurities that they were already experiencing. Because of this, we are making sure that we are providing our members with food to eat, gift cards to buy toiletries, free cab service assistance, virtual programming that centers their growth and faith, support groups, and mental health counseling. While we have to re-envision how we do our work moving forward, we believe that our members, and the world, will lean on our collective and historical resilience to anchor us in the years to come.”

While SAGE and our partners at GRIOT Circle are doing as much as we can with limited (and shrinking resources), we need help to effectively address the needs of New York City’s LGBTQ elders of color during this unprecedented crisis. Specifically, we make the following eight recommendations:

1. Programs designed to address the unique needs of LGBTQ elders like those run by SAGE and GRIOT Circle must remain *fully-funded* so that we can keep our elders safe and supported. This means that the Council and the City should reimburse organizations for essential services to LGBTQ elders like those that I’ve described in this testimony and that are supported through FY20 Council discretionary funding.
2. All elder services, including virtual and telephonic support programs offered by senior centers, must be classified as *essential services* that continue to be funded in the FY21 City budget.
3. *COVID-19 relief funds* should be allocated by the New York City Council for programs that serve LGBTQ elders of color, and LGBTQ elders more generally.
4. Funding should be allocated to organize and *support volunteer programs* that will help elders shop for food and run essential errands.
5. New York City’s centralized meal-delivery program, GetFoodNYC, must ensure all LGBTQ elders of color and LGBTQ elders more generally receive *home-delivered meals* if they are in need.
6. Low-income neighborhoods of color and senior centers should be prioritized for distribution of *personal protective equipment (PPE)*.
7. To ensure internet access, New York City’s new program to *distribute tablets* to New York City Housing Authority (NYCHA) residents should be

expanded so that tablets are available to registered participants in senior centers, the vast majority of whom are low-income.

8. To further ensure internet access, the City's prior program of providing *Mobile Wi-Fi vans* on public housing campuses should be expanded into low-income neighborhoods across New York City.

Thank you for the opportunity to provide this testimony. Attached to this testimony as an appendix is a summary of SAGE's current virtual and telephone-based programming. We hope that the Council will continue to prioritize and increase its support of services for LGBTQ elders of color and the larger population of LGBTQ elders who are most at risk, especially in the midst of this global pandemic. Your support and leadership will literally save lives and continues to be greatly valued and appreciated. Thank you.





**We refuse to be invisible®**

## SAGE Centers

### Virtual and Telephone-based Programs

### Week of Monday, May 4, 2020 – Sunday, May 10 2020

**Please note:** SAGE programming is for registered DFTA participants aged 60 or above, living in New York City. If you are over 60 years old and not a registered participant at a SAGE senior center, please contact us at [info@sageusa.org](mailto:info@sageusa.org) for a registration form.

#### Monday, May 4, 2020

\*Registration required

10:15am - 12:45pm	Opera Club with Anthony hosted by Edie Windsor SAGE Center
11:30am - 1pm	Art Discussion Group with Alex hosted by Edie Windsor SAGE Center
12 - 1pm	Daily Chat hosted by SAGE-GRIOT
12 - 1pm	Tai Chi with Jana hosted by Edie Windsor SAGE Center
2:00pm	Meditative Art with Rafaela hosted by SAGE Center Harlem
2 - 3pm	Mind, Body and Soul with Donna Sue hosted by SAGE Center Bronx
2 - 3pm	Book Club hosted by SAGE-GRIOT
2 - 3pm	Latin & Ballroom Dance with Simone hosted by Edie Windsor SAGE Center
3 - 5pm	Vamos Hablar (Spanish speaking) with Heriberto hosted by SAGE Center Bronx
3:15 - 4:15pm	*Spanish 201 with Amelia hosted by Edie Windsor SAGE Center
3:30 - 5pm	Invisible Disabilities with Barbara hosted by Edie Windsor SAGE Center
4:30 - 6pm	Meditation with Madhu hosted by Edie Windsor SAGE Center
5 - 6:30pm	*HIV Long-term Survivor Group: Facilitator is Bill Gross. Please contact SAGE Care Management for info.
6 - 8pm	Theatre Arts with National Queer Theatre with Marcus hosted by Edie Windsor SAGE Center
6:15 - 7:45pm	*Caregiving Support Group: Facilitator is Joey Costello. Please contact SAGE Care Management for info.



**We refuse to be invisible®**

**SAGE Centers**

**Virtual and Telephone-based Programs**

**Week of Monday, May 4, 2020 – Sunday, May 10 2020**

6:30 - 8pm	*Trans Women's Group
------------	----------------------

**Tuesday, May 5, 2020**

12 - 1pm	Daily Chat hosted by SAGE-GRIOT
12:30 - 1:30pm	Feldenkrais with Frederick hosted by Edie Windsor SAGE Center
1:30 - 3pm	*Caregivers Support Group (DOHMH): Facilitator is Bobby Rosenthal contact Care Management
2 - 3pm	Spanish Class (intermediate/advanced) hosted by SAGE-GRIOT
3 - 4 pm	L Group with Marie hosted by SAGE Center Bronx
3 - 4:30 pm	Creative Writing with Lujira hosted by Edie Windsor SAGE Center
3:30 - 4:30 pm	Modern Art History with Michael hosted by Edie Windsor SAGE Center
4 - 5pm	Chit Chat Check-In hosted by SAGE Center Harlem
4 - 5pm	Gentle Yoga with Richard hosted by Edie Windsor SAGE Center
5 - 6pm	Noteworthy Music Organization Concert hosted by SAGE Center Harlem
5:30 - 7:30pm	*Tech Support with Evelyn hosted by Edie Windsor SAGE Center
6 - 7:30pm	Women's Discussion Group with Deirdre hosted by Edie Windsor SAGE Center

\*Registration required

**Wednesday, May 6, 2020**

10 - 11am	Online Golden Rainbow with Emilee hosted by SAGE Pride Center of Staten Island
11am - 12pm	LGBTQ+ Current Events hosted by SAGE Pride Center of Staten Island



**We refuse to be invisible®**

## SAGE Centers

### Virtual and Telephone-based Programs

### Week of Monday, May 4, 2020 – Sunday, May 10 2020

11am - 1pm	Men's Group with Jose hosted by SAGE Center Bronx
11:30am - 1pm	Mixed Media Group with Alex hosted by Edie Windsor SAGE Center
12 - 1pm	Daily Chat hosted by SAGE-GRIOT
12 - 2pm	Faith Series Session 1 hosted by SAGE Pride Center of Staten Island
1 - 5pm	*Financial Coaching with Bill hosted by Edie Windsor SAGE Center
1:30 - 3pm	Yoga & Meditation with Yitzy hosted by Edie Windsor SAGE Center
2 - 3pm	Men's Sexual Health hosted by SAGE-GRIOT
2 - 3pm	Meditative Art with Rafaela hosted by SAGE Center Harlem
3 - 5pm	Vamos Hablar (Spanish speaking) with Heriberto hosted by SAGE Center Bronx
3 - 5pm	*New York Writer's Coalition Workshop hosted by Edie Windsor SAGE Center
6 - 7pm	Gameshow with Jack hosted by Edie Windsor SAGE Center
6 - 7:30pm	Book Lover's Group: The Moon and Sixpence by W. Somerset Maugham with George hosted by Edie Windsor SAGE Center

\*Registration required

#### Thursday, May 7, 2020

10 - 11am	Online Golden Rainbow with Emilee hosted by SAGE Pride Center of Staten Island
11am - 12pm	LGBTQ+ Current Events hosted by SAGE Pride Center of Staten Island
11am - 1pm	Men's Group with Jose hosted by SAGE Center Bronx
11 - 11:45am	Dance Party with Nicole hosted by Edie Windsor SAGE Center



**We refuse to be invisible®**

## SAGE Centers

### Virtual and Telephone-based Programs

**Week of Monday, May 4, 2020 – Sunday, May 10 2020**

11:30am - 1pm	Mixed Media Group with Alex hosted by Edie Windsor SAGE Center
12 - 1pm	Daily Chat hosted by SAGE-GRIOT
12 - 2pm	Faith Series Session 1 hosted by SAGE Pride Center of Staten Island
12 - 1pm	Gyrokinesis with Natalie hosted by Edie Windsor SAGE Center
12 - 1pm	LGBT Discussion Group with Donna Sue hosted by SAGE Center Bronx
12 - 1pm	Daily Chat hosted by SAGE-GRIOT
1 - 5pm	*Financial Coaching with Bill hosted by Edie Windsor SAGE Center
1:30 - 3pm	Yoga & Meditation with Yitzy hosted by Edie Windsor SAGE Center
1 - 2pm	Women's Group hosted by SAGE Center Harlem
1:30 - 2:30pm	Whitney Art Class: Mexican Muralists and Their influence on American Art with Jano hosted by Edie Windsor SAGE Center
1:30 - 3pm	*SAGE/CaringKind Dementia Caregivers Support Group: Facilitator is Bobby Rosenthal contact Care Management
2 - 3pm	Men's Sexual Health hosted by SAGE-GRIOT
2 - 3pm	Meditative Art with Rafaela hosted by SAGE Center Harlem
2 - 3pm	Reminiscence Group hosted by SAGE Center Harlem
2 - 4pm	Spanish 101 with Amelia hosted by SAGE Center Bronx
3 - 4pm	Women's Group hosted by SAGE-GRIOT
3 - 4pm	Tech Q&A with Mark hosted by Edie Windsor SAGE Center



**We refuse to be invisible®**

**SAGE Centers**

**Virtual and Telephone-based Programs**

**Week of Monday, May 4, 2020 – Sunday, May 10 2020**

3:30 - 5pm	*Women's Dialogue with Barbara hosted by Edie Windsor SAGE Center
6 - 7pm	Nutrition Workshop: Mood Food with Lisa hosted by Edie Windsor SAGE Center

\*Registration required

**Friday, May 8, 2020**

11am - 1pm	Men's Group with Roman hosted by SAGE Center Bronx
11:30am - 1pm	Drawing Group with Alex hosted by Edie Windsor SAGE Center
1 - 2pm	*Spanish 101 with Amelia hosted by Edie Windsor SAGE Center
1:30 - 2:30pm	Meditative Chair Fitness with Harlem Wellness hosted by SAGE Center Harlem
1 - 3pm	Met Opera Screening hosted by SAGE Pride Center of Staten Island
2 - 3pm	Afro Brazilian Dance with Maria hosted by Edie Windsor SAGE Center
2 - 3pm	SAGEVets Group: Facilitator is Shawanna Boyd contact Care Management
3 - 4pm	*Spanish 301 with Amelia hosted by Edie Windsor SAGE Center
3:15 - 4:15pm	Feldenkrais with Frederick hosted by Edie Windsor SAGE Center
4 - 5pm	Men's Group with Ty hosted by SAGE Center Harlem
4 - 6pm	Latino Gay Men's Group (Spanish speaking) with Reyno hosted by SAGE Center Bronx
4:30 - 6pm	Meditation with Madhu hosted by Edie Windsor SAGE Center
6 - 7pm	Cercle Francophone (French speaking) with Robert hosted by Edie Windsor SAGE Center

**SAGE Centers**

**Virtual and Telephone-based Programs**

**Week of Monday, May 4, 2020 – Sunday, May 10 2020**

6 - 7pm	Transgender Community Group with Joanna hosted by SAGE Center Harlem
---------	--

\*Registration required

**Saturday, May 9, 2020**

1 - 3pm	Intergenerational Watch Party-Too Cute! hosted by SAGE Pride Center of Staten Island
---------	--

**Sunday, May 10, 2020**

1 – 2:30pm	Healthy Mature Reflecting with Tom hosted by Edie Windsor SAGE Center
------------	---

\*Registration required

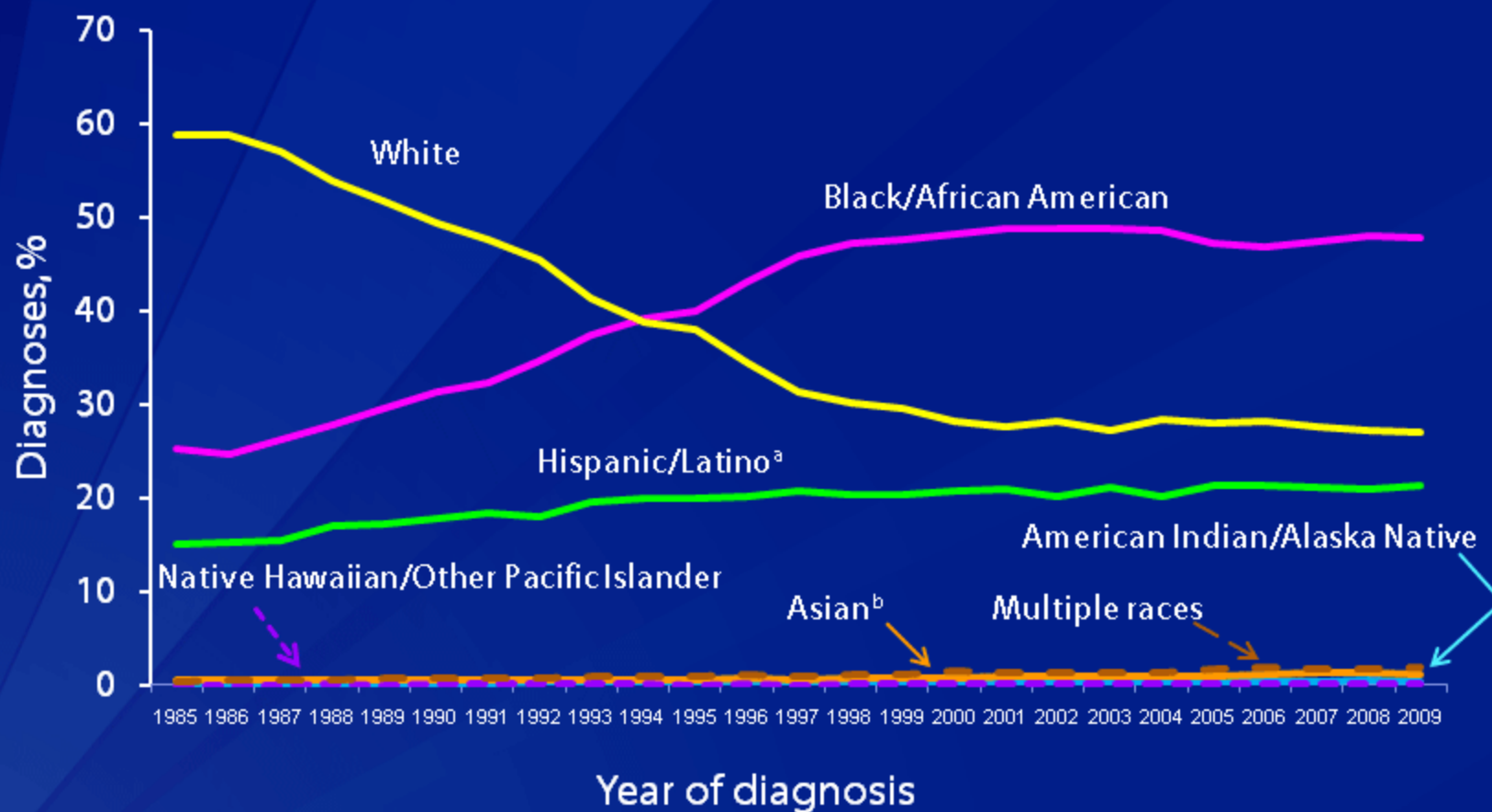
If you are interested in attending a virtual or telephone-based program, please contacting the event’s host site:

- Edie Windsor SAGE Center: [edieprogramming@sageusa.org](mailto:edieprogramming@sageusa.org) (646)576-8669
- SAGE Center Bronx: Jose Collazo at [jcollazo@sageusa.org](mailto:jcollazo@sageusa.org) (718)960-3354
- SAGE Center Harlem: Suley Cruz at [scruz@sageusa.org](mailto:scruz@sageusa.org) (646)660-8954
- SAGE-GRIOT: Lisa Eddy at [leddy@sageusa.org](mailto:leddy@sageusa.org) (718)246-2775 Ext. 13
- SAGE Pride Center of Staten Island: Sherri Rase at [srase@sageusa.org](mailto:srase@sageusa.org) or Emilee Carratala at [ecarratala@sageusa.org](mailto:ecarratala@sageusa.org) or (718)808-1365
- Care Management: (646)576-8669 ask for Social Worker on Call

Chandra L. Ford, PhD, MPH, MLIS  
Associate Professor and Founding Director  
*Center for the Study of Racism, Social Justice & Health*  
Department of Community Health Sciences  
Jonathan & Karin Fielding School of Public Health  
University of California at Los Angeles  
Box 951772; 650 Charles E. Young Dr., South  
Los Angeles, CA 90095-1772  
[RacialHealthEquity.org](http://RacialHealthEquity.org)

New York City Council Oversight and Investigations Committee  
April 30, 2020

## AIDS Diagnoses among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis, 1985-2009— United States and Dependent Areas



Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

<sup>a</sup> Hispanics/Latinos can be of any race.

<sup>b</sup> Includes Asian/Pacific Islander legacy cases.







**Chandra L. Ford, PhD, MPH, MLIS**  
**Center for the Study of Racism, Social Justice & Health**  
**UCLA Fielding School of Public Health**

New York City Council Testimony  
April 30, 2020

Honorable Council Speaker Corey Johnson, Council Member Ritchie Torres, Chair of the Oversight and Investigations Committee and all other committee and council members, thank you for the opportunity to share remarks with you that might inform your questions for Mayor DeBlasio's office in addressing racial/ethnic inequities in the COVID-19 pandemic.

Briefly, I am the founding director of the Center for the Study of Racism, Social Justice and Health in the UCLA Fielding School of Public Health. The research and scholarship and teaching that we conduct involves empirical work to document specific health and healthcare implications of various forms of racism, including anti-black racism, nativism, anti-immigrant sentiment, discrimination on the basis of religion such as anti-Muslim racism/Islamophobia and anti-Semitism, and other forms of social injustice.

In light of the expertise my co-panelists have, I thought it would be useful to offer remarks based on what has been learned from the HIV epidemic. My comments today draw on more than a decade of research on the implications of racism-related factors for disparities in HIV diagnosis and care and on the state of the science as reflected in the book I recently co-edited on racism as a public health problem.

I will highlight just two concerns.

First, the emergence of data on disparities raised awareness about the need to ensure equity in the diagnosis of cases. However, it is important to ensure equity across each stage of the *continuum of care*. I use the term continuum of care to highlight key stages of engagement with the healthcare system. They are testing, getting the test results, linked to care, retained in care and adherence to medications. Disparities based on the timeliness, aggressiveness of treatment options or quality of services may occur at each of these points.

Health inequities do occur within the healthcare system. Therefore, having access to healthcare, though important system does not address the differential treatment patients may receive within the healthcare system. In general, implicit biases, which reflect embedded institutional policies and practices, lead to systematic differences in how quickly racial/ethnic minority patients receive care and how aggressively their healthcare needs are treated. These factors in turn further contribute to racial/ethnic disparities. With an infectious condition, there are implications not only for the patient, but also for those with whom s/he interacts. Based on the substantial evidence base

Similarly, the development of a treatment does not mean that disparities will be eliminated. The evidence from the HIV epidemic suggests the opposite: disparities are likely to be exacerbated if any treatments or solutions that become available are made available without consideration

of equity. Although African Americans had experienced higher rates of AIDS than their proportion of the population would suggest since the beginning of the epidemic, it was in 1996 when antiretroviral therapies (ARTs) became widely available, the magnitude of the endstage condition of AIDS disparity (i.e., the difference between the percentages of AIDS cases among African Americans and whites) began to expand substantially. Ironically, instead of reducing the black white differential in AIDS as might be expected, over time, the availability of ARTs appears to have exacerbated them.

In addition, concerns exist about the labor implications for communities of color working proximally to COVID-19. Data from the US Bureau of Labor Statistics indicate that in 2019:

- 18.2% of all janitors in the US are black, 31.6% are Latino; these numbers likely undercount undocumented persons
- 27.5% of licensed practical and licensed vocational nurses are black
- 37.2% and 17.6% respectively of nursing, psychiatric, and home health aides are black and Latino

In conclusion, it is still possible to act to reduce disparities in the short and long terms. It is important to consider the effects of racism across the continuum of care (diagnosis, receipt of test results, linkage to the appropriate healthcare, retained in care to the extent this is appropriate, and adherence to appropriate medications).

Both these considerations and the evidence from prior epidemics provide strong evidence that stark disparities are likely to continue to emerge and that the pandemic may persist in pockets of our most vulnerable populations where more complex strategies may be needed to address it. As long as it does, there are risks for our entire society, not just for the vulnerable communities.

Thank you for the opportunity to respond to these important questions. I would be happy to clarify these points further on the phone. Thank you so much for your patience. I look forward to hearing from you soon.



**NEW YORK CITY COUNCIL**  
**COMMITTEE ON OVERSIGHT AND INVESTIGATIONS**  
**HEARING ON DISPARATE IMPACTS OF COVID-19**  
**ON COMMUNITIES OF COLOR**

**TESTIMONY OF DAVID NOCENTI**  
**EXECUTIVE DIRECTOR**  
**UNION SETTLEMENT**

April 30, 2020

Speaker Johnson, Chair Torres, and members of the Committee on Oversight and Investigations, my name is David Nocenti, and I am the Executive Director of Union Settlement in East Harlem. Thank you for providing the opportunity to testify today regarding the disparate impact of COVID-19 on communities of color.

Union Settlement, which was established in 1895, is the oldest and largest social service provider in East Harlem, offering a broad array of education, wellness and community-building programs to the community. Union Settlement's services include early childhood education, youth afterschool and summer programs, college prep, job readiness, adult education, mental health counseling, senior centers, Meals on Wheels, small business development and more.

We currently assist over 10,000 individuals every year from more than a dozen locations in East Harlem, and our programs are designed to support the needs of every generation and culture. Union Settlement is also the third-largest employer in East Harlem, with over 400 employees – many of whom were born, raised and/or live in East Harlem – who work with scores of volunteers to provide local residents with the skills, tools and education they need to build better lives for themselves and their families.

I want to start by thanking you for holding this hearing. The reality is that government officials at all levels have been astonishingly slow to respond to the easily predictable adverse impact of the COVID-19 pandemic on communities of color.

There are many reasons for this flawed response, but one main one is that those in power never sought the input of those with knowledge. Indeed, the list of those scheduled to testify at this hearing is filled with many individuals who work in these low-income communities, and any of us could have predicted exactly what was going to happen. And it did.

So thank you for reaching out and allowing our voices to be heard.

Others at this hear have described and will describe the devastating impact that COVID-19 has had on low-income communities of color, and so I will not seek to repeat those

descriptions. Instead, I would like to start from high above, look down at the entire landscape, and highlight four core issues that both underscore the nature of the problem, and also perhaps show a way forward.

First, government is failing, in part, because it continues to approach this situation as purely a public health crisis, when in reality it is a multi-crisis crisis.

It is a public health crisis. And an unemployment crisis. And a no-food-on-the-table crisis. And an anxiety/bereavement crisis. And a can't-pay-the-rent crisis. And so much more. Focusing on solutions to the public health crisis, without providing the same (or even greater) focus on solutions to the other crises, is doomed to fail.

Second, listening to those who have testified before me, and learning so much from their extensive knowledge within their areas of expertise, easily demonstrates that *at this very moment, no one truly understands the depth or breadth of these combined crises.*

And because we do not know the impact at this time, we certainly cannot know how bad it will get, or what the long-term impacts will be. But that is not a reason to stand still; rather, it is a reason to identify solutions that will work, and to implement them immediately, to prevent the present disaster from becoming even worse.

Third, while everyone understandably is moving very quickly to find short-term solutions to the current problems, we must remember that this is a marathon, not a sprint. Or, more correctly, this is a triathlon, and not a sprint. And like all triathlons, focusing on just the opening leg of the race will leave you spent and exhausted long before the race is even half over.

Finally, we can learn from what we have done correctly – albeit too slowly – in addressing the public health crisis, and apply it to the other crises that we are facing simultaneously.

In response to the public health crisis, government officials started measuring certain data – the number of new COVID-19 cases, seven-day rolling averages, the number of deaths, the number of individuals recovered, etc. – and created charts of those numbers. They then extended those charts to show the “curve” projecting how bad things would be *if we did nothing*, and then tried to come up with actions that would “bend the curve” downward – actions like closing schools, closing businesses, social distancing, wearing masks and – unbelievably, only yesterday, extensively cleaning subway cars.

Those actions are sensible and correct. But they ignore all of the other crises that exist.

I want to see an elected official hold a press conference and show a chart of the number of individuals who are unemployed. And one for the number of businesses that are boarded up. And one showing how many individuals who can’t pay their rent. And other showing the number who have visited a food pantry in the past month. And one more of the children who can’t do “distance learning” because there is no internet access at home. And also one of the number of individuals who are homeless.

Those are the charts I want to see. And for each one, I want to see what the curve will look like *if we do nothing*. And the list of actions we need to take to bend all those curves.

So yes, we need massive COVID-19 testing.

But we also need an immediate elimination of the red tape impeding the filing of claims for unemployment claims, a massive infusion of funding for food banks, and an expansion of food stamp benefits to everyone who is unemployed.

We need an immediate conversion of vacant hotel rooms into housing for the homeless, and for those who have COVID but cannot “self-isolate” at home because there are multiple other people living in the same small apartment. We need stimulus checks that go to *every* low-income household *every* month – yes, including undocumented residents –so that people can pay

their rent and purchase basic necessities until the crisis abates. And we need funding for social workers to assist those who are overwhelmed by the challenges they face.

We need a “paycheck protection program” that actually is aimed at small businesses in need (rather than Ashford, Inc., the Los Angeles Lakers and Sidwell Friends School), and accessible child care and afterschool programs, so that when jobs do open up, parents can fill those jobs.

The elected officials should implement these changes, and show how these actions will “bend the curve” on all those other charts that I would like to see, but never do.

The failure to consider and undertake these types of actions is an affirmative decision to condemn the low-income communities of color to an early demise, just as the virus has done to so many of our beloved residents.

\* \* \* \* \*

Thank you again for the opportunity to provide Union Settlement’s views on this important issue, and I would be happy to answer any questions you might have.

The Japanese American Association of New York.

April 29, 2020

The Japanese American Association of New York has served Japanese-speaking permanent residents, new immigrants from Japan, and the Japanese American community for more than 112 years. We fill a Japanese language and cultural void through a diverse agenda run by our board members.

Until 2019, the organization solely relied on the community for financial support. That support has decreased with the loss of older members and changes in the community.

During this critical moment in 2019, CCNSF gave us a grant with the opportunity to think more strategically about the organization's purpose, its focus, and what we can and should provide to the community. Both driven by community needs and informed by a critical assessment of what the JAANY is uniquely able to deliver. Our consultant led us to sharpen our focus to those events that strengthen the community as well as raise funds. Board members examined what our core values are to determine the best avenues of community support that we should take in order to continue serving the diverse Japanese American community in the areas most relevant and responsive to its needs

As a second year recipient in 2020, JAANY built upon last year's findings in developing new ways to reach our community by working with our consultant to make our website and communication even more language accessible. This grant will also allow us to improve our data management for better tracking of and communication in English and Japanese with our members, donors, and event participants through upgraded newsletters and more streamlined systems for event payment and data analysis.

The capacity building opportunity from CCNSF allows JAA to sustain our far-reaching programs, such as:

- Big Apple Kids, which provides support for young families who are new to New York
- Committee on Aging, which serves our aging population
- Keiro Kai, which provides healthy cultural lunches for seniors twice a month
- Health Fairs in Japanese that provide access to wellness for people of all ages
- Scholarships that have been supporting the education of our community for 50 years
- An Oral History Project documenting the lives of Japanese New Yorkers
- And Cultural Events such as the stargazing Tanabata Festival and a Cherry Blossom Festival for all to enjoy

We are asking NYC City Council and Committee on Oversight and Investigations to enhance CCNSF to 5 million which allows organizations like JAA to continue providing services to the immigrant community of New York City.



**To:** The Honorable City Councilmember Ritchie Torres  
**From:** Joyce Ravitz, Chairperson Cooper Square Committee  
**Date:** May 4, 2020

Dear Councilmember Torres,

Thank you for the difficult, caring work you have done to help all New Yorkers before this pandemic and now. As you know there is a fundamentally different COVID-19 impact on communities of color as opposed to white communities. Cooper Square Committee is deeply concerned about this too, and thank you for your attention to the fact that Black New Yorkers are twice as likely to die from COVID-19 as whites, and fatalities among Latinx New Yorkers follow a close second.

As NYC enters difficult financial waters, we at the Cooper Square Committee know we have to mobilize and to demand federal relief for NYC's budget. We want to ensure that the City Council prioritizes smaller organizations that serve communities of color and low income communities in apportioning its discretionary funding. Often these are the organizations that both supply needed services, and nurture the social solidarity that can help communities survive these rough times. It costs relatively little to support organizations like the Cooper Square Committee, but it sustains residents' deep connections to one another and to their neighborhoods. I write as both a member who benefits from its services, and as its Chair.

I joined the Cooper Square Committee 45 years ago. It has always been a multiethnic, multiracial grassroots organization that has worked to preserve and build low income housing in our neighborhood. Its founding members mentored me and many others, and today I am proud to be its chairperson. We organize in this culturally and economically diverse community to fight for Lower East Side tenants, and help young people and seniors in our difficult world.

Through my years with the organization, we have built a community that brings together Latinx, African American, Asian, and white neighbors to work, organize, advocate, aid, play, and grieve with one another. When I was a young mother, the Cooper Square Committee introduced me to Church of All Nations Daycare where I went on to send my son. At the Cooper Square Committee I learned about my rights as a tenant. Now, our Senior Committee has helped me and other older adults live safer and more fulfilling lives. As we shelter in place, we depend on the Cooper Square Committee to help us through these trying times.

Of Manhattan neighborhoods, the Lower East Side has some of the highest concentrations of COVID cases. Political scientist Cynthia Enloe has said of the pandemic, “We aren’t all in this together. We’re in the same rough seas, but we’re in very different boats. And some of those boats are very leaky. And some of those boats were never given oars. And some of those boats have high-powered motors on them. We are not all in the same boat.” But at Cooper Square Committee, in the Lower East Side we share our resources; we make sure no one falls out of the boat. In addition to the direct help our staff supplies, it supports the web of connections and social solidarity through which members and neighbors sustain one another. It mobilizes the community of neighbors and friends for contact and help. It is this kind of mutual support that will get us through. It deserves support from the City Council.

We look forward to hearing that the City Council is continuing to use discretionary funds to support the Cooper Square Committee.

Please stay safe,

**Joyce Ravitz**  
Chairperson

Cooper Square Committee  
61 East 4th St  
NYC, NY 10003

tel (917)613-0950  
fax (646) 602-2260

<http://www.coopersquare.org>



# COALITION OF THEATRES OF COLOR

Harlem Arts Alliance • 229 West 135th Street • New York, NY 10030

Main: 212-926-0104 • Fax: 212-281-1206

## Executive Officers

**Sade Lythcott**

Chair

**Woodie King, Jr.**

First Vice Chair

**Carl Clay**

Second Vice Chair

**Voza Rivers**

Third Vice Chair

## Founding Member Theatres

**Afrikan Poetry Theatre**

Queens, NY

**Billie Holiday Theatre**

Brooklyn, NY

**Black Spectrum Theatre Co., Inc.**

Queens, NY

**INTAR Theatre**

New York, NY

**Mind-Builders Creative Arts Center**

Bronx, NY

**National Black Theatre, Inc.**

Harlem, NY

**Negro Ensemble Company, Inc.**

New York, NY

**New Federal Theatre, Inc.**

New York, NY

**New Heritage Theatre Group**

New York, NY

**Pan Asian Repertory Theatre**

New York, NY

**Thalia Spanish Theatre**

Long Island City, NY

**Teatro SEA**

New York, NY

April 9, 2020

Dear Honorable Council Member Laurie Cumbo,

We are writing on behalf of the Coalition of Theatres of Color (CTC), a cohort of New York City-based non-profit theaters founded in 2004 by the late cultural icons, Ossie Davis and Ruby Dee to address the systemic inequities culturally-specific theaters face. Our institutions represent the artistry and cultures of a growing majority of New Yorkers, who provide robust services, employment, training, and public good to all of our residents, yet we receive one-tenth of 1% of the total funds awarded for arts and culture in New York City/State and only receive 5% of total contributed revenue from individual donors, indicating a disproportionate reliance on government and foundation grants that are—in general—increasingly less secure\*. National arts funding tracks similar startling disparities with just 4% of foundation arts funding going to organizations with a specific mission to serve communities of color.\*\* Through the Coalition's tireless advocacy over the last 17 years, and the generous recognition by the City Council, today NYC's theaters of color have a vital safety net through the Council's CTC Initiative which has grown from the original 10 founding CTC member organizations to 42 cultural arts organizations serving all 5 boroughs.

The impact of COVID-19 on the arts and culture sector has been devastating. Having to cancel every theatrical production, and a vast array of cultural specific programs and events across the city, all at once, for an indefinite period of time has already had catastrophic short term effects. Institutions across the city have laid off and furloughed thousands already. Every one of our city's cultural groups -- big and small -- are struggling to survive the next few months and sadly many may not; drastically and irrevocably shifting the landscape of our field for many years to come. Systemic inequalities, particularly in public funding, have created a climate where our members operate within a significantly under-funded and under-resourced context. This means COVID-19's effect will have particularly serious long-term consequences for our members and the underserved communities they represent.

Moreover, statistics show that the hardest hit communities by the pandemic are Black and Brown. It was recently reported that residents of the Bronx, majority Black and Latino, appear to have roughly the same likelihood of catching COVID-19 as the rest of New York City -- but twice the chance of dying\*\*\*. Our communities are suffering alarmingly disproportionate rates of infection and death, period. Several factors make up these devastating facts of the city's most vulnerable populations who live on the margins. Studies show the presence of cultural resources in a neighborhood has a significant positive impact on a neighborhood's health, the outcomes of its schools, and its crime rate.\*\*\*\* As institutions that serve, develop, nurture, hire, produce, innovate and incubate Artists of Color we have always seen ourselves as first responders in loving service to the needs of our communities. CTC institutions have long-standing relationships with many of the city's most diverse and vulnerable residents. These are populations public initiatives often find challenging to reach, through the crisis, providing imperative dissemination of up-to-date public health information and resources to help bolster the City's efforts. Today our institutions and missions are more vital than ever in playing a key role in the recovery of our great city as many of our organizations are more than just theaters. For decades CTC institutions have functioned as "safe havens" for the communities in which they operate, each year serving hundreds of thousands of New Yorkers with vitally needed cultural, educational, social, and economic resources and opportunities for youth, seniors, families, in local neighborhoods and to the broader residents living in the outer boroughs.



# COALITION OF THEATRES OF COLOR

Harlem Arts Alliance • 229 West 135th Street • New York, NY 10030

Main: 212-926-0104 • Fax: 212-281-1206

## Executive Officers

**Sade Lythcott**

*Chair*

**Woodie King, Jr.**

*First Vice Chair*

**Carl Clay**

*Second Vice Chair*

**Voza Rivers**

*Third Vice Chair*

## Founding Member Theatres

**Afrikan Poetry Theatre**

Queens, NY

**Billie Holiday Theatre**

Brooklyn, NY

**Black Spectrum Theatre Co., Inc.**

Queens, NY

**INTAR Theatre**

New York, NY

**Mind-Builders Creative Arts  
Center**

Bronx, NY

**National Black Theatre, Inc.**

Harlem, NY

**Negro Ensemble Company, Inc.**

New York, NY

**New Federal Theatre, Inc.**

New York, NY

**New Heritage Theatre Group**

New York, NY

**Pan Asian Repertory Theatre**

New York, NY

**Thalia Spanish Theatre**

Long Island City, NY

**Teatro SEA**

New York, NY

Therefore the CTC is calling on the Council and administration to prioritize and expand support to the CTC initiative that directly addresses the disparities in New York City's cultural sector and service to communities of color. Please help us to help the city and communities we all love and serve. We ask that you not turn your back on our city's most vulnerable populations--communities that continue to be disproportionately impacted, exponentially in times of crisis. Many of the CTC institutions are neighborhood oriented cultural centers and economic engines of our communities. If we close, the businesses surrounding us will remain empty, street traffic will remain sparse, neighborhoods will struggle to regain financial vitality, more people's jobs will disappear and less services will be delivered, further stressing the already precariously fragile social safety net of our people. Linking cultural engagement to social wellbeing informs a set of strategies that can enhance the quality of community life for all New Yorkers.\*\*\*\*. It has been proven when we do well, our communities do better.

Lastly and most importantly, the CTC would like to sincerely applaud the City's swift response to this public health crisis and harrowing commitment to the safety and wellbeing of all New Yorkers. It is no small feat; lives are at risk, and your leadership has been palpable and unwavering. While these are extraordinary times, we remain optimistic about the resilience of the artistic communities in New York City but we must continue to be vigilant and recognize though we are all enduring the same storm, we are not all in the same boat; if communities and institutions of color are not well, none of us are well. As we continue to navigate these uncertain times we are fortified the grace of our ancestors' wisdom, who too had to weather the unthinkable. Artists and cultural institutions, like with every crisis our great city has faced, will resuscitate the heart of our great city. We hope to stay in touch with you and continue to be a resource in any way we can during these unprecedented times. We will be calling on you to do the same for us.

Warmly on behalf of the Coalition of Theatres of Color,

Sade Lythcott  
National Black Theatre,  
Chief Executive Officer

Coalition of Theatres of Color,  
Chair

Sources:

\*DeVos Institute's Diversity in the Arts: The Past, Present, and Future of African American and Latino Museums, Dance Companies, and Theater Companies

\*\*Helicon Collaborative's 2017 "Not Just Money"

\*\*\*Huffington Post

\*\*\*\*Social Impact of the Arts Study, UPenn

## **Additional CTC theaters who have signed on to this Letter**

Afrikan Poetry Theatre, Inc.

Amas Musical Theatre

American Indian Artists (Amerinda), Inc.

Calliope Creative Foundation

Caribbean American Repertory Theatre, Inc.

Chinese Theatre Works, Inc.

Creative Ammo, Inc.

Eugenio Maria De Hostos Community College Foundation

Fiji Theater Company, Inc.

Friends of ALice Austen House, Inc.

Hip-Hop Theater Festival

ID Studio Theater Performance and Research Center, Inc.

Instituto Arte Teatral Internacional, Inc.

Ma-Yi Filipino Theatre Ensemble

Make the Road New York

National Asian American Theatre Co., Inc.

New Federal Theatre, Inc.

New Heritage Theatre Group, Inc.

Nia Theatrical Production Company, Inc.

Pan Asian Repertory Theatre, Inc.

People's Theatre Project, Inc.

Point Community Development Corporation, The

Pregones Touring Puerto Rican Theatre Collection, Inc.

Second Generation Productions, Inc.

Society for the Preservation of Weeksville and Bedford

Stuyvesant History

Society of the Educational Arts, Inc.

Spanish Theatre Repertory Company, Inc.

Teatro Circulo, Ltd.

Thalia Spanish Theatre, Inc.

The Classical Theatre of Harlem, Inc

Universal Temple of the Arts, Inc.

Vibe Theater Experience, Inc.  
Visual Arts Research and Resource Center Relating to the  
Caribbean  
Yangtze Repertory Theatre of America, Inc.

## Signatures for the Founding CTC Theatre Institution



Your signature

National Black Theatre Inc.

4/9/20

Your Organization

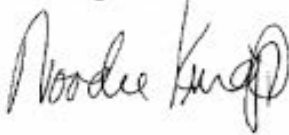


Your signature

The Negro Ensemble Company, Inc

6/4/09/2020

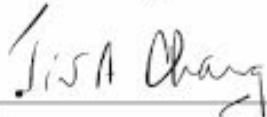
Your Organization



Your signature

New Federal Theatre

Your Organization

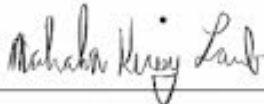


Your signature

Pan Asian Repertory

4/9/20

Your Organization



Your signature

MindBuilders Creative Arts

4/9/20

Your Organization



Your signature

Black Spectrum Theatre Co. Inc.

4/9/20

Your Organization

April 29<sup>th</sup> 2020

Dear City Council,

Thank you for all your work and efforts toward addressing the COVID issues in NYC. I am a small property owner, who self-manages a property that has been in my family for the last 40+ years.

Regarding Intro. 1912, as property owners are the next "domino" to fall if tenants do not/cannot pay rent (for whatever reason), whatever protections given to tenants need to also be given to property owners in the same form and timeline.

For example:

- A cancellation of rent requires a cancellation on expenses, including property taxes.
- A moratorium on evictions requires a moratorium on property tax lien sales, loan call-in's by banks, utility shut-offs.

Every payment is important to Small Property Owners. Small Property Owners do not have the financial wherewithal to be the lifeline for tenants (by cancelling rent), the lifeline for the city (by keeping taxes due on the same schedule), and the lifeline for all the vendors/staff that rely on us for work.

[Intro. 1936](#), which would further add to the numerous existing harassment laws. In this case, any threat made to a tenant based on their status as person impacted by COVID-19, including whether they are an essential worker or because they were laid off, or because they've received a rental concession or forbearance, would now be deemed a form of harassment. Violations would be punishable by a civil penalty of \$2,000 to \$10,000.

Regarding Intro. 1936, the premise of this bill is that all/most property owners are harassing tenants impacted by COVID-19 (e.g. loss their job, essential worker, the mere fact that a tenant received rent concession). Who - literally who exactly - is harassing tenants? There is a lack of details on what is deemed harassment. Is asking about the status of a rent balance considered harassment? Is sending a 5-day notice letter that is required by law considered harassment? *This proposal is counterproductive. Property owners & tenants be encouraged to communicate and try to work something out, whereas this bill discourages such.*

Given the lack of details, this seems more like a political PR stunt than an attempt to address a legitimate issue. It pins tenants vs property owner and vice versa. **Please do not make this a political issue. We need to be working together, not fighting each other.**

Sincerely,

NYC Minority Family-Operated Small Business



## TESTIMONY OF BROOKLYN LEGAL SERVICES

### Committee on Oversight & Investigations

#### Oversight Hearing - Disparate Impacts of COVID-19 on Communities of Color

April 30, 2020

For more than 50 years, **Brooklyn Legal Services (BLS)** has provided high-quality, innovative representation to low-income communities throughout the borough of Brooklyn. Our mission is to fight poverty and fight for racial, social and economic justice for low-income New Yorkers. Through litigation, advocacy, education and outreach, BLS has advanced the interests of our clients and created systemic changes that strengthen and protect Brooklyn communities. We work tirelessly to protect the rights of low-income veterans, immigrants, the LGBTQ community, people with disabilities and other vulnerable constituents. With its 19 distinct practice areas, Brooklyn Legal Services is able to provide holistic, multi-disciplinary, wrap-around services in-house for its clients and is uniquely poised to meet the increased needs of constituents during the Coronavirus (COVID-19) pandemic.

As such, **Brooklyn Legal Services** quickly mobilized to advocate with various agencies to streamline access to critically needed benefits and expanded our capacity to assist clients with public assistance, unemployment insurance and other wage replacement benefits applications. We have aggressively advocated for educational equity during the pandemic on behalf of low-income students of color and worked to meet the urgent basic needs of vulnerable immigrant communities which have been disparately impacted by the current crisis. It is now widely recognized that the current pandemic, with all its stressors, has been accompanied by an increase in domestic violence. Therefore, BLS has prioritized victim safety in our COVID 19 response. In addition, our Community Economic Development (CED) Unit has mobilized to provide expert legal advice, assistance and representation for largely minority-owned small businesses, cooperatives, and independent contractors, as well as the self-employed, with regard to federal, state and private sources of financial assistance, as well as related lease, tax and insurance matters. Finally, our Housing Units have mobilized to address the rash of illegal lockouts, repairs issues and post-eviction cases that have spiked in communities of color during the current pandemic despite the eviction moratorium, while our Foreclosure Prevention Unit continues to work defend low-income homeowners in communities of color, many of whom are not eligible for COVID-19 related mortgage relief.



## **Minority-Owned Businesses Hit Hard**

Small businesses are a substantial source of income and employment in New York City, employing approximately 50% of the private workforce.<sup>1</sup> In Brooklyn, small businesses account for nearly 40% of jobs.<sup>2</sup> Minority and women-owned small businesses, in particular, are critical to fighting the growing racial wealth gap and empowering communities of color. In the United States, families with a self-employed head of household earn two times the average income and have a net worth nearly six times higher than a family with a head of household who works for someone else. Therefore, it is no surprise that the COVID-19 outbreak has caused an unprecedented economic disruption in communities of color. Small businesses' revenue streams have significantly decreased or disappeared altogether and, understandably, small businesses are unlikely to have continuity plans, business interruption insurance, or cash reserves dedicated to unforeseen events that can help them survive this crisis.

These challenges are more pronounced for minority and women-owned small businesses that have not been able to take advantage of government-funded programs, such as the Paycheck Protection Program (PPP) and the Economic Injury Disaster Relief (EIDL) program, because they didn't qualify or the funds were exhausted by the time their applications were processed. Even with the recent replenishment of these programs, the vast majority of businesses owned by people of color will continue to be excluded because these programs do not take into account the specific needs of these businesses.<sup>3</sup> The PPP program, for instance, can be accessed only through banks and other SBA lenders, and these institutions are only lending to existing customers, while most business owners of color do not have these relationships. Also, banks are lending to businesses seeking larger loans with bigger payrolls than most businesses of color. White-owned businesses are 7 times more likely to have employees than black-owned businesses, and collectively employ 40 times more people. Furthermore, while discrimination in access to credit is well-documented, according to a U.S. Census survey, 30% of business owners of color reported feeling that they were discouraged from seeking a loan. It is time for communities of color to receive their fair share of the COVID-19 relief and recovery.

For these reasons, among many others, the economic impact of COVID-19 will hit small businesses of color the hardest. **BLS' Community & Economic Development (CED) Project** is helping small businesses, worker cooperatives, and sole proprietors, which are predominantly owned by and employ people of color, to stay apprised of important

---

<sup>1</sup> U.S. Small Business Administration, Office of Advocacy, "New York Small Business Profile, 2018" available at <https://www.sba.gov/sites/default/files/advocacy/2018-Small-Business-Profiles-NY.pdf>.

<sup>2</sup> Brooklyn Chamber of Commerce (September 5, 2016), "Final Draft Report: Economic Assessment of the Brooklyn Economy-2016," available at <https://weblink.ibrooklyn.com/cwt/external/wcpages2015/wcmedia/documents/2016bceconreport.pdf?ecorport>

<sup>3</sup> Center for Responsible Lending (April 6, 2020), "Small Business Support Must Extend to Businesses of Color" available at <https://www.responsiblelending.org/research-publication/small-business-support-must-extend-businesses-color>.

developments and explore legal strategies to mitigate the impact of the outbreak on their businesses and their employees. Our COVID-19 related CED services include advice regarding government programs such as the SBA Paycheck Protection Program, the Economic Injury Disaster Loan program, Employee Retention Credit and other local and state grants and loans; crowdfunding campaigns; evaluation of *Force Majeure* provisions in key contracts; negotiation with landlords, suppliers, and creditors; assistance with requests for designation as an essential business for purposes of Executive Order 202.6; and general guidance about workplace laws as NYC seeks to stop the spread of COVID-19.

### **Unprecedented Levels of Unemployment**

In response to the unprecedented and sudden increase in unemployment due to the Coronavirus crisis, BLS' **Workers' Rights and Benefits Unit** quickly expanded our capacity to handle employment and unemployment issues for clients affected by the pandemic. Thus far, the emergent advocacy need has been facilitating the processing of unemployment insurance (UI) applications for the huge and growing population of unemployed New Yorkers in view of the inability of the NYSDOL's outdated system to accommodate the spike in applications and the unavailability free language interpretation. As New York City's frontline workers are predominantly people of color<sup>4</sup>, this assistance is a critical means of addressing employment and benefits inequities. Workers of color are not only overrepresented in the low-wage workforce but also in the short-term and contingent workforce, and more likely to lack access to necessary work-related benefits and to face unemployment.<sup>5</sup> Now more than ever, ensuring access to paid sick time is crucial to safeguard the health and wellbeing of workers and their families.

Accordingly, BLS aggressively advocates to increase access to unemployment insurance and other wage replacement benefits for these vulnerable workers<sup>6</sup> and has expanded our capacity to respond to COVID-19 related employment rights issues by launching a new city-wide project and hotline to specifically assist low-income and LEP (limited English proficient) New Yorkers in accessing UI benefits. We developed a UI application fact sheet for clients and advocates in English and Spanish. We then began to work on materials for a series of training workshops to be delivered via videoconference technology, focusing especially on UI and Pandemic Unemployment Assistance (PUA) eligibility for freelancers and "gig" workers, many of whom are frequently misclassified as independent contractors.

---

<sup>4</sup> See, e.g., <https://www.marketplace.org/2020/04/08/covid-19-is-not-the-great-equalizer-its-hitting-black-communities-hardest/>

<sup>5</sup> Michelle Chen, "Is the On-Demand Economy Taking Over?" *The Nation* (June 14, 2018), available at <https://www.thenation.com/article/archive/demand-economy-taking/>

<sup>6</sup> See Noam Scheiber, "Drivers Say Uber and Lyft are Blocking Unemployment Pay," *New York Times* (March 24, 2020), available at <https://www.nytimes.com/2020/03/24/business/economy/coronavirus-uber-lyft-drivers-unemployment.html>; Patrick McGeehan, "He Needs Jobless Benefits. He was told to find Fax Machine," *New York Times* (April 4, 2020), available at <https://www.nytimes.com/2020/04/04/nyregion/coronavirus-ny-unemployment-benefits.html>; Kate King, "Freelance New Yorkers Can Apply for Unemployment, but It Isn't Easy," *Wall Street Journal* (April 9, 2020), available at <https://www.wsj.com/articles/freelance-new-yorkers-can-apply-for-unemployment-but-it-isnt-easy-11586442169>.

The first of these trainings was provided on March 31 for retail workers who had lost their jobs, hosted by the Retail, Wholesale and Department Store Union. BLS staff have participated in ten training sessions and town halls over the past four weeks in collaboration with a variety of partners, including community based and workers' rights organizations, NYCHA, members of Congress, State legislators, City Councilmembers, the Public Advocate, and the New York State Bar Association, providing education and information to at least 5,000 New Yorkers plus potentially thousands more via social networking platforms.

To address the immediate need for financial support for families suddenly without a source of income, we have expanded our services for both existing and new clients to actively assist them in applying for and obtaining unemployment insurance benefits and public assistance benefits, including cash assistance, SNAP, and Medicaid. The need is intense as people struggle to find ways to support themselves and their families. LSNYC's new public assistance application hotline opened 99 cases during its first week with virtually no outreach or advertisement.

### **Increased Incidents of Domestic Violence**

Last year, over 24,000 incidents of domestic violence were reported in Brooklyn and nearly one in every four of Brooklyn's estimated 2.5 million residents lives in property. While individuals (most frequently, women) from all socio-economic backgrounds experience domestic violence, low-income people of color are more disparately impacted, more vulnerable to abuse and less likely to have the means to leave. BLS has placed victim safety in the forefront our COVID-19 response. Immediately following the Governor's stay at home announcement, **BLS' Family Law and Domestic Violence Unit (FLDVU)** sprang into action to counsel all our clients with current Orders of Protection, do safety planning and provide targeted advice on custody, visitation, and orders of protection (including working to ensure that children, who may have been on visits with the non-custodial parent, were returned to the custodial parent prior to the implementation of the stay at home mandate).

The fact that many victims are forced to shelter in place with their abusers, combined with the misconception that courts are closed and "physical distancing" precautions discouraging gatherings in public places, have made it challenging to reach victims, do safety planning and pursue legal remedies. Thus, BLS opened up a hotline to provide advice to individuals who have concerns regarding custody, visitation, and orders of protection. Our intake hotline staff are now receiving desperate "whispering" calls from victims seeking help, forced to whisper because they are "sheltered in place" (in close living quarters) with their abusers. Attorneys have been monitoring calls closely and providing a rapid response to ensure that victims who need help get it as quickly as possible. We have experienced attorneys who are keeping safety planning in the forefront of their minds while advising hotline callers on their legal rights, court procedures, and benefits available through BLS (for e.g. assistance in applying for benefits, including public assistance and SNAP) and other community partners including organizations providing both financial support and food donations. BLS' FLDVU is reaching out to clients, elected, and community partners to get

the word out that emergency orders of protections can still be obtained if the party is currently living with their abuser and that BLS can help.

### **Exacerbated Educational Inequities**

**BLS' Education Unit** has been collaborating with community-based organizations and advocating with the Department of Education to address student needs during the current pandemic. The current crisis has laid bare the racial and socio-economic inequities that we know exist in the education system. Our focus has been on ensuring that our clients are connected to remote learning and to their special education services. Many students without computers or internet access are still awaiting devices from the New York City Department of Education (NYC DOE) and cannot access education. Of particular concern are students whose disability is so pervasive or severe that they cannot benefit at all from remote learning. Other families where English is not their first language continue to face significant barriers in assisting their children with remote learning access and understanding the online lessons.

The NYC DOE continues to shape and create new policy on how to address the learning needs of students during the pandemic, and BLS is part of this effort. BLS has provided the DOE with information to create guidance on trauma sensitive learning and social emotional support. We strongly advocate against disciplinary actions before, during and after they return to school, and against penalizing students who have not been able to adequately benefit from remote learning in terms of promotion and grading. For special education students, we have indicated what supports and services, including art and physical enrichments and academic remediation, should be available to students over the summer so that they have an appropriate space to learn and express themselves now and when they return to school buildings. BLS is also working on issues with charter school remote learning and instruction, as charter school policies during the pandemic are not covered by NYC DOE policy. BLS advocates for the rights of charter school students to continuing education and services, as well as the needs of families with disabled students attending charter schools throughout NYC.

With support from our social work unit, we also are addressing the substantial non-educational obstacles that our low-income clients are now facing in the midst of the pandemic, which impede their children's participation in remote learning and remote educational settings. In our effort to reach more students and families with educational issues during the pandemic and school closure, we have expanded our education advocates helpline to address any and all education issues, and also to cover the needs of Manhattan students.

### **Immigrant New Yorkers – More Vulnerable Than Ever**

**BLS' Immigration Unit** works with many people, largely low-income people of color, who recently arrived in the US. Many of these clients have been working off the books and/or were reliant upon the service industry as their immigration cases progress. As a result of the

COVID-19 pandemic, many immigrants lost their jobs and, due to their immigration status, are not eligible for public assistance or unemployment insurance. Immediately after NYC limited businesses to essential workers, our advocates began connecting clients with local NYC-based mutual aid funding, locating gift cards, grocery delivery and money for them and their families. After facing the limitations of local mutual aid funds, our team of social workers quickly mobilized to establish an emergency client fund. Within a few days, LSNYC raised over \$70,000, and we are now distributing funds to our neediest clients to meet basic needs.

Immigration proceedings have not been suspended during the current pandemic, which significantly prejudices non-citizens in danger of removal, who are less able to retain counsel during the current pandemic. To address this, on April 29, 2020, our city-wide immigration advocates filed a landmark lawsuit against Executive Office for Immigration Review (EOIR) for forcing respondents in immigration court to continue working on their cases in the midst of a global pandemic, risking their health and violating the Governor's Executive Order.

### **Increased Numbers of Illegal Lockouts, Repairs Issues and Post-Evictions**

**BLS' Housing Unit** has transformed its practice in response to the COVID-19 pandemic in order to continue assisting tenants. We immediately expanded our community intake by telephone, and advocated with the courts and CBO partners to allow remote intake appointments and appearances, providing Brooklyn tenants continued access to our services. We quickly modified our intake and legal representation systems to enable us to represent tenants remotely by phone and video conference. Since mid-March 2020, BLS has appeared on behalf of tenants in post-eviction and illegal lockout proceedings, and filed emergency cases to demand repairs of dangerous conditions that jeopardize our clients' health and safety. We have filed cases demanding remediation of a raw sewage leak in the basement of a rent stabilized building and demanding restoration of electricity, heat and hot water. We have sought to enjoin landlord harassment such as inappropriate contact and work during the pandemic. We are also representing tenants in illegal lockouts, a self-help strategy being utilized by landlords during the legal moratorium on evictions. In partnership with LSNYC's centralized intake unit (Access-Line) and HRA-OCJ housing hotline, which accept calls from tenants every day, we are providing the tenants with a wide range of advice and counsel on COVID-19 related housing issues, such as the impact of breaking one's lease and nonpayment of rent.

### **Homeowners in Communities of Color Still at Risk of Foreclosure**

Foreclosures disproportionately affect households from neighborhoods of color. Based on the 90-Day Pre-Foreclosure Notices [latest are from 2018] filed with the NYS Department of Financial Services, the zip code facing the greatest risk of foreclosure in New York State—11236—is Canarsie in Brooklyn, which is 95.6% non-white. Brooklyn zip code 11234, containing Flatlands/Marine Park, is also at the very top of the state's risk list and is also a majority non-white neighborhood. People of color also tend to have the worst, non-

bank servicers, including proprietary servicers of private equity funds, who are all less susceptible to governmental pressure and legal advocacy.

Although the temporary suspensions of mortgage payments (forbearances) are being granted by some servicers under certain conditions, these are not available to homeowners who were already behind on their mortgage payments, including those in trial plans that would have converted to permanent modifications. The exclusion applies to everyone in foreclosure, as well as those with pre-foreclosure notices—these are homeowners that may have been able to reach a resolution with their servicers but for the crushing income loss associated with COVID-19. Thus, BLS advocates have been educating homeowners in communities of color about the disappointing options available during this crisis<sup>7</sup> and continue to work tirelessly to defend foreclosure actions through resource intensive litigation and advocacy to obtain mortgage relief from these especially vulnerable homeowners.

The COVID-19 pandemic has thrown existing racial and social inequities into stark relief. From the challenges of remote learning to increased domestic violence, the COVID-19 pandemic is disparately impacting communities of color. Minority-owned small businesses and homeowners in communities of color are less likely to qualify for State and Federal relief programs; and low-income workers, primarily people of color and immigrants, face huge barriers accessing unemployment insurance and other wage replacement benefits. Our most vulnerable clients, low-income workers, tenants, immigrants, victims of domestic violence, the elderly, and the people with disabilities, have not only been faced with the COVID-19 health crisis, but also with illegal lockouts, domestic violence, and the inability to meet their most basic needs. Brooklyn Legal Services is on the front-lines advocating for those hardest hit by this pandemic and leveraging our legal expertise to address these systemic inequities. We would like to thank the Council for your continued support in doing this work.

Respectfully submitted,

*/s/ Tanya Wong*

**Tanya E.M. Wong, Esq.**

Project Director

Brooklyn Legal Services

105 Court Street, 4<sup>th</sup> Floor

Brooklyn, NY 11201

Tel.: (718) 237-5501

Fax: (646) 921-0347

Email: [twong@lsnyc.org](mailto:twong@lsnyc.org)

---

<sup>7</sup> Janaki Chandha, “Cuomo’s Mortgage relief order spurs confusion, disappointment for homeowners,” Politico (April 8, 2020), *available at* <https://www.politico.com/states/new-york/city-hall/story/2020/04/08/cuomos-mortgage-relief-order-spurs-confusion-disappointment-for-homeowners-1273435>

**SIGN ON FORM [HERE](#)**

April 12, 2020

**Statement:** To survive this pandemic and its aftermath, Black and brown communities need resources that don't look like police - Our New York City Demands

**Contact:** [nyc.chapter@byp100.org](mailto:nyc.chapter@byp100.org)

To no surprise, data is showing that Black and brown communities are being hit hardest by COVID-19. Recent data from the New York City Health Department [shows that the highest rates of COVID-19 cases have been reported in zip codes](#) with predominantly Black and brown residents. [Preliminary NYC race-based data](#) shows that Black and Latinx people make up 43% of cases and 61% of deaths. Other states and cities have started releasing data that shows Black people are contracting and dying from the [coronavirus at an alarmingly high rate](#): in Michigan, 40% of reported deaths were of Black people; in Milwaukee County, Michigan, 81% of reported deaths were of Black people; in Illinois, 43% of deaths were of Black people, including an overwhelming [72% in Chicago](#); in Louisiana, 70% of reported deaths were of Black people, and other states have indicated disproportionate health impacts on Black communities. Along with the disparate impact on the health and safety of Black and brown communities, projections show that these communities will be hit the hardest by the [economic fallout of the COVID-19](#) pandemic. Industries such as hotels, restaurants, retail, passenger transportation (dollar vans, taxi cabs), personal care services (childcare, home health aid, etc.), and so on, are key sources of employment for Black and brown and immigrant communities. These are also the industries experiencing the greatest economic instability in this crisis. Moreover, Black people are disproportionately impacted by structural inequities that make the practice of social distancing practically impossible: Black people make up [53% of the incarcerated](#) population in NYC while Rikers is experiencing infection rates seven times higher than the rest of the city; [57% of heads of households in NYC shelters are Black](#); and Black neighborhoods are the most heavily patrolled by NYPD, who are also able to spread the virus with every interaction. Increased NYPD presence in communities runs counter to the practice of social distancing. [Over 1,400 NYPD officers and civilian employees have tested positive for coronavirus](#), thus increasing their presence puts communities at risk of further exposure to the virus.

Despite the known institutional racism (medical racism, incarceration, health disparities, environmental racism, criminalization, etc.) that makes Black and brown communities increasingly vulnerable, **City Council and the Mayor have taken little action to ensure that Black and brown communities survive this pandemic.** The City's response to COVID-19 thus far has been to prioritize the safety of NYPD to further the criminalization of our communities, to allocate resources to more wealthy neighborhoods, and to center the expertise of people without public health expertise. Most notably, on April 1, 2020, New York City Mayor Bill de Blasio announced that former NYC Police Commissioner [James O'Neill will be the COVID-19 Senior Advisor](#) to the City of New York. In this role, he will manage the supply chain for protective and medical equipment within all New York City hospitals. Samaritan's Purse, in partnership with Central Park Conservancy, the NYC Parks Department and the Mayor's Office, has already opened a [Central Park Field Hospital](#) to help with the overflow from Mount Sinai while hospitals such as Elmhurst hospital, which serves predominantly Black and brown communities, still lag behind in additional resources and protective



equipment. **It is indicative of the carceral nature of this city that our officials sit idly by while Black and brown people die during this pandemic after having just recently approved \$11 billion dollars to construct new jails in the very neighborhoods most impacted by this crisis.** These are funds that could instead have been allocated toward our hospitals and other public services. Jails, prisons, and police will not keep us safe, prevent our communities from contracting coronavirus, provide us with protective gear, or meet any of our most basic needs. By dragging their feet on providing the services our communities actually need, City Council and the Mayor are complicit in the systematic mass killings of Black and brown communities.

**As the City negotiates the budget and considers measures to address the COVID-19 crisis, we demand that:**

1. James O'Neill step down as the COVID-19 Senior Advisor to the City;
2. Mayor Bill de Blasio appoint an expert on public health and hospitals to serve as the COVID-19 Senior Advisor to the City;
3. The City halt all expansion of policing in response to this pandemic, including summons and arrests for not following quarantine orders, arrests for crimes of poverty, acts of survival and beyond;
4. The City redirect any increased spending from protective gear for police to patrol the streets to equipment and other resources for frontline workers, such as nurses, doctors, EMT and home health aides, among others;
5. The City declare mutual aid as an essential service that doesn't warrant being stopped or ticketed by police;
6. The City declare a moratorium on jail admissions as well as the release of all people serving city sentences, detained pretrial, and for technical parole violations; especially those who are at risk;
7. The City immediately limit the restrictiveness of electronic monitoring and house arrest to ensure that residents can move about to safely prepare for the pandemic;
8. The City allocate more money for re-entry services to community-based organizations in order to meet the increase of people being released;
9. The City provide economic and housing support for Black and brown sex workers, street vendors, undocumented people, and all who do not qualify for support from the federal stimulus package;
10. The City provide immediate housing and economic support for people who are homeless, packed in shelters, and recently released from jail. One such way would be to actually use eminent domain for the public good to seize any of the 250,000 vacant luxury apartments or 100,000 empty hotels to house them.
11. The City use eminent domain to give community access to Bedford Union Armory, vacant land, and other unoccupied space in order to provide necessary services, such as field hospitals, food banks, community gardens, and other community-based cooperative efforts; and
12. The City fully fund the Summer Youth Employment Program (SYEP), a critical lifeline for thousands of Black youth to receive valuable work experience and necessary income, and work with program partners to ensure all youth participants have access to technology so that they can work remotely.

We know all too well the ways governments take advantage of times of crisis to expand policing, surveillance and incarceration, as we have seen so far with the regressive amendments to the bail statute, the millions of





dollars newly allocated to law enforcement, and the [fines for not practicing social distancing](#). If we allow any further expansion of these systems, they will be with us long after we have contained the spread of this virus. It is unconscionable that in the midst of a deadly pandemic, the City would prioritize the expansion of surveillance and policing over the health and safety of NYC residents and medical professionals.

Signed,

Black Youth Project 100 - NYC	New York City
Center for Constitutional Rights	National
Release Aging People in Prison Campaign	New York State
Parole Preparation Project	New York State
Black Alliance for Just Immigration	National
Bluestockings Bookstore	CM Margaret Chin, Dist. 1
Jewish Voice for Peace - NYC	New York City
CLEAR (at CUNY School of Law)	New York City
Project NIA	National
Alliance for Quality Education	New York State
Brown Girl Recovery	Bronx, NY
Red Canary Song	New York City
Freedom to Thrive	National
Law For Black Lives	National
Palestinian Youth Movement - NYC	New York City
Make the Road NY	New York City
DecrimNY	New York State
Policing and Social Justice Project, Brooklyn College	New York City
COVID Bail Out NYC	New York City
HUMXN SOLUTIONS	CM Laurie Cumbo, Dist. 35
Young People of Color Incorporated	CM Antonio Reynoso, Dist. 34



— FIGHTING FOR THE BLACK QUEER FEMINIST FUTURE. —

NYC-DSA Afrosocialists: Socialists of Color Caucus	New York City
SWOP Brooklyn	Brooklyn, NY
<b>Name</b>	<b>City Councilmember</b>
Saye Joseph	CM Alicka Ampry-Samuel, Dist. 41
Darializa Avila Chevalier	CM Mark Levine, Dist. 7
maya finoh	CM Alan N. Maisel, Dist. 46
Menna Elsayed	CM Stephen Levin, Dist. 33
Julian Hill	CM Bill Perkins, Dist. 9
Asamia Diaby	CM Vanessa Gibson, Dist. 16
Waciuma Maina	CM Ydanis Rodriguez, Dist. 10
Najaad Dayib	CM Bill Perkins, Dist. 9
Leila Raven	CM Alicka Ampry Samuel, Dist. 41
TS CANDII	CM Farah Louis, Dist. 45
Leona Joseph	CM Alicka Ampry-Samuel, Dist. 41
Marie-Claire Joseph	CM Alicka Ampry-Samuel, Dist. 41
Cyán Williams	CM Mathieu Eugene, Dist. 40
Donnay Edmund	CM Mathieu Eugene, Dist. 40
Nyla Sampson	CM Robert E. Cornegy, Jr., Dist. 36
John Bowden	CM Costa Constantinides, Dist. 22
Solange Azor	CM Brad Lander, Dist. 39
Sayief Leshaw	CM Cory Johnson, Dist. 3
Lorenzo Bradford	CM Mark Levine, Dist. 7
Hassan E.T.	CM Diana Ayala, Dist. 8
Monica Nyenkan	CM Inez Barron, Dist. 42




---

 FIGHTING FOR THE BLACK QUEER FEMINIST FUTURE.
 

---

Isabel Wilson	CM Carolina Rivera, Dist. 2
J. Elyse Sayers	CM Mathieu Eugene, Dist. 40
Nikhil Shimpi	CM Laurie Cumbo, Dist. 35
Danielle King	CM I. Daneek Miller, Dist. 27
Mariame Kaba	CM Carlina Rivera, Dist. 2
Paula Francis	CM Mark Levine, Dist. 7
Edith Antonio	CM Mark Levine, Dist. 7
Spencer Garcia	CM Eric Ulrich, Dist. 32
Simisola Olagundoye	CM Helen Rosenthal, Dist. 6
Monilola Awolesi	CM Mark Levine, District 7
Gara	CM Robert E. Cornegy Jr., Dist. 36
Dylan Adler	CM Cory Johnson, Dist. 3
Olu	CM Robert E. Cornegy Jr., Dist. 36
Katherine Sisk	District 37
Robin Cullen	CM Robert E. Cornegy Jr., Dist. 36
Caroline Eskew	CM Inez Barron, Dist. 42
Sierra Mills Druley	CM Robert E. Cornegy Jr., Dist. 36
Frankie Janiec	CM Antonio Reynoso, Dist. 34
LJ Almendras	CM Inez Barron, Dist. 42
Gabrielle Gaujean	CM Bill Perkins, Dist. 9
Roxanne Zech	CM Brad Lander, Dist. 39
Alex Graff	CM Mark Levine, District 7
jonathon	CM Brad Lander, Dist. 39
Emily Evans	CM Stephen Levin, Dist. 33
Kristen Miller	CM Laurie Cumbo, Dist. 35



— FIGHTING FOR THE BLACK QUEER FEMINIST FUTURE. —

Julia Daniel	CM Rafael Salamanca Jr., Dist. 17
Theo Haber	CM Mathieu Eugene, Dist. 40
Avi Cummings	CM Jimmy Van Bramer, Dist. 26
Jianming Chua	CM Mathieu Eugene, Dist. 40
Gabriel DeFazio	CM Brad Lander, Dist. 39
Tamar Ghabin	CM Mathieu Eugene, Dist. 40
M.J. Williams	CM Mathieu Eugene, Dist. 40
Autumn Lewis	CM Diana Ayala, Dist. 8
Allison O'Connor	CM Robert E. Cornegy Jr., Dist. 36
Mariah Oxley	CM Antonio Reynoso, Dist. 34
Jess Zeidman	CM Robert E. Cornegy Jr., Dist. 36
Jillian Sermonte	District 37
Sandy	CM Stephen Levin, Dist. 33
Sarah Phillips	CM Carlina Rivera, Dist. 2
Shezza Abboushi Dallal	District 37
Jeremy Capps	CM Laurie Cumbo, Dist. 35
Brandon Cepress	CM Cory Johnson, Dist. 3
Ciara Brewer	CM Carlina Rivera, Dist. 2
Brian Sarfo	CM Andy King, Dist. 12
Clara	CM Brad Lander, Dist. 39
Margarita Ren	CM Antonio Reynoso, Dist. 34
Nancy Morisseau	CM Robert E. Cornegy Jr., Dist. 36
Erika Lopez	CM Stephen Levin, Dist. 33
Ryan Kuonen	CM Antonio Reynoso, Dist. 34
Erick Walden	CM Bill Perkins, Dist. 9
Angela Jin	CM Carlina Rivera, Dist. 2



FIGHTING FOR THE BLACK QUEER FEMINIST FUTURE.

Autumn	CM Robert E. Cornegy Jr., Dist. 36
Kassandra Frederique	CM Helen Rosenthal, Dist. 6
Alana Mohamed	District 37
Kathryn Mosley	CM Laurie Cumbo, Dist. 35
Michael Salgarolo	CM Laurie Cumbo, Dist. 35
Lark Omura	CM Inez Barron, Dist. 42
Eric Tien	CM Mark Treyger, Dist. 47
Laura Bedrick	CM Mark Levine, Dist. 7
Kaitlyn Brown	CM Antonio Reynoso, Dist. 34
Hannah Wilson	CM Stephen Levin, Dist. 33
Emmaia Gelman	CM Mark Levine, Dist. 7
Shannon	CM Adrienne E. Adams, Dist. 28



## **TESTIMONY APRIL 30, 2020 BY MADAHA KINSEY-LAMB, E.D. & FOUNDER**

I've seen so many good things come in the last few years from the Mayor and from the City Council: Pre -K -support for communities of color, children's after school programs, children's summer programs, support for the arts that expand the mind and educate the heart .

The prospect of so much of this being swept away to be replaced by a billboard expressing deep regrets is a direct attack on the communities that have suffered the worse in illness and in fatalities - often, too often, from the same families whose members have responded to serve the sick and the dying.

This cannot be permitted to happen. This virus will not kill the spirit of the city and this mindless approach to stripping services out of the neediest communities should not be allowed to kill it either, it must be stopped. For CTC and the tremendous support that has come to Mind-Builders and expanded our reach and the reach of founding theaters as well to audiences in the thousands. But here again - the disparities are clear.

COVID-19 is shining a glaring spotlight on this place that we have been before - where the disparities of opportunity, education, employment, healthcare, housing, safety and overarching quality of life once again slap us in our faces and are clear in the lives of everyone of us as we must acknowledge – we are all essential. Mind-Builders Creative Arts Center is located in the Northeast Bronx remotely serving most of our 700 young people every week from every ZIP Code in the Bronx and beyond. Right now we employ 52 professionals and dedicated staff who come from the five boroughs: teaching artists, pre-kindergarten instructors, maintenance, clerical, administrative management staff - are all part of the committed team whose families were counting on their salaries and who make the transformation of the lives of young people in our in underserved communities possible. I join you now in speaking for the children and their families I thank you for the support the council and so many public officials so many more families and young people would not otherwise be able to experience

the suWe cannot go backwards now we must take a stand for the young people who may not be falling in numbers from the physical effects of coffee but please tell me what is our plan for them in the face of reductions and elimination of supportive programs and constructive, engaging, life affirming activities will have on their day-to-day lives and their futures? What are our plans for what young people will be doing this summer and all day any day without supervision?

At Mind-Builders Creative Arts Center and at CTC theaters, it has always been about transforming lives and saving lives, enhancing lives and promoting a way despite the deck and disparities being stacked against them. Please stand with them, our communities and the possibilities for a full life that working together we can provide.



**Arab American Association of New York**

7111 5<sup>th</sup> Avenue

Brooklyn, NY 11209

Tel: (718) 745-3523 • Fax: (718) 745-3070

info@ArabAmericanNY.org • [www.ArabAmericanNY.org](http://www.ArabAmericanNY.org)

Dear Committee Members,

I hope this finds you well, and that you and your loved ones remain safe and healthy. AAANY is grateful for your support and are eager to continue working with you to protect the safety and health of South Brooklyn's Arab and Muslim communities. I am writing to you today to urge you to protect funding designated under the Communities of Color Nonprofit Stabilization Fund, which remains one of our most important and foundational sources of support during this difficult time.

CCNSF is one of the only funders in the city that helps to build the capacity of organizations like our own, and we owe much of our continued growth and impact to them. Thanks to this fund, we have been able to develop a robust and compliant financial management system, build a customized and digitally secure client and donor database, and offer professional development and team-building trainings that have built the leadership skills of our staff -- most of whom are themselves young women of color. Now, with their support, we are working with a cooperatively-owned tech firm to implement digitally secure technical and information systems, tools, and protocols.

The importance of this work cannot be overstated. Now more than ever, our CCNSF-funded project is of critical importance. The COVID-19 crisis has forced us to imagine a drastically-altered workplace while we amplify our efforts to support an increasingly vulnerable population. If we are unable to complete our current project with CCNSF, we will not have the resources or infrastructure to protect our organization, our staff, and our clients as we transition to a digitally-based service model.

The Communities of Color Nonprofit Stabilization Fund has proven, time and time again, that they are committed to our success. The COVID-19 crisis shows just how important this work continues to be. We are grateful for your support of this fund and are hopeful that you will recognize its ongoing necessity in the midst of this unprecedented crisis.

Thanks and best,

Aisha Alsabahi,

Operations Administrator, Arab American Association of New York





A relentless,  
collective  
force for good.

## WRITTEN TESTIMONY

New York City Council Committee on Oversight and Investigations Meeting April 30, 2020

### Disparate Impacts of COVID-19 on Communities of Color

**To:** The Honorable City Councilmember Ritchie Torres

**From:** Chai Jindasurat, Policy Director, Nonprofit New York

**Date:** April 30, 2020

Dear Councilmember Torres,

We appreciate the opportunity to submit written testimony to the Committee on Oversight on behalf of Nonprofit New York and our 1,500 nonprofit members. Thank you for your leadership to address the disparate impact of COVID-19 on communities of color in New York City. While we defer to public health experts on the social determinants of health and environmental drivers contributing to the disproportionate impact of COVID-19 on communities of color, we join in our city's concern and call for resources and attention to the fact that Black New Yorkers are twice as likely to die from COVID, and fatalities among Latinx New Yorkers are the second highest in the city.

One issue of concern fully in the power of the City Council to address is Council discretionary funding. We know the city is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However **any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on smaller organizations serving communities of color.** The nonprofit sector has a racial leadership gap, and minority-led organizations often struggle to compete for resources.<sup>1</sup> Grassroots organizations led by and serving communities of color often do not have the organizational capacity to engage in the onerous City agency RFP process.

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for **reimbursement for work done after March 22** have us concerned as most of the organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

---

<sup>1</sup> For a fuller discussion on the sector's diversity challenges, please see the appendix.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for **0.42%** of the city budget. **Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding.** Instead of cutting discretionary funding, we call on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end. These concrete actions the Council can take will support community based organizations led by and serving those most impacted by COVID-19.

Respectfully,

A handwritten signature in black ink, appearing to read "Chai J." followed by a stylized flourish.

Chai Jindasurat  
Policy Director

## Appendix

### **Diversity Challenges in the Nonprofit Sector**

Based on survey responses from Nonprofit New York and NYC Service's report *What Lies Beneath: The State of NYC Nonprofit Board Diversity, Equity, and Inclusion*<sup>2</sup>, a majority of New York City nonprofit CEOs/EDs and board members are white, between the ages of 46 and 64, cisgender, and heterosexual. A majority of respondents also said they do not believe their board reflects the diversity of their constituents. A report from BoardSource in 2017 found that people of color comprised only 10% of CEOs, 10% of Board Chairs, and 16% of Board members, but make up 40% of the working population.<sup>3</sup> Building Movement Project's (BMP) report, *Race to Lead: Confronting the Nonprofit Racial Leadership Gap*<sup>4</sup> discovered that EDs/CEOs of color were more likely to experience leadership challenges like inadequate salary<sup>5</sup>; lack of relationship with funding sources<sup>6</sup>; and being called on to represent one's entire community<sup>7</sup> (53% leaders of color vs. 23% white leaders). Nonprofits hire inequitably, leaders of color are vastly underrepresented (and underinvested in) in the sector<sup>8</sup>, and more are leaving every day.<sup>9</sup> Leaders of color who do make it to a CEO position are often undermined and unsupported.<sup>10</sup> Research by Fund the People found challenges for immigrants, including that senior leaders born outside the U.S. were significantly more likely to say their ability to succeed was hindered by funders' "wait and see" practice.<sup>11</sup> BMP also found that women of color experienced both subtle and blatant bias that negatively impacted their career aspirations, and were passed over for others with comparable or even inferior credentials. Further, having an advanced degree had no impact for women of color and women of color with high educational degrees were more likely to be in support roles and earn less than white counterparts with less training and education.<sup>12</sup>

BMP released a special report with the same data from *Race to Lead*, *Working at the Intersections: LGBTQ Nonprofit Staff and the Racial Leadership Gap* which found that LGBTQ people of color reported significantly more challenges in almost every area of their career as opposed to straight people of color and both LGBTQ and straight white people.<sup>13</sup> Respondents reported anti-LGBTQ bias in nonprofit spaces, and LGBTQ organizations were perceived to have a race problem.<sup>14</sup> Funders for LGBTQ Issues has been leading efforts to understand homophobic, biphobic, and transphobic inequities within philanthropy. Their report, *The Philanthropic Closet*, found that LGBTQ people are

---

<sup>2</sup> Nonprofit New York (formerly NPCC) and NYC Service. (2018). *What Lies Beneath: The State of NYC Nonprofit Board Diversity, Equity, and Inclusion*. Retrieved from [https://gallery.mailchimp.com/e3163e2ee79e21b79cf36982c/files/4af5a3c8-3046-4bbf-a9da-037df2482641/Nonprofit\\_Board\\_DEI\\_Report.pdf](https://gallery.mailchimp.com/e3163e2ee79e21b79cf36982c/files/4af5a3c8-3046-4bbf-a9da-037df2482641/Nonprofit_Board_DEI_Report.pdf)

<sup>3</sup> BoardSource. (2017). *Leading with Intent: 2017 Index of Nonprofit Board Practices*.

<sup>4</sup> Thomas-Breitfeld, S., and Kunreuther, F. (2017). Building Movement Project, *Race to Lead: Confronting the Nonprofit Racial Leadership Gap*. Retrieved from: [https://www.buildingmovement.org/reports/entry/race\\_to\\_lead](https://www.buildingmovement.org/reports/entry/race_to_lead)

<sup>5</sup> 49% of leaders of color reported experiencing this problem versus 34% of white leaders. *Id.*

<sup>6</sup> 49% leaders of color vs. 33% white leaders. *Id.*

<sup>7</sup> 53% leaders of color vs. 23% white leaders. *Id.*

<sup>8</sup> Thomas-Breitfeld, S., and Kunreuther, F. *Ibid.*

<sup>9</sup> See, Vu Le, *Why More and More Executive Directors of Color Are Leaving Their Positions, and What We Need To Do About It*, at: <https://nonprofitaf.com/2019/06/why-more-and-more-executive-directors-of-color-are-leaving-their-positions-and-what-we-need-to-do-about-it/>

<sup>10</sup> See, Building Movement Project, *Race to Lead: Confronting the Nonprofit Racial Leadership Gap* (2017) at: [http://www.buildingmovement.org/pdf/Racetolead\\_NonprofitRacialLeadershipGap.pdf](http://www.buildingmovement.org/pdf/Racetolead_NonprofitRacialLeadershipGap.pdf).

<sup>11</sup> Fund the People. (2018). *Talen Justice Report*. Retrieved from <http://fundthepeople.org/toolkit/tj/report/>

<sup>12</sup> Thomas-Breitfeld, S., and Kunreuther, F. *Op. Cit.*

<sup>13</sup> Thomas-Breitfeld, S., and Kunreuther, F., Building Movement Project. (October 2017). *Working at the Intersections: LGBTQ Nonprofit Staff and the Racial Leadership Gap*. Retrieved from <http://racetolead.org/lgbtq/>

<sup>14</sup> Thomas-Breitfeld, S., and Kunreuther, F., Building Movement Project. (October 2017). *Working at the Intersections: LGBTQ Nonprofit Staff and the Racial Leadership Gap*. Retrieved from <http://racetolead.org/lgbtq/>

more likely to be out in the corporate sector than the philanthropic sector, even within foundations with a social justice or LGBTQ focus.<sup>15</sup> These resources highlight inequities across race, gender, sexual orientation, and gender identity within the nonprofit sector. These inequities are not exhaustive.

---

<sup>15</sup> Funders for LGBTQ Issues (October 2018). The Philanthropic Closet. Retrieved from: <https://lgbtfunders.org/research-item/the-philanthropic-closet-lgbtq-people-in-philanthropy/>

City Council Testimony April 30, 2020

Written by Shawn Hudson

As someone who has been blessed to survive Covid 19 by only having mild symptoms of it I can speak to how fucked up this system is. For one the fact that Black, Brown and Indigenous folks such as myself are denied testing is disgusting meanwhile you have temporary hospitals stationed in places such as central park where those who are white, have privilege and power reside at. I find it highly suspect that the same people who sold their souls by voting “yes” for \$11 Billion dollars’ worth of cages last year are now the same people that are supposed to be in charge of addressing the disparities that put Black Brown and indigenous folks in generational poverty, in the cross hairs of this capitalistic, white supremacist system just because they share the same skin color as most of their constituents. Cuomo and de Blasio are too busy cock fighting each other while our people are dying in jails, prisons, ICE detention centers. Their families are sitting there worried to death about their loved ones locked in a cage all because Gov. Andrew Cuomo doesn’t want to grant clemency for everyone locked up. Those who are homeless are now called a disrespectful nuisance to those with power and privilege. The MTA has lost 80 of its employees to this virus, ridership is down 90 percent causing them to be damn near bankrupt and yet their still hiring cops and just now getting people to clean certain subway stations after Andrew Cuomo mentioned it the other day. Imagine how many lives could’ve been saved had this among other measures been taken much earlier. We don’t even know how many of our community members currently incarcerated have died from this virus. The blood of Black, Brown and Indigenous victims of Covid 19 are on the hands of our elected officials.

April 27, 2020

Re: Oversight and Investigations Hearing on Disparate Impacts of COVID-19 on Communities of Color

Dear Members of New York City Council,

Thank you for your continued support of the arts in New York City. I am writing on behalf of The Museum of Contemporary African Diasporan Arts (MoCADA), to request your continued action to support non-profits in the arts and culture sector, gig workers and student access to meaningful arts education during the COVID-19 pandemic.

I was honored to join MoCADA in March 2019 as Executive Director, while simultaneously teaching at New School University, Parsons School of Design. I was excited about the opportunities our 20th anniversary celebrations that year would present and – more importantly - the seismic growth of our institution would herald. We intended to build on the legacy of our founder, NYC Council Majority Leader Laurie Cumbo, and highlight the impact MoCADA is making in Fort Greene, in New York City and in the global arts community.

Abruptly, on March 12, 2020, we temporarily shut our doors in response to the rising threat of COVID-19 in an effort to help steer public health and awareness. As of that date, all MoCADA in-gallery programming including group and student tours were halted and our gift shop was closed. Youth arts programs thereby cut short, were unable to be completed before the school year's end. We, however, have been more fortunate than many other arts institutions. Budget constraints, limited financial resources and public health concerns are decimating the tremendous and vitally important arts sector in New York.

Timely and thoughtful action by elected officials and policy makers such as yourselves is critical to ensuring the arts and culture community in New York can maintain its vitality and excellence. Our priorities – and the areas where your support is critically needed – are summarized below:

- Promoting legislation which addresses the range of Covid-19 issues affecting our community;
- Ensuring New York City is able to honor projects and budgetary commitments it's made to the arts and culture sector;
- Continuing to highlight the societal value and economic impact of the arts and culture sectors to policy makers and politicians.

Additional specific recommendations are provided at the end of this letter. I would, however, like to provide some additional context for you first.

### **MORE THAN A MUSEUM**

As you may know, MoCADA was born from a graduate thesis (of our founder Laurie Cumbo) on the feasibility of whether an African art museum could contribute to the revitalization of neighboring urban communities of color. Twenty years later, our mission has grown and our activities are delivered through three programmatic arms -- Exhibitions, Education and Community. Each of our programmatic arms use the visual arts as a point of exploration through the experience of the African Diaspora and to incite dialogue around pressing issues this community faces worldwide. Through new artistic productions across a variety of disciplines, we reach well beyond the walls of the museum's physical space to deliver dynamic arts and educational programming that explore social justice topics through the lens of creativity and help break down barriers to the arts by highlighting the people, cultures, and themes that give art its power in the world.

Since our founding, we have worked tirelessly to be “more than a museum”, collaborating with over 30 arts organizations, public school administrators, public housing community leaders, educators, artists, local businesses and government agencies to make the arts an integral component of neighborhood development and economic sustainability.

As a result, through our various on- and off-site programs, MoCADA:

- Reaches over 200,000 people every year;
- Serves as a critical tool for engaging with people across social divides; and
- Welcomes those who are systematically left out, most especially, children, low income individuals, women, LBTQIAP+, seniors, people living with disabilities and other marginalized communities.

Capital projects and several public programs including partnerships with The Met, the Center for Fiction, the Brooklyn Public Library, the Human Rights Campaign, the Urbanworld Film Festival and the African Film Festival have now been postponed or completely canceled. MoCADA's summer 2020 revenue-generating programming has also been halted. More than 10 exhibitions, involving over 30 contributing artists including our teaching artists, will not take place, causing further damage to our creative industry. Though we did pivot and now offer robust online programming via [MoCADA Digital](#), with no revenues from the shop, exhibition admissions and tours, my board of directors and I are forced to consider whether to return to our current space and reopen post the quarantine period, as we will be unable to cover our overhead including rent, staff salaries, teaching artists, exhibiting artists and other independent creatives who keep MoCADA thriving.

## **THE ARTS AND CULTURE WORLD**

While the CARES Act provided some funding to support cultural nonprofits, it fell far short of the critical need. **Only 60 of the approximately 1,400 museums in New York State are eligible for relief grants** from the National Endowment of the Arts. Similarly, most grants awarded by the Institute of Museum and Library Services will be awarded to libraries rather than museums or other institutions. More must be done to preserve these scientific, arts and cultural organizations, to keep museum workers employed, and to ensure these institutions can open their doors again and support the State of New York when the pandemic passes.

The uncertainty of what lies ahead leads us to reach out to you to discuss the crisis' significant impact and to ask for your support on the questions that remain.

*How will we and other non-profit arts and cultural institutions survive this pandemic?*

*How will our communities and industries survive the resulting economic downfall?*

*And with limited relief programs available, how will MoCADA and others continue to do this important community work to employ and educate without the financial support marshalled through the advocacy of local, state, and federal leadership?*

Furthermore, our organization has a longstanding history as an incubator for emerging artists of African descent, providing a platform in which to make the art world more equitable financially for creatives. We empower these artists to use their creativity to connect and inspire communities throughout the African diaspora, with a particular emphasis on the communities of Central Brooklyn.

Over the years, MOCADA has identified, cultivated and promoted over 100 groundbreaking artists across 20+ countries. These artists include legendary figures like:

Terence Nance  
Jamel Shabazz

Dread Scott  
Ava DuVernay

Wangechi Mutu  
Saul Williams

These artists have looked to and were greatly supported by MoCADA to delve deeper into their artistic practice and/or support the museum's various programs. For many, whom we identify as MoCADA Firsts!, the privilege was and remains an opportunity to showcase their comprehensive body of work for the very first time.

Inspired by an investigative report by In Other Words and artnet News that makes clear the disparities that Black artists face in juxtaposition to their non-POC counterparts, I have been steadfast in my commitment to leverage our expertise in the sector to eliminate this disparity. We do this by nurturing and empowering artists, while creating opportunities for artists and curators of color to further develop their craft, and to present and sell their work. Currently, nearly all of these arts professionals are facing layoffs and the long-term viability of the cultural institutions themselves is at risk as a result of the COVID-19 crisis.

In addition to the challenges facing the arts & culture world, two very important groups should have their issues highlighted and addressed as well: students and gig economy workers.

## STUDENTS

Because many in MoCADA's core audience face educational, economic and exposure barriers which prevent them from making it through the museum's door, MoCADA has transcended the boundaries of traditional museums with programs like Artists in Schools. Our afterschool program, which has been supported over the years by City Council CASA grants from leaders including Robert Cornegy, Laurie Cumbo, Mathieu Eugene, Jumaane Williams, provides a unique opportunity for Brooklyn public school students K-12 to explore a variety of artistic disciplines and create art with direct support from professional and working artists over the course of twenty weeks. Each year the program services 200 students, employs 5-6 teaching artists, and culminates with an exhibition of the student's work at MoCADA.

However, as this year's program went underway in multiple Central Brooklyn schools, our classes were disrupted. Once the closure of NYC schools was enforced by the DOE, classroom teachers began their struggle to provide remote learning content and keep students engaged, while some students did not (and still do not) have access to the Internet or other technology to participate. Meanwhile organizations, like MoCADA along with our teaching artists, are doing our very best to provide high-quality online instruction to fill the gaps.

*"The 1.1 million students of the New York City Department of Education need the arts now more than ever, to keep them engaged and stimulated through this time of remote learning, and to keep up their sequential arts learning as mandated by the State of New York. The arts and culture sector fills the gap in providing arts education, but the lack of guidance from the NYC DOE makes it impossible to continue to support these students."* - Arts in Education Roundtable, April 6, 2020.

On April 6, **the attached letter** was sent to Chancellor Carranza by the NYC Arts in Education Roundtable, a service organization for the NYC arts in education community. Our community has yet to receive a reply, and time is of the essence. **We need your help to focus his attention on this critical matter**, lest our long-standing and fruitful partnership with the city's schools be further undermined now and beyond this crisis.

## GIG WORKERS

In the months to come, the American economy will need the arts and culture sector for many reasons, including its role in catalyzing economic activity in other devastated sectors, such as restaurants, hotels, travel, and tourism. The cultural sector is an economic engine that directly employs more than 5 million workers. In New York State, we are proud to be one of hundreds of museums, performing arts centers, historical societies, zoos, and botanical gardens that are economic drivers. Our industry employs more than 480,000 New Yorkers as security guards, custodians, artists, librarians, educators, musicians, scientists, marketers, writers, filmmakers, event producers, curators, technicians and digital media specialists, food service workers and independent contractors. Collectively, we generate nearly \$120 billion in economic activity in New York State, representing 7.5 percent of state GDP. And it's not just New York State... In March 2020, the Bureau of Economic Analysis reported that the arts and culture workforce contributed \$877.8 billion, or 4.5 percent, to the nation's gross domestic product (GDP) in 2017.

However, a new slate of legislative proposals in New York will dictate the nature of independent contract work post quarantine and threaten the livelihood of the many who support our industry. While the movement's intent is noble — preventing employers from taking advantage of independent contractors, specifically by introducing a bill to extend paid sick leave to gig workers. We fear that a nonbinding resolution (part of a larger Essential Workers Bill of Rights) that called on the state legislature to classify gig workers as employees would set an important precedent if passed, the use of the "ABC test," a new standard for determining who should be classified as an independent contractor. Under the test, for an employer to claim that its workers are independent contractors, a worker (i) must be free from the control of the employer, (ii) doing work outside the usual course of business and (iii) engaged in an independently established business. Many gig workers, who make up 34% of New York's workforce, like ride-hailing drivers or on-demand freelancers, would be classified as employees under the ABC test.



While gig workers deserve benefits, the ABC test encompasses all freelancers, including journalists, artists, musicians, consultants and more. Some media companies have refused to work with freelancers in certain states because the ABC test makes it impossible to do so. The hastily passed, very similar AB5 law in California has caused chaos among multiple industries. Freelancers have lost work, renowned cultural institutions have been forced to shutter, small business owners are scrambling to cover their business needs and workers are considering leaving the state. AB5 has sparked multiple lawsuits against California, including one from the American Society of Journalists and Authors that cites First Amendment violations.

In recent weeks, the COVID-19 crisis has exacerbated issues already prevalent in our community: lack of access to standard education, health, financial resources and support necessary for stability, especially in Black and immigrant communities of color. We have seen first-hand how fragile our livelihoods are, especially when placed in the hands of broad legislation with little understanding of the nature of our lives and the systemic limitations placed upon them due to even a slight hint of misinterpretation. For all of these reasons, I am writing to urge you to help us protect our students and their remote educational programs, our gig workers and independent contractors and their livelihoods, and our non-profit arts and cultural sector as we will bridge the socioeconomic divide that will continue to grow for years to come as a result of this pandemic.

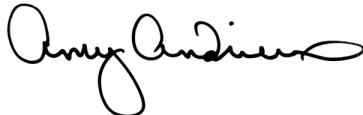
As such, for all of us to survive, we respectfully request your support on the following needs:

- Including the priorities of cultural institutions in New York and around the country in any future COVID-19 response legislation;
- A response from Chancellor Caranza with a commitment to provide clear, written guidance to district and school leaders and to arts partners during the COVID-19 shutdown, including a more universal set of guidelines for all schools and vendors on how to proceed given the circumstances surrounding COVID-19;
- Assurance that completed construction and development work will be paid for, just as other support sectors have been assured by the Mayor's Office of Contract Services;
- The opportunity for cultural organizations and teaching artists to continue their work through remote learning through the end of the school year and potentially into the next school year;
- A vocal public commitment to the value that arts education is an essential part of every child's education and development; and
- Including #FightforFreelancers in your task force while drafting critical legislation that affects their livelihoods.

Thank you for your kind attention to this matter. We would be happy to speak with you at your earliest convenience to discuss it further.

We look forward to your support and assistance.

Sincerely,



Amy Andrieux  
Executive Director & Chief Curator, MoCADA  
E: [amy@mocada.org](mailto:amy@mocada.org) | O: 718.230.0492x702 | M: 347.984.2905 | W: <http://mocada.org>

Professor, New School University, Parsons School of Design  
E: [aandrieu@newschool.edu](mailto:aandrieu@newschool.edu)

Testimony before the New York City Council Committee on Oversight and Investigations  
Ritchie J. Torres, Chair of the Committee on Oversight and Investigations  
April 30, 2020

My name is Cecilia Gentili and I am representing the Transgender Equity Coalition, a group of trans focused organizations working to better the lives of Transgender, Gender non-Conforming and Non Binary individuals in the City of New York which have received funding from the City Council for the last two years to support that work.

When COVID 19 hit our city, our members were very quick to find ways to continue delivering the services they committed to provide before and, create new ones.

Trans Equity Coalition members are providing medical, and mental health appointments through secure virtual portals and developing legal materials to guide the rights of our community members. They are delivering food pantries and creating virtual groups for members to keep themselves entertained and still have a sense of community.

Most of the coalition members have experienced an increase in services requested and delivered.

Needles to say, the vast majority of the recipients of these services are TGNCNB folks of color. Black and brown transgender people have been impacted in a very disproportionate way.

Latinx trans individuals, who are not able to receive a stimulus check have requested assistance to access food, pay their phone bills, secure medication and social support generally more frequently than their white counterparts.

Sex workers, unable to apply for unemployment are encountering a difficult situation paying their bills or rent. Many have experienced harassment from landlords, and we have one case of suicide attempt due to desperation.

While all of this is happening, we received a letter from the city's C-19 HHS Response Team specifying that for expenses incurred after March 22, the City will only be reimbursing costs incurred for "essential work." And to increase the aggravation continues saying that "The City Council is in the process of determining what existing scopes of work constitute "essential work."

Our community is suffering.

The services the Trans Equity Coalition members provide were essential before COVID19. The NYC trans community, especially us of color, encounter inequality in every corner, discrimination in most aspect of our lives, violence and hardship. While we are not delivering services in the same exact ways we used to, Coronavirus just may make these essential services, "incredibly essential".

We ask for your commitment to secure the payment for the deliverables we arranged to provide after March 22<sup>nd</sup> and most importantly for a renewal of funding for FY21. Our TGNCNB community needs us now and will needs us in the aftermath of this pandemic.

I appreciate the opportunity to go on the record presently and outline this issue and request. You can ask me further questions at [cecilia@transequityconsulting.com](mailto:cecilia@transequityconsulting.com)

# **Testimony on the Disparate Impact of COVID-19 on Communities of Color**

**Submitted via online form by Vidal Guzman, #CLOSErikers Outreach & Engagement Organizer at JustLeadershipUSA**

**April 30, 2020**

Last week marked 4 years since the launch of the #CLOSErikers campaign. Over those years, the campaign grew to a coalition of 176 organizations who marched in the rain, snow, or blistering heat to put pressure on Mayor Bill De Blasio to close Rikers Island. As a Harlem resident and a Survivor of Rikers Island, I have been showing this City how to provide true safety for our communities.

True safety comes from stable housing, access to healthcare, and food security. New York City has become the epicenter of the COVID-19 crisis, with nearly half of the confirmed cases in the United States. The COVID-19 data coming out of cities and states is unbelievable. It has been reported that Chicago, a city whose population is 30% Black, has projected that around 70% of their confirmed COVID-19 related deaths are Black residents. Philadelphia and Detroit have similar statistics. Here in New York City, the Department of Health released a report on April 22 confirming that data shows black New Yorkers are dying at twice the rate of white New Yorkers during this pandemic.

Our City lacks the data necessary to fully grasp the scope of the issues that impacted communities of color are facing between the risk of losing housing, continuing education, unemployment or being forced to work in horrible working conditions. I urge the Mayor and this City Council to promote the values of housing, health, food, and safety not only during a crisis but for a greater New York City in the long term.

I hope for the safety of all people in front-line jobs like public transportation, postal services, grocery store clerks, healthcare providers, and even Correction Officers who are mostly black and Latinx workers. Our #buildCOMMUNITIES platform is a roadmap to creating a budget for New York City that reflects these values and upholds the truth that true safety and healthy communities come from these and other community based resources.

One example from our #buildCOMMUNITIES platform, in relation to food being named a priority in Mayor de Blasio's Executive Budget and an important factor in how communities of color survive in isolation: our Public Health section talks about making further investments in community gardens by halting all sales of gardens for private development, expanding supports available through the New York City Parks Department's Green Thumb Program (infrastructure, supplies, and technical assistance), and establishing a land trust to purchase land for active gardens that are operating on privately owned land. Through this, you can also expand economic assistance and incentive programs for bodegas and family owned stores to offer

healthier options, such as establishing a subsidized delivery service to help small stores source healthier options.

Preventing the spread of the virus and ensuring all New Yorkers have access to vital resources such as housing and food has become a top priority for the City of New York since March, when the stay in place orders first began. We have to learn from this crisis and make sure that we work to ensure New Yorkers are protected way before tragedy happens. Please use this opportunity to reflect on the values of providing true safety in the form of community investments, not law enforcement and punitive responses, so that all New Yorkers may have access to housing, healthcare, and food.



## Why Scratch Cooking & Food Education Is Critical in the Age of Pandemic

By Andrea Strong

Founder, [NYC Healthy School Food Alliance](#)

Before COVID-19—before social distancing, before toilet paper panics, before communal mask making, restaurants closing, and loved ones dying—I was advocating to change school food. In October 2018, I formed an grass-roots advocacy group called [The NYC Healthy School Food Alliance](#), and I was working hard to convince New York City’s Office of Food and Nutrition Services to dump the highly-processed bag-to-oven foods they were serving 1.1 million children a day and to transition to more healthful scratch-cooked meals—real food cooked by real people. By March of this year, I had a [scratch-cooking implementation bill](#) before our City Council to move this goal along, too. (Its vote has been postponed for now due to COVID-19).

But that’s not all I was asking for. I was also pushing for a return to food, nutrition and culinary education in every grade. In the age of COVID-19, these have become even more important goals. Why? In short—diet-related disease.

A paper published in the journal [JAMA](#) about New York State’s largest health system found that of those who died of COVID-related complications, 57 percent had hypertension, 41 percent were obese and 34 percent had diabetes. In her most recent story for the Times, the health and science journalist [Jane Brody](#) spoke about the correlation between diet and disease, and more specifically this disease, COVID-19. In her piece, she interviewed Dr. Dariush Mozaffarian, Dean of the Friedman School of Nutrition Science and Policy at Tufts University, who cited a recent [national report describing poor diet](#) as “now the leading cause of poor health in the U.S.” and the cause of more than half a million deaths per year.

“Only 12 percent of Americans are without high blood pressure, high cholesterol, diabetes or pre-diabetes,” Dr. Mozaffarian continued. “The statistics are horrifying, but unlike Covid they happened gradually enough that people just shrugged their shoulders. However, beyond age, these are the biggest risk factors for illness and death from Covid-19.”

Given how tightly high blood pressure, high cholesterol, diabetes and pre-diabetes are tied to COVID-19, and that the pandemic is [disproportionately affecting populations already experiencing health and wealth disparities](#)—mainly low income and communities of color—we would be wise to use this pandemic as a wakeup call to not only bring back real scratch-cooked meals (the benefits of real food over processed foods are enormous), but also food and nutrition education.

## Why Scratch Cooking?

Poor nutrition has contributed to the rising burden of diet-related diseases in the United States. These include cardiovascular disease, high blood pressure, type 2 diabetes, obesity, and cancer. A recent report from the Harvard T.H. Chan School of Public Health published in *The New York Journal of Medicine* predicts that by 2030, nearly 1 in 2 adults in the United States will be obese, and nearly 1 in 4 will be severely obese. Moreover, severe obesity is forecasted to become as prevalent as overall obesity was in the 1990s, becoming the most common BMI among women, non-Hispanic black adults, and low-income adults. The associated medical treatments will bring healthcare costs to staggering highs.

These future adults are our today's children. Nearly one-third of children and youth in the state of New York are obese or overweight. In the state of [New York, childhood obesity has tripled](#) within the state over the past three decades. Within NYC, 40% of NYC public school students aged 6 to 12 are overweight or obese. These high rates increase health risks among growing children.

In 2016, the direct and indirect costs of chronic diseases as a result of obesity were \$1.72 trillion — [almost 10 percent](#) of the nation's gross domestic product.

The influence of school lunch on our children cannot be underestimated. Children spend an average of 6.64 hours per day in school and [consume up to one half of their daily calories](#) at school. [The CDC](#) reports that schools play an important part in reducing obesity and the risk of developing diet related diseases like diabetes and heart disease. When a government organization is responsible for feeding nearly 1 million children a day, there is a responsibility, [if not a legal duty](#), to ensure that its meals are not feeding our health crisis.

The Office of Food and Nutrition Services in NYC relies on hyperpalatable, pre-packaged, ready to heat, branded, longer shelf life foods that are contributing to the global prevalence of obesity and other nutrient-related diseases. Highly-processed or ultra-processed foods contain little or no intact foods, are typically high caloric foods, provide high amounts of sugar, unhealthy fats and salt, and are low in dietary fiber, protein, vitamins and minerals. Ultra-processed foods are not 'real food', they do not contribute to health and well-being, and yet we serve them in our schools.

The dangers of highly-processed foods have been documented in peer reviewed journals and highlighted in a slew of [recent research](#). Ultra-processed foods are associated with obesity, diabetes, inflammatory diseases, gastrointestinal disorders, hypertension, coronary and cerebrovascular diseases, and total and breast cancer (4). A recent [study](#) published [in JAMA Internal Medicine](#), showed an association between ultra-processed consumption and overall higher mortality risks. A 10% increase in the proportion of ultra-processed foods consumed was associated with a 14% higher risk of mortality, regardless of the cause. This research rings a siren call for change away from processed foods, particularly in the age of COVID-19.

Children are especially vulnerable to the effects of highly-processed foods; when [introduced at a young age](#), they set kids up for diet-related disease in the long term. A recent study showed that the consumption of ultra-processed foods in pre-school aged children correlated with higher increases in overall blood cholesterol and later at school age. These results suggest that ultra-processed food consumption in young children may be an important early dietary determinant of adult cardiovascular disease. When compared to other types of food, the ingredients in ultra-processed foods were associated with addictive food behavior in overweight children, adding fuel to the fire. Moreover, ultra-processed foods negatively impact the oral health of children, leading to tooth decay, gum disease, and tooth loss (8) (9). The relationship that nutrition has to oral and systemic health is integral according to the 2019 Position Paper of the Academy of Nutrition and Dietetics.

### **An Issue of Equity**

School food is not just an issue of health and quality of life; it is an issue of equity. As we have seen all too clearly during this pandemic, the health crisis hits low-income families hardest, making access to healthy school food one of social justice. Take a look around any school lunchroom and this data comes to life. Those ultra-processed, fast food school lunches aren't eaten by every child in the lunchroom; two-thirds of kids eating school meals don't have the option of bringing packed lunch from home. The lack of accessible, affordable, healthy food for children living in low-income neighborhoods results in diets containing fast foods and convenience store items. These are the children who receive a significant portion of their daily nutrition requirements at school. All of our children deserve better, not just those who are privileged enough to have families with the means to provide lunch from home.

Childhood obesity disproportionately affects low-income communities and communities of color. Indeed, children from food-insecure households are five times more likely to be obese than children from food-secure households. They will eat in the absence of hunger, past satiation, and consume five or more snacks per day. In New York City, children living in the Bronx have the highest prevalence of overweight (43% vs. 4% in Brooklyn, 40% in Staten Island, 39% in Queens, 38% in Manhattan). According to the Youth Risk Behavior Survey (YRBS) by the CDC, compared to New York City students, a higher proportion of East and Central Harlem students are overweight and obese. 35% of East and Central Harlem students in grades 9-12 are overweight and obese compared to 28% in NYC. Obesity rates in low income East Harlem are higher than what they are on the wealthier Upper East Side, just a few short blocks away.

### **Healthier Meals Means Better Academic Success**

Healthier lunches not only lead to better health outcomes for children, they also impact brain development and academic success. [According to a report from the Brookings Institute](#), when a school contracts with a healthy lunch company, students at the school score better on end-of-year academic tests. On average, student test scores were about 4 percentile points higher. Not only that, the test score increases are about 40 percent larger for students who qualify for reduced-price or free school lunches.

A pilot school-based obesity prevention intervention providing nutritious ingredients, whole foods, and physical activity to six elementary schools over a two-year period, resulted in significantly higher math scores, and slightly higher reading scores. In another study, girls who became overweight at the start of kindergarten until the end of third grade were significantly associated with reduced test scores and increased behavioral problems, while boys who became overweight had fewer behavioral problems, but more school absences compared to boys who remained normal weight. In its report entitled Health and Academic Achievement, the CDC cites evidence that a diet lacking adequate amounts of fruit, vegetables, or dairy products is associated with lower grades. A diet deficient in certain vitamins and minerals are also associated with lower grades and higher rates of absenteeism and tardiness among students.

Beyond the physical, the increased consumption of processed foods is linked to a greater likelihood of or risk for anxiety and depression in adults. a study published in the [American Journal of Public Health](#) found evidence of a significant relationship between unhealthy dietary patterns and poorer mental health in children and adolescents.

### **The Benefits of Food Education**

Here's the thing: if knowledge is power then nutrition education gives children superpowers. It's easy to understand why: hands-on nutrition education gets children excited about eating healthy foods, it provides children with knowledge and skills for living healthy lives and creates an environment where healthy choices are the easy choices. It also empowers children to advocate for better food in their schools, communities, and beyond. Through nutrition education, children gain experiences cooking, tasting, gardening, and learning about food to become healthy eaters and advocates for good food.

When you teach kids cooking skills and educate them on the way food grows (from the ground not a package!) and teach them what different fruits and vegetables can do for their bodies, they get really into it. I've seen it happen in my daughter's class at PS 261 in Brooklyn. The kids were sitting at attention, excited and eager as they learned how to be "Food Detectives" during a free nutrition workshop run by [the nonprofit Beechers Foundation](#). In two and a half hours, they learned how to read nutrition labels, understand ingredient lists, see through corporate marketing messages and cook a veggie chili from scratch.

Or take PS 244, a public school in Queens, which was transformed after a partnership with [Fan4Kids](#), which teaches weekly nutrition and fitness education classes across the grades. Five years after signing on, it became the [first all-vegetarian public school in New York City](#), a change spurred not by administration but by its student body. These stories are two of so many happening every day in classrooms across this city.

The research does not lie: practical, engaging, hands-on nutrition education will change life-long behaviors. "Nutrition education done well can decrease children's BMI and weight gain, increase fruit and vegetable consumption, create positive attitudes toward fruits and vegetables, and may improve academic outcomes," wrote the Tisch Center for Food Education & Policy in its recent



brief [The Importance of Nutrition Education in the 2015 Child Nutrition Reauthorization](#).

“Nutrition education is an evidence-based, cost effective way to improve health outcomes and foster healthy eating habits for a lifetime.”

According to a [National Wellness Policy Study](#), well-implemented nutrition education can do a world of good for our children—helping them obtain healthy weights and BMIs, increase fruit and vegetable consumption, develop positive attitudes towards those foods and improve academic performance.

It has also shown to have a positive effect in reducing the risk of child and adolescent rates of overweight and obesity while reducing the risk of undernutrition, iron deficiency and dental issues.

### **Food Education Means Lower Medical Costs and Longer Life Expectancy**

As with most sound policies, it’s helpful if they make financial sense. Good thing then that a [modern-day home economics class](#) does just that. If we invest in our children’s nutrition education now, the payoff down the road will be significant. How significant? Studies have shown that nutrition ed programs are cost-effective, saving \$900 - \$12,000 for each additional life-year resulting from obesity prevention and were predicted to save \$8 million in [direct medical costs](#) associated with obesity when implemented at elementary school.

Obviously, nutrition education benefits go far beyond obesity prevention and can improve a multitude of medical outcomes such as COVID-19, diabetes, cardiovascular disease and others. Which means the medical costs savings are likely to be much greater. Nutrition education outcomes rank more favorably than other health sector interventions such as pharmaceuticals or taxes/bans on certain food items, according to a recent [McKinsey Global Institute Report](#).

### **With Food Education, the Younger the Child the Better**

Although it’s never too late to start educating our children about healthy eating habits and food, the earlier we start the more lasting and profound the changes will be. Reversal of health problems has been proven to be much harder and costly than their prevention in the early stages of life. That’s why the [World Health Organization](#) has reported that nutrition in early life is key for appropriate cognitive development and good health.

Looking at preschoolers’ eating habits in particular is quite compelling. A [study in over 3000 US children](#) showed that the majority of preschoolers (over 70%) were exceeding the recommended intake of saturated fats and were below the recommended intake of dietary fiber.

And yet at this age, habits are relatively easy to make. The USDA evaluation of the [Eat Well Play Hard](#) nutrition education program in preschoolers showed an increase in vegetable consumption and 1% or fat-free milk intake in children. The [Color Me Healthy](#) nutrition education program showed an impressive increase of fruit and vegetable snacks intake in preschool children by 20% and 33%, respectively.

## **Teachers Want to Teach Food Education Too**

[Research published by the Tisch Food Center](#) shows that nearly half the city's schools lack access to external food and nutrition education programs. While schools do not offer food and nutrition education, teachers want it.

In March, the Tisch Food Center offered a special professional development online course for teachers, Teaching that provides just that — a framework for teaching kids about personal health, ecological sustainability and food justice, issues the nation is currently grappling with as supply chains are disrupted and millions of Americans are struggling to feed their families.

Within 72 hours of posting the course offering, all 500 'seats' filled up, and 100 participants were waitlisted, suggesting a real desire and need for this type of training and professional development. What's more, a 2018 School Health Policies and Practices Study survey showed that 72% of NY teachers wished they had training in nutrition and dietary behavior.

## **The Last Word—Food Equity**

To be sure, food education must be supplemented by strong food equity policies — those that eliminate food deserts and that ensure healthy food is accessible and affordable in every community. After all, we can't educate kids to make healthy choices and send them home to a neighborhood where all they can access is a bodega selling chips and candy. City Council [Speaker Corey Johnson's Growing Food Equity](#) plan in New York City has the tools needed to increase access to healthy and affordable foods across our city.

To create change moving forward, our City Council must continue the Speaker's work and prioritize both scratch-cooked school meals and food and city-wide nutrition education. "One effective way to combat the current public health emergency is to prioritize preventable health issues like diet-related disease and invest in food education and policies that make healthy food more affordable, accessible and appealing—policies that have equity at their core," said Julia McCarthy, the Food Ed Hub Director, Laurie M. Tisch Center for Food, Education & Policy, a group of over 80 stakeholders in the food education space working to provide policies and programs to implement city-wide food education programming.

"This public health disaster has exposed inequalities in wealth and in health and the ugly underbelly of the American economy. Because of predatory food marketing and underinvestment in black and brown communities, people in these communities suffer disproportionately from diet-related diseases. Any policies we develop must not only improve the health of all New Yorkers but be geared to make the greatest improvement on those communities most affected."



**Chinese-American Planning Council, Inc.**

**Testimony at the New York City Council Committee on Oversight and Investigations**

**Honorable Ritchie Torres, Chair**

**April 30<sup>th</sup>, 2020**

Thank you Chair Torres and the Members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify today about the disproportionate impact that COVID-19 is having on the communities we serve. During COVID-19, CPC continues to provide in person and remote services to our community, from meal delivery to home care to daily wellness checks. We see this impact in three main areas:

**Public Health and Health Access Impacts**

The data we have seen on COVID shows what all of the organizations serving communities of color already knew, that our communities are being harder hit by COVID-19, a result of systemic inequalities in our healthcare system that long predate COVID-19, but are now being laid bare. However the data does not capture the experiences of community members in the shadows-immigrants, Limited English Proficient, uninsured, and more. Some of the things we have seen include:

- Community members that have symptoms consistent with COVID-19 refusing to seek medical care even when they need it because they do not have insurance or are worried about affording care, or because they are concerned that it will somehow impact their immigration status;
- Community members that are limited English proficient (LEP) having inaccurate information or lacking up-to-date information about policies and best practices;
- Community members dying at home before they ever get testing or care;

- Community members unable to comply by social distancing rules because of overcrowded or insecure housing, and homeless community members having a complete lack of access to sanitation or hygiene.
- COVID-19 ripping through residential and nursing facilities, as well as shelters and jails, disproportionately hurting communities of color, low-income, immigrant and limited English proficient community members.

### **Economic Impacts**

It goes without saying that the economic impacts and health impacts are inextricably related. Communities of color are both bearing the brunt of the economic hit, while simultaneously being forced to endanger ourselves while working on the front lines of this crisis. Some of the things we have seen include:

- More than half of our community members surveyed reported that they are out of work or income, and will run out of money in the coming weeks;
- Many of our community members continue to work, either because they are essential workers or because they cannot afford to stop working since they are left out of Federal relief and State unemployment benefits;
- In one of our preschool families, 20 out of 24 families lost all income within two weeks, and less than half qualify for Federal relief or State unemployment, leaving them unable to pay rent, buy groceries or pay for prescriptions;
- Our young people reporting caring for their younger siblings while their parents work (and juggling remote learning simultaneously), and rationing their daily food intake because they are running out of food;
- Our homebound seniors unable to get food delivered through the City's meal program, or receiving inadequate meals- including two pieces of bread and two pats of butter as a meal, or meal boxes featuring items like pudding, fruit cups, crackers, cheerios, and applesauce as a five-day meal supply;

### **Anti-Asian and anti-Asian American Discrimination**

Our Asian American, particularly East Asian community members are experiencing a double virus of discrimination and racism. We are grateful to the City and the City Council for taking a strong stand on this issue and for your leadership. Our community members have been experiencing:

- Verbal and physical harassment while traveling to work or running errands. This includes frontline healthcare and essential workers who have become increasingly scared of going to work.
- Fears of going outside or seeking treatment because of reports of harassment and violence against Asian Americans.

Yet while all of this happens, the City is slashing funding to the very programs and social safety net programs that support these communities and help combat disproportionate health outcomes. Services like senior food programs, homeless services, youth development and

summer programs, public health and others are experiencing more demand than ever before, yet instead of boosting funding to these programs, the City is cutting them. Discretionary funding, often the way that small organizations and people of color-led CBO's access city funding, has been cut retroactive to March 22nd with the exception of programs that are the same as they were before the PAUSE order.

These services are more important than ever in addressing the disproportionate impacts of COVID-19 on communities of color. Our staff have been designated as essential workers, yet we are on the front lines without adequate PPE, and many of us barely making minimum wage. We need to fully fund our essential workers, and fully fund these essential programs and safety net services. CPC urges the City to fully fund all services and contracts through at least FY21, and ensure that contracts have maximum flexibility to allow organizations to meet emerging and changing needs.

At the same time, while key social services are being cut, the NYPD budget remains largely untouched. Overpolicing of communities of color and the increasing expanding of the NYPD into social services- from homeless shelters to the subways- contributes to adverse public health impacts, and fails to keep our communities safe and healthy. Rather, we urge the City to invest in critical programs and social safety nets, in relief for everyone, regardless of work or status, and in keeping the organizations that serve communities of color and low income communities whole.

CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve, and look forward to working with you on them. If you have any questions, please contact Carlyn Cowen at [ccowen@cpc-nyc.org](mailto:ccowen@cpc-nyc.org)



## New York City Anti-Violence Project

116 Nassau Street, 3rd Floor

New York, New York 10038

212.714.1184 voice | 212.714.2627 fax

212.714.1141 24-hour hotline

**TESTIMONY from the New York City Anti-Violence Project (AVP)  
To the  
New York City Council Committee on Oversight and Investigations Meeting  
April 30, 2020**

**Disparate Impacts of COVID-19 on LGBTQ Communities of Color**

**To:** The Honorable City Councilmember Ritchie Torres

**From:** Beverly Tillery, Executive Director, New York City Anti-Violence Project (AVP)

**Date:** April 30, 2020

Dear Councilmember Torres,

Thank you for your leadership to address the disparate impact of COVID-19 on communities of color in New York City. My name is Beverly Tillery and I am the Executive Director of the New York City Anti-Violence Project (AVP).

AVP is the only LGBTQ-specific victim services agency in New York City, and the largest organization in the country dedicated exclusively to working with LGBTQ and HIV-affected survivors of all forms of violence, and the majority of those we serve (65%) are queer and trans communities of color. AVP's work has a special focus on intimate partner violence (IPV), sexual violence (SV), hate violence (HV), hookup/pick-up/dating violence, stalking, and institutional violence. AVP contracts with HRA as the City-Wide provider of non-residential domestic violence services to LGBTQ communities, and we are the only LGBTQ-specific rape crisis center in New York State. We operate a 24/7 hotline that is bilingual in English and Spanish and provide legal services and counseling to our community. All of our services are free.

While we defer to public health experts on the social determinants of health and environmental drivers contributing to the disproportionate impact of COVID-19 on communities of color, we join in our city's concern and call for resources and attention to the fact that Black New Yorkers are twice as likely to die from COVID, and fatalities among Latinx New Yorkers are the second highest in the city. Given that LGBTQ and HIV-affected communities already have poorer health outcomes than their non-LGBTQ peers living without HIV, the issues for our communities, particularly for queer and trans communities of color, in this pandemic are acute and urgent.

One issue of concern fully in the power of the City Council to address is Council discretionary funding. We know the city is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However **any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on organizations like serving LGBTQ and HIV-affected communities of color. AVP holds other competitive contracts with HRA and MOCJ, and we use discretionary funds to expand that work further into marginalized communities. We are shocked and confused by having our remote work honored in one contract, but not others.** Additionally, we recognize that grassroots organizations led by and serving communities of color often do not have the organizational capacity to engage in the onerous City agency RFP process.



### What we are seeing during COVID-19

What we are seeing during the COVID-19 pandemic is the very real danger LGBTQ and HIV-affected survivors are facing at home, where they may be sheltering in place with people who cause them harm. Though in this hearing we are focusing on the issues of intimate partner violence, it is important to point out that for LGBTQ and HIV-affected people, violence that takes place at home includes not just harm from This may not just be romantic partners, but also from homophobic, biphobic, and transphobic roommates, family members, and other people that survivors are quarantined with during this time. LGBTQ immigrants are at particular risk, as they are excluded from many of the current federal relief efforts, and are facing anti-immigrant and anti-LGBTQ bias at every turn, and often the fear of violence or even death if they return to their home countries, at this time when immigration remedies like asylum, a lifeline they depend on, have been shut down.

Our 24/7 bilingual hotline has not yet spiked with new callers, but similar to what we saw after Hurricane Sandy, we think the influx will be coming as stay-at-home restrictions ease, with previous clients and callers calling in, and more and more reports being submitted through our website's online form. Half of those calling our hotline currently are calling about issues directly related to COVID19. They are calling because they are without food, without shelter, without access to medical care, and they need our help navigating this new normal. AVP is there for them 24/7.

One of our clients, Luis, whose story was featured on This American Life, became homeless when he tested positive for COVID. He lived in his car for days until he called us, desperate at his wits' end. We were able to get him immediate shelter that has transformed into permanent housing, food, and medical care and he is doing much better now, working with us on his asylum case. Another client had to return to live with their family when they were left without work due to COVID. They are working via video with their counselor at AVP, safety planning and dealing with the emotional, physical, and economic health consequences of the pandemic. Immunocompromised, the survivor of sexual violence is now subjected to abuse from their family, not only about their LGBTQ identity, but also because the family believes they bring contagion into the home when the survivor goes out to pick up medical supplies they need to survive. While the survivor would like to flee, they have nowhere to go without resources besides shelter, and given their health concerns they are terribly afraid to contract the virus, and then run the risk of transmitting it to someone else. The survivor told their counselor, "They say if you go out, you are responsible for somebody dying."

One thing we are exploring is increased outreach catered to friends and family of survivors because what we have noticed is that our hotline often receives calls from worried chosen family, family, or community members. With decreased community supports due to social isolation, survivors are more isolated in abuse than ever, and we must find ways to reach them during this time where abuse is even more hidden behind closed doors.

And while it is a separate issue, survivors of sexual violence are also experiencing intensified challenges due to the COVID-19 crisis. Survivors are more afraid to go to the emergency room, which is the start point to many services and to reporting, which may mean a decrease in reported SV cases. Many NYPD officers have been assigned to COVID-19 specific duties and therefore are less available to respond to cases of sexual violence. Community Affairs officers are on desk duty. There are limited advocate and volunteer cohorts and Hospital Advocate trainings have been postponed.



## New York City Anti-Violence Project

116 Nassau Street, 3rd Floor

New York, New York 10038

212.714.1184 voice | 212.714.2627 fax

212.714.1141 24-hour hotline

For all survivors, there is less access to mental health resources as many therapists and counseling locations are not operating due to the crisis, or wait lists due to reductions in staffing. Even if folks can access services, it is often daunting to start that process of sharing their trauma with a stranger they have never met, over video. Survivors are also facing increased economic insecurity, especially for low income, working class LGBTQ workers in informal economies, including sex work.

### Shifting work.

All of these challenges require our work to shift in big ways. We have moved our services online and are working remotely full-time to serve our clients and do advocacy and legal work. Our counseling services and legal departments are seeing clients over video calls. Our service and advocacy teams have been working to provide trainings for providers on safety planning in this era of COVID-19 where many folks are sheltering in place with people causing them harm. Just this week, a training for crime victims advocates working in precincts via webinar reached its limit of 100 participants, and we reached 100 more sexual violence advocates in a training honoring Sexual Violence Awareness Month, focusing on working with LGBTQ sexual violence survivors during COVID. We are continuing to offer our TGNC Leadership Academy as well as programming for people in the sex trades and survivors of hate violence remotely and we are checking in with community members regularly.

Requests and needs around housing and economic security are increasing and will continue to do so. Especially as economic insecurity increases the potential for financial abuse grows. Survivors are endangered in many other ways by making them dependent on more insecure or health-risking forms of earning money and a deeper reliance on a harm-causing partner or person in their lives.

### Current and future needs.

These challenges and the shifting work creates needs for our organization so we can better serve LGBTQ and HIV affected survivors of violence. Because of the likely continuation of social isolation, AVP hopes to secure an online chat platform for our hotline to better assist survivors who may not be able to call while someone who causes them harm is right in their shared living space. We also hope to secure other ways to report including an encrypted app to become more accessible during this time.

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for **reimbursement for work done after March 22** have us concerned as most of the organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for **0.42%** of the city budget. **Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding.** Instead of cutting discretionary funding, we call on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning





## New York City Anti-Violence Project

116 Nassau Street, 3rd Floor

New York, New York 10038

212.714.1184 voice | 212.714.2627 fax

212.714.1141 24-hour hotline

time if a program must end. These concrete actions the Council can take will support community based organizations led by and serving those most impacted by COVID-19.

AVP looks forward to our continued partnership with the Council to ensure that NYC's LGBTQ communities have access to culturally responsive, inclusive, and affirming safety, support, and services, during and after this pandemic.

Please reach out to me if I can be of any further support or assistance at [btillery@avp.org](mailto:btillery@avp.org).



**Testimony to the New York City Council's  
Committee on Oversight and Investigations**

**Delivered by: Ashley C. Sawyer, Esq.  
Director of Policy and Government Relations  
Girls for Gender Equity**

**April 30, 2020**

Good afternoon Chair Torres, and committee members, my name is Ashley Sawyer and I am the Director of Policy and Government Relations at Girls for Gender Equity. Thank you to members of the New York City Council and this committee for prioritizing this critical hearing about the racial justice implications of COVID-19. Girls for Gender Equity (GGE) is a Brooklyn based, national policy and youth development organization which advocates to remove the systemic barriers which prevent cis and trans girls and gender non-conforming youth of color from leading self-determined lives.

We at GGE have been urging this body of government to take the issues that girls and women, especially Black and Latinx youth, experience seriously. As many of you know, we helped design the New York City Young Women's Initiative – a participatory governance process where cis and trans girls and GNC youth of color developed a set of over 80 recommendations for city government in the areas of anti-violence and criminal justice, education, health, community support and opportunity, and economic and workforce development. GGE has continued our work, despite the pandemic, by creatively providing programming and social work support for the young people in our programs remotely. **Through that on-going connection, and our research and advocacy, we know that girls and non-binary youth of color have taken on a tremendous burden during the COVID-19 pandemic.**

Across the country, COVID-19 has impacted both the health and the economic stability of communities of color. **Black and Latinx people make up a disproportionate percentage of**



**essential workers in this country and in New York City, and that includes young people.** When GGE was a part of the *Why We Can't Wait* campaign which hosted town halls with Black girls several years ago titled, *Breaking the Silence*, one of the messages that emerged was that girls, especially Black girls are often treated as “2nd parents” and take on tremendous caregiving responsibilities in their families. The current pandemic is no different. This week, one of GGE's young people, [Sue Suilla Dailey was included in a TIME Magazine article](#) about the caregiving responsibilities that she has had to take on during this crisis, completely interrupting her educational plan.

Girls of color take on shifts in big-box retailers like Target, Whole Foods, and in [local grocery stores](#). With communities of color hit particularly hard by the pandemic, older youth, especially youth of color, are being exposed to the virus, and expected to juggle both school work (often without the adequate technology), caring for younger siblings, and working in low-wage jobs to help their family pay rent or have enough food to eat. **This will put youth of color, at a significant academic disadvantage in the months, and possibly years to come.**

Our city has examples of other crises to look at, after Hurricane Katrina, students in that predominantly Black school district were grade levels behind, and [social psychologists are still writing](#) about the emotional and mental impact of that crisis on young people. **I have already spoken to a GGE alumna who let me know that she's lost two uncles and an aunt to COVID-19. In ordinary times, if a young person lost so many loved ones in a short period of time, we would expect her school staff to surround her with support and services. In this moment, she is cut off from those types of social supports.** Black and Latinx youth in this city will have lost friends, neighbors, mentors, grandparents, aunts, uncles, caregivers, siblings, and parents. We know that this pandemic will be extremely harmful on youth of color who will have to manage the stress of death, and loss of whatever economic stability they had previously. That trauma is expected to harm youth of color emotionally and mentally in ways that can thwart their academic potential for years, perhaps decades to come.



We cannot forget that the health impact of COVID-19 has not excluded children of color, Black and Latinx youth are disproportionately impacted by comorbidities such as asthma (especially in [places like the Bronx](#) and East New York which have some of the highest childhood asthma rates in the entire country) which means of the millions of youth in this city, we are likely to see youth of color who have been hospitalized and who have been very ill themselves. **This is especially true for youth who are incarcerated in Horizon and Crossroads who have had COVID-19 and were forced to suffer through this illness while in confinement. Youth of color cannot be overlooked in our City's response and recovery efforts.**

Our recommendations:

- Ensure adequate resources are committed for mental health and trauma response in Department of Education (DOE) schools for the years to come. This means *increasing* the number of school-based social workers, restorative justice practitioners, intervention specialists, and supportive, non-law enforcement adults in schools. **The DOE must be encouraged to make budget decisions that prioritize the mental and emotional health of students through trust-building rather than enhanced policing.**
- Ensure students have access to an adapted Summer Youth Employment Program (85 % of youth participants are youth of color), so that youth and their families can have the money to eat, pay for utilities, and cover rent.
- Ensure that there is an explicit commitment to addressing the racial justice issues which impact health, and doing so in a way that includes young people.
- Funding organizations, including organizations within Council's Young Women's Initiative which are doing the work to meet the needs of young people of color who have been most harmed by this pandemic.



Testimony of

**Shijuade Kadree**

**Chief Advocacy Officer**

**The Lesbian, Gay, Bisexual & Transgender Community Center**

In response to the

**New York City Council's Committee on Oversight and Investigations**

**On the disparate impacts of COVID-19 on communities of color**

Submitted on April 30, 2020

To the

New York City Council

# THE CENTER

Thank you for the opportunity to testify before you today. My name is Shijuade Kadree and I am the Chief Advocacy Officer of The Lesbian, Gay, Bisexual & Transgender Community Center (The Center) in New York City. I will testify on the sharply disparate impacts COVID-19 has had on people of color throughout the city, particularly queer and TGNC people of color. Thank you to Council Speaker Corey Johnson and Council Member Ritchie Torres for convening a hearing on this timely and important topic.

Since 1983, The Center has empowered our community members to lead authentic lives, while advocating for justice, equity, and opportunity for LGBTQ people. The Center applies an anti-racist, anti-oppressive lens to our work and actively work to dismantle both the systems that perpetuate white supremacy and decrease our inherent reliance on them. The issues we address at The Center include health disparities, social barriers to equality and justice, and homophobia and transphobia. The vast majority of our clients also identify as people of color, and are directly and persistently impacted by systemic racism and economic injustice.

New York City has been deemed the epicenter of the country's pandemic. COVID-19 has highlighted the disparities in access and quality of health care, and has shown that communities of color are at a significantly higher risk for infection, spread, and lasting effects. Risk factors converge and are further elevated when you take into consideration the myriad intersections of identity such as income, employment status, housing status, sexual orientation, and gender identity.

COVID-19 is a virus that takes its toll not just on individuals, but on entire communities. Let me be clear, BIPOC communities - especially black individuals - are not more prone to the disease. The rampant inequity that supports pervasive and damaging racism that impacts BIPOC communities is the true disease. Decades of divestment in neighborhoods populated by Black and Latinx populations has reduced access to services that are essential to the health and wellbeing of a community including: primary care physicians, clinics, healthy food, reliable transportation, and safe and affordable housing. Dense population and overcrowded housing, often in neighborhoods with frontline, essential workers, makes the prescribed social distancing impossible for some communities. These conditions ensure that many communities of color throughout the city are not only more likely to contract COVID-19, they will have a harder time recovering and protecting themselves and their families when they do get sick.

Access to affordable and quick medical care is essential to testing and treatment of COVID-19. LGBTQ people of color face multiple intersecting structural adversities linked to their sexual orientations, gender identities and expressions, and racial identities. According to the Human Rights Campaign Foundation's analysis of the 2018 BRFSS, 23% of LGBTQ adults of color, 22% of transgender adults, and 32% of transgender adults of color have no form of health coverage.<sup>1</sup> This translates to an even greater likelihood of receiving unfair treatment when

---

<sup>1</sup> HRC (April 2020). The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis.

# THE CENTER

trying to access health and social care due to lack of health coverage, monetary resources to visit a doctor, or discomfort with visiting a doctor because of a lack of provider cultural competency.

LGBTQ people experience disproportionate behavioral health struggles such as depression, anxiety, post-traumatic stress, substance use, and suicidality, often in response to both external and internalized stressors produced by an oppressive environment.<sup>2</sup> In addition, societal stigma related to mental health makes it difficult for people to access services. Within LGBTQ communities of color, these same mental health barriers exacerbate symptoms due to structural forces such as racism, white supremacy, and poverty. Across the city, direct social service and mental health providers such as The Center are seeing an increase in service requests. Following our building's COVID-19 closure, we The Center moved all of our mental health groups, one-on-one counseling, and substance use counseling to a telehealth model. In the first month post-closure, we've seen a 60% increase in service usage. Last week alone, we saw over 240 people attend over 20 different virtual groups.

The potential health and financial challenges of dealing with a medical emergency such as COVID-19 for families disproportionately affect communities of color and compound their existing disparities. Businesses across the country have closed, furloughed workers, or cut salaries. Employees in the restaurant, hospitality, retail, and other service industries are at a higher risk for loss of income. Those who have maintained their positions such as grocery store workers, delivery drivers, and custodial staff, face increased risks of infection due to higher levels of exposure. Nearly a quarter of Black and Latinx individuals (24%) are employed in service industries compared to 16% of Whites. Moreover, those in lower wage jobs are less likely to be able to handle income declines. Over 25% of people of color are low-wage workers, compared to less than 17% of Whites and groups of color are more likely to fall below the poverty line.<sup>3</sup>

The full extent of COVID-19's wrath has yet to be seen. This disease has, however, exposed the many holes in our safety nets and has highlighted some of our most glaring unaddressed and willfully ignored issues. We urge you to collect the data as it comes in so that we can learn from this crisis, address the issues, and begin the long road to improvement.

We also strongly encourage the Council to consider the swath of human services nonprofits that are providing essential services to our communities as the body contemplates additional relief programming and funding. We know the city is in a challenging financial position. But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary

---

Washington DC: The Human Rights Campaign Foundation.

<https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst>

<sup>2</sup> Dale, Sannisha. (2019, June). Understanding and Addressing the Social Determinants of Health for Black LGBTQ People: A Way Forward for Health Centers. Boston, MA: National LGBT Health Education Center.

<sup>3</sup> US Bureau of Labor Statistics, Report 1082, Labor force characteristics by race and ethnicity, 2018, October 2019, <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>.

# THE CENTER

funding, which only accounts for a small percentage of the city budget. Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color, including queer and TGNC individuals, get access to public funding. Instead of cutting discretionary funding, we join others in calling on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end.

The Center is eager to offer our services to aid in the recovery effort and we look forward to partnering with the City to build a stronger, safer, and healthier New York that takes into consideration and strengthens the most vulnerable and historically disconnected among us.



Lucy Sexton  
Executive Director  
New Yorkers for Culture & Arts  
[lucy@NY4CA.org](mailto:lucy@NY4CA.org)  
NY4CA.org

April 30, 2020

Thank you Chair Torres, Speaker Johnson, and members of the City Council for addressing this critical situation today, and for allowing me to testify. My name is Lucy Sexton with New Yorkers for Culture & Arts, a citywide coalition of cultural groups. I am here today to bring testimony from cultural groups working in communities horribly impacted by COVID and the current crisis. We know you are trying to address the great and pressing needs of communities devastated by this crisis: these include healthcare, food, education, seniors, mental health. We ask that you remember that culture plays a role in all of these ---theaters have been turned into food distribution centers. Online programs provide a lifeline for kids stuck at home. BRIC

theater has an intergenerational council working with senior NYCHA residents in Fort Greene. And for all of our mental health, we need the connection, catharsis, and healing that arts and culture provide. The panel has talked about the importance of trust in communities for getting information and health advice out, about reducing stress, and longterm healing. Community cultural groups are key to all of these.

As we look at ways to support afflicted communities, we need to look at the fragility of the cultural groups that provide strength and resilience to those neighborhoods. Groups like Arts East NY---the only cultural center in that neighborhood. Before this crisis they announced that they'd need to shut down this spring due to lack of funds. Their leadership is now suffering major losses in their families due to COVID. This is tragedy upon tragedy and if they disappear it will remove a vital place for gathering and education for a neighborhood desperately in need.

Chinese Theater Works provides theater and cultural programming to huge Asian communities throughout the five boroughs. In these difficult times when Asian people are under attack, we know art can be a tool for nurturing understanding, building bridges, and strengthening communities. They depend on Council initiative funding for this work.

Pregones Puerto Rican Traveling Theater in the Bronx delivers bilingual and multigenerational arts programs for latinx audiences. The need for the work with those families has never been more pressing. City Council initiative funding makes this work possible.

Lewis Latimer House Museum does educational work with immigrant children and families in Queens, and depends on City Council Initiative funding.

MoCADA, the famed African Art museum in Brooklyn serves 200,000 people every year, serving as a critical tool for engaging people across social divides, as well as extensive after school work funded by the CASA program.

We ask that you include the priorities of cultural institutions in NY in any future COVID response legislation; Clear guidance and support from Schools Chancellor Caranza; and Assurance that completed construction and development work will be paid for, just as other support sectors have been assured by the Mayor's Office of Contract Services.

In the shutdown, cultural groups have continued their work online. The Hunts Point Alliance for Children's has a renowned Shakespeare program for middle schoolers in their neighborhood----one which has one of the highest rates of COVID on the planet. The program done in collaboration with The Public Theater has continued in the shutdown with 8-hours of training a week---and 100% attendance from the kids! Those 30 kids will be putting on a Shakespeare production on zoom next month. I'll keep you posted. (And one of the stars of last year's Tempest, 13 year old Jordan Hilario has been throwing down with the

likes of Jimmy Smits on the Public's Shakespeare  
Challenge online.)

Supporting communities in crisis means supporting their  
humanity and their ability to connect---culture provides the  
community connective tissue necessary to survive this  
terrible crisis. We can be part of the creative solutions  
necessary in this unfathomable moment. Thank you.



2079 Forest Avenue, Staten Island, NY 10303 • Phone 718.815.6560 • Fax 718.815.6570 • Info@beaconchc.com

---

Testimony of Dr. David Kim  
CEO, Beacon Christian Community Health Center  
April 30, 2020  
NYC City Council, Oversight and Investigations Committee

Hello, and thanks for allowing me to speak. My name is Dr. David Kim and I am a co-founder and CEO of Beacon Christian Community Health Center. For almost 15 years, our federally qualified health center has been the primary access point to health care for our diverse, socioeconomically disadvantaged community of close to 30,000 in northwestern Staten Island.

At the outset of the coronavirus outbreak in Staten Island, Beacon launched a comprehensive outpatient strategy to reduce patient surge going to Staten Island's two major hospitals. There were two immediate things we noticed at the outset.

First, the only testing facility other than Beacon available at the time in all of Staten Island was a state DOH-run, drive-thru only site located near the middle of Staten Island. For our North Shore population, the majority of our underserved community do not own cars and therefore could not even access this site. Early data reported by New York City DOH seemed to indicate that the middle, more affluent part of Staten Island was hardest hit by coronavirus, and that the North Shore had hardly any cases at all. This disparity, however, was basically due to the fact that no one in the North Shore was effectively tested until Beacon started testing. Ironically, ***it was only when we started testing in our home zip code of 10303 that 10303 suddenly shot up in new reported cases.*** Today, we are still the only outpatient facility directly testing the community on Staten Island, and this is wrong. The City DOH's initial directives discouraging outpatient testing not only removed an important force to fight hospital surge, as both local hospitals have admitted to us, but also created a significant disparity in access to testing for the poor communities that centers like us serve.

Secondly, existing protocols did not help people for whom English is a second language. Translated media messages alone do not create compliance; we learned this the hard way. As Beacon tracked and followed its suspected or positive patients, we found that most of our non-English speaking patients had no idea how to follow the city's directives, and it was only through significant time investment by our staff, case managers and spiritual care team members, that many of our patients and our families began to understand what they had to do.

In conclusion, I will simply add that as a trained emergency planner who led responses on Staten Island to H1N1 and Superstorm Sandy, we and other city FQHCs ironically worked just last year with New York City OEM to be ready to handle a pandemic crisis scenario such as this. It frustrated me to see the city in its initial panic completely throw away these plans, and see the chaos and disorganization that followed and continues to this day. It doesn't have to be like this the next time, if everyone sticks to the plans that were painstakingly made by many stakeholders. Thank you, and may God bless these proceedings.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Kim', with a stylized flourish at the end.

David Kim, MD, MBA (Healthcare)

Chief Executive Officer

[davidk@beaconcchc.com](mailto:davidk@beaconcchc.com)

Testimony:

Good afternoon and thank you Speaker Johnson, Chair Torres, members of BLAC and all the City Council present today for having me today my name is Sade Lythcot. I testify today as the:

- The CEO of NBT, the Chair of CTC and a member of the Harlem Cultural Collaborative a diverse group of 11 physical space based cultural arts anchors serving the harlem community and the co-leader of the culture @3pm working group on re-opening the city - cohort of over 300 cultural groups who meet daily around the impact COVID-19 on the cultural sector .
- Together we represent a sector that employs thousands of people of color and serves millions of of NYC residents in the most hard hit communities in all 5 boroughs
- Our institutions preserve, serve and shape culture. And what is NY, if it is not a rich tapestry woven together by the contribution and sacrifice of people of color, yet through COVID-19 we are able to see with pristine clarity the negligible disparity in equity and resources afforded our communities.
- Our communities are suffering alarmingly disproportionate rates of infection and death, period. Several factors make up these devastating facts as we have heard on this call. Studies show the presence of cultural resources in a neighborhood has a significant positive impact on a neighborhood's health, the outcomes of its schools, and its crime rate.\*\*\*\* As institutions that serve, develop, nurture, hire, produce, innovate and incubate Artists of Color we have always seen ourselves as first responders in loving service to the needs of our communities.
- Linking cultural engagement to social wellbeing informs a set of strategies that can enhance the quality of community life for all New Yorkers but in particular crucial in our communities.
- CTC, institutions have long-standing relationships with many of the city's most diverse and vulnerable residents. These are populations public initiatives often find challenging to reach, through the crisis, providing imperative dissemination of up-to-date public health information and resources to help bolster the City's efforts.
- Today our institutions and missions are more vital than ever in playing a key role in the recovery of our great city as many of our organizations are more than just theaters. For decades CTC institutions have functioned as "safe havens" for the communities in which they operate, each year serving hundreds of thousands of New Yorkers with vitally needed cultural, educational, social, and economic resources and opportunities for



youth, seniors, families, in local neighborhoods and to the broader residents living in the outer boroughs.

- We understand that all organizations big and small are suffering as a result of COVID-19. However, systemic inequalities, particularly in public funding, have created a climate where our members operate within a significantly under-funded and under-resourced context. This means COVID-19's effect will have particularly serious long-term consequences for our members and the underserved communities they represent and sadly many will not survive.
- At this critical juncture we implore you to preserve the initiatives that serve communities of color. The council's initiative funding acts as a vital safety net for our organizations. We are not CIGs, we have no commitment or reliable investment from the City for our existence besides these Council initiatives. We are thankful and recognized the leadership of the council have allocated these funds. But more needs to be done, now more than ever.
- While these are extraordinary times, we remain optimistic about the resilience of the artistic communities in New York City but we must continue to be vigilant and recognize though we are all enduring the same storm, we are not all in the same boat; if communities of color are not well, none of us are well.
- Before the establishment of the Council Initiatives, specifically the Culturals of color receive one-tenth of 1% of the total funds awarded for arts and culture in New York City/State and only receive 5% of total contributed revenue from individual donors, indicating a disproportionate reliance on government and foundation grants that are—in general—increasingly less secure\*.
- Artists and cultural institutions, like with every crisis our great city has faced, are lauded as the life blood of the city resuscitating the heart of our great city. But with what resources? How are we expected to fulfill these rolls where we are preoccupied by surviving?
- We welcome & deserve a seat at the table to partner with the Council and the Mayor to help shape innovative *holistic* solutions of what recovery looks like for both our sector and communities.
- THANK YOU!

## NY City Council Initiative Funding Survey results:

**The proceeding quotes were taken directly from a diverse group of cultural arts organizations across all 5 boroughs, participating in the NY City Council Initiative Funding Survey conducted on April 24-29th 2020 by the National Black Theatre. All responses were voluntarily and are direct quotes from the participants regarding the use and impact of City Council Initiative funding.**

It is hugely important to the survival of our organization as well as our key partnerships with NYC public schools, especially in serving under-privileged immigrant children and families in Queens. -Lewis Latimer House Museum (Queens CASA, Cultural Immigrant Initiative)

City Initiative funding has been critical to the survival of our 40 year-plus institution, to the stability of this historically under-served lower income area, and to the livelihoods of the many master artists and support staff we employ from the Bronx and from throughout New York City. It makes full access to quality arts training and performances possible with at-risk youth, for thousands of community residents of all ages, and including a diversity of immigrant families who participate. -Mind-Builders Creative Arts Center (Bronx CTC, Cultural Immigrant Initiative)

Cultural Immigrant Initiative has been by far the most impactful source of public funding we've received in the past decade. It provided significant financial support and enabled us to explore programming which connected to our community...The erasure of this initiative would significantly impact the Wyckoff House, cutting its budget and staff in the next year. Symbolically, the erasure of the Cultural Immigrant Initiative, would signal the expendability of some our city's most vulnerable. -Wyckoff House Museum (Brooklyn Cultural Immigrant Initiative, Parks Equity Initiative (through DPR))

MoCADA's primary mission is to bring the arts directly to the people...to produce 60+ exhibitions, 500+ public programs on and off-site (and now online!) in neighboring venues, such as public housing, small businesses, parks, other public spaces, schools, the streets, and beyond...offering free and direct --- sometimes the only -- access to the arts and arts education through the lens of the cultures of the African diaspora. [The] result, our programs, which reach over 200k people every year, are a critical tool for engaging with people across social divides and welcoming those who are systematically left out, most especially, children and low income individuals and others who come from marginalized communities. We provide a sense of pride, hopefulness, and beauty to folks that have historically been denied access to art. Young people that aren't given options on how to use their talents, or to explore different means of expression get to see first-hand music, visual art, and performances by people that look like them. MoCADA has and continues to work collaboratively with over 30 arts organizations, local businesses, artists, educators, community leaders, and agencies each year to make the arts an integral component of neighborhood development and economic sustainability. [None of which would] have been available them without the generous support of City Initiative funding. -Museum of Contemporary African Diasporan Arts (MoCADA) ( Brooklyn -CASA, SU-CASA, Cultural Immigrant Initiative, Speaker's Fund)

It is crucial for the sustainability of community based engagement, subsidies to independent cultural producers, our ability to stay relevant by employing and offering freelance artists of color affordable platforms. -The Clemente Soto Velez Cultural Center (Manhattan Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative)

Without such funding, our communities of color would literally go un-served. After many years of being without any programming, these recent initiatives helped bring crucial/much needed programming to these communities. Taking away these initiatives would be devastating not only for these communities but for the organizations that serve them. Please don't turn the clock back and penalize communities of color who have fought so hard to receive these initiatives. -Society of the Educational Arts, Inc. (Teatro SEA) (Queens CASA, Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative)  
We are in the worst financial crisis just as the community will need the asset the most to keep itself active/sane and positive. Whereas we have only moderately relied on City Funding in the past 10 years we shall need assistance now. -Teatro LATEA (Latin American Theater Experiment Associates) (Manhattan Coalition of Theatres of Color (CTC))

Serves Communities who may not have music classes, employ lots of people, serves thousands with performances -The Brooklyn Music School (Brooklyn, CASA, SU-CASA, Cultural Immigrant Initiative, Anti-Gun)

[The Council Initiative funding we receive] is key to providing health and wellness through the visual arts to youth, LGBTQ+, immigrant and underserved communities that would not receive arts programming otherwise. -Alice Austen House (Staten Island CASA, Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative)

Founded and operated by Asian women, Chinese Theater Works has provided theater and cultural programming to the huge Chinese and Asian communities throughout the 5 boroughs. These programs would not be possible without the support and funding of council initiatives such as the CTC. It is only with this support that we are able to bring our programs into the schools, libraries, community centers of neighborhoods throughout the city. We are proud to be able to bring our programs out to the Chinese and Asian communities in the boros, who have been historically underserved in terms of the arts. In these current difficult times, when Chinese ethnic people are under attack, we trust that our art can be a tool for nurturing understanding, building bridges and strengthening communities. -Chinese Theater Works (Queens Coalition of Theatres of Color (CTC))

CTC funding is critical to Hi-ARTS' ability to advance urban art by empowering artists to develop bold new work, while creating a lasting and positive impact on urban communities. We are acutely aware that our artists are struggling. Black, Latinx, and other marginalized communities are among the most vulnerable populations in this COVID-19 crisis. Our work has always focused on empowering artists from these communities, and this mission is now more important than ever. -Hip Hop Theater Festival, Inc (East Harlem CASA, Coalition of Theatres of Color (CTC))

City Initiative Funding is critical to the arts. At Second Generation Productions (2g), our mission is to bring Asian American stories to the world stage [by developing] new and experienced writers to create new work for the theater. We provide theater arts to under-served immigrant communities across all 5 boroughs. -Second Generation Productions Inc. (Manhattan Coalition of Theatres of Color (CTC))

As an arts organization that is led and peopled by Black women and girls, inclusion in CTC has helped to affirm what our stakeholders have known for awhile, that some of the most artistically rich and compelling art is being created, produced, and performed by black girls and young women in New York City. CTC funding has helped viBe to sustain its operations through challenging times. Through the years, CTC funding has helped viBe to create and sustain new partnerships, and expand our community of

supporters. CTC initiative funding remains the largest funding that viBe receives outside of foundation support. Losing it would have a devastating impact on our organization, and stunt the growth of the organization. -viBe Theater Experience (Brooklyn Coalition of Theatres of Color (CTC))

It cannot be over-stated how important the CTC Initiative of the New York City Council has been to the tremendous explosion of creative talent in Native American theater development through Amerinda Theater in all 5 boroughs. Support from the CTC Initiative of the New York City Council has been vital to the existence of contemporary Native American theater in New York City without which there would be none on any consistent basis. -American Indian Artists Inc. (AMERINDA) (Manhattan Coalition of Theatres of Color (CTC))

Small arts organizations like ours make up the fabric of New York's vibrant and diverse artistic community. An integral part of the NYC performing arts ecosystem, we are a nimble organization, and our work addresses culture, identity and belonging, using a community-engaged process to bring under-represented voices to the stage. City Initiative funding has been an essential to our work: designations from the Cultural Immigrant Initiative and Coalition of Theatres of Color are chief among the vital support for our programs that serve emerging artists of color and teaching artists.- Ping Chong & Company (Manhattan Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative)

CASA funding is extremely important to the museum's ability to serve special education students, particularly those on the spectrum -The Noble Maritime Collection (Staten Island CASA)

The arts are the LIFE BLOOD of New York City. We are suffering great challenges to survival. New York City attracts throngs of tourists every year because of the arts. We need to bring the arts (dance) organizations back to normalcy so that we can serve the public through this time of isolation. We know that Dance brings joy, health, energy and positivity to all of us. We will not return to normalcy in NYC without the arts, this is a fact, not an opinion! -Dancewave (Brooklyn CASA, SU-CASA, Cultural Immigrant Initiative)

City initiative funding in short, covers our core operating expenses and allows us to provide vital support services like our mobile stages, Gun prevention program to avert violence in high crime prone school districts and uniquely target immigrant populations in Southeast queens. Initiative funding makes the difference between our organizational stability and instability. -Black Spectrum Theatre (Queens; Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative, Anti-Gun Violence)

City Initiative funding empowers us to deliver bilingual and multigenerational arts programs for longtime target audiences, test and build programs with measurable citywide appeal, and counter the historic undercapitalization of Puerto Rican/Latinx arts and culture. Without City Initiatives, we risk losing an enormously effective means to employ artists of color and to make tangible progress towards diversity, equity, and inclusion. -Pregones Puerto Rican Traveling Theater (Bronx; Coalition of Theatres of Color)

City Initiative funding is about equity. Many programs supported with these funds provide services to communities without infrastructure to be supported directly from City agencies. Additionally, many of these initiatives support organizations serving communities of color and/or run for people of color. To progress toward greater equity we must provide targeted support to those communities. -Chocolate Factory Theater (Queens Discretionary funding from our Councilmember)

Unfortunately, public funding is not always equitably distributed, and private funding even less so. With earned income streams seriously compromised over the next two years, both our organization and the communities of color that we serve are highly dependent on initiative funding. We are counting on City Initiative funding in the immediate future in order to deploy our mission and survive as an institution. -The Clemente Soto Velez Cultural and Education Center (Manhattan; SU-CASA, Cultural Immigrant Initiative)

For the past four years UrbanGlass has participated in SU-CASA programming at area senior centers in all 5 boroughs.. Not only has this initiative enabled UrbanGlass to bring the work we do beyond our walls to our neighbors, it has enabled lasting connections between those served and the teaching artists enabling these programs.

2019 was our first year participating in CASA. It was incredibly rewarding to see the amazing creativity and pride that this program brought to more than 50 students at PS9. -UrbanGlass (Brooklyn CASA, SU-CASA)

Naturally Occurring Cultural Districts NY (NOCD-NY) is an alliance of artists, neighborhood leaders, activists, and policymakers committed to revitalizing New York City from the neighborhood up. We are able collaborate with public housing residents and immigrant communities who are disproportionately impacted by COVID-19 in all 5 boroughs. These programs are essential to their wellbeing and fully integrated with other key aspects of community health be it violence prevention, mental health, gender issues, and leadership development. -Naturally Occurring Cultural Districts NY (Citywide; Speakers initiative (support for Gowanus Houses community center programming) and SBS Neighborhood Dev Initiative)

The opportunity for immigrant communities to determine for themselves how culture can support their particularly hard hit communities and support them as leaders in this creative work. Supporting the power of arts and culture to address key neighborhood issues with our partners including community development, food security, domestic violence, Islamophobia. -Arts & Democracy (Citywide, Cultural Immigrant Initiative)

Founded in 1967, Universal Temple of the Arts (UTA) pioneered as one of the first organizations of its kind to serve as a resource and platform for artists of color. Organizations like UTA, led by people of color, are struggling to maintain resilience amidst looming budget reductions in the present fiscal year and stand to face irreparable damage in the near future. We are a 53-year-old organization – a community institution that needs to work now more than ever to preserve our rich legacy. CTC and other Council Initiative funding has been essential in helping us to serve under-represented community members, particularly youth, and to further our mission of quickening the creative spirit in the individual and in the community and fostering brotherly love. -Universal Temple of the Arts (Staten Island; CASA, Coalition of Theatres of Color (CTC), Cultural Immigrant Initiative)



New York City Council  
Committee on Oversight and Investigations  
Virtual Public Hearing  
Thursday, April 30, 2020

Statement by C. Virginia Fields  
President and CEO  
National Black Leadership Commission on Health

No Surprises!

The coronavirus pandemic is having a profound and disruptive effect on everyone's lives, it is no surprise that Black and Hispanic communities are being hit particularly hard in terms of the number of confirmed cases and deaths. From around the nation, in cities where people of color are the minority populations, we are seeing this take place. For example in Louisiana and Chicago, approximately 70% of COVID-19 deaths occurred among African Americans, even though they are a minority in both areas.

While this data is shocking, it is not surprising that the coronavirus is impacting people of color, who are placed at greater risk for contracting and dying from the virus. Such health disparities have existed for years and are now in plain view for the world to see. It is well documented that communities of color are more likely to suffer from conditions like respiratory problems, heart disease, obesity, diabetes and a myriad of other health issues.

In a recent article, written by National Black Leadership Commission On Health and Amida Care, we addressed the fact that these disparities exist because communities of color experience serious structural barriers to accessing quality, affordable health care, including discrimination and higher rates of poverty; and how this reality contributes to distrust in the system, which leads to many to avoid seeking health care altogether.

People of color are also less likely to have health insurance; more likely to work in low-wage industries like restaurants and hotels, which are taking serious hits due to COVID-19, leaving them unemployed or unable to afford time off; also on the frontlines of the COVID-19 fight, serving in essential roles at grocery stores, hospitals, and nursing homes.

To immediately mitigate the impact of COVID-19 in the hardest-hit communities, we know that testing should be prioritized in neighborhoods with high populations of people of color. We know that there needs to be greater transparency around available critical supplies, resources and equipment to hospitals primarily serving communities of color. However, successful efforts to address and reverse these disturbing trends will also require an increased investment in: (1) data transparency; (2) enhanced data collection capacity in collaboration with community-based partners; (3) routine communication regarding both efforts and outcomes; (4) attention

to reducing unintended consequences of data dissemination; and (5) clear application of data to policy, programs, and milestones.

The NYC COVID-19 Working Group, working with a number of leading advocacy organizations have developed key recommendations for enhancing data collection, dissemination and mitigation against growing health disparities in the COVID-19 epidemic in NYC and NYS that we will be submitting to the Governor, Mayor and City Council for further discussion and going forward.

In **Moving forward**, as a priority, NYC COVID-19 Working Group strongly recommends that daily reporting of data include race and ethnicity disaggregation in order to make sure we're reaching the most vulnerable populations among us - and not ignoring disparities that occur for communities of color; that data be made in more accessible formats that allow for analysis, such as Excel and that data be disaggregated to allow for analysis by multiple identities (i.e. separating rates for Black women from rates for Black men). Without this level of data analysis, interventions by both government and community organizations may not reach those most in need. In addition, this level of increased transparency will work to build trust between the government and communities of color. COVID-19 is a crisis, but it should not stop there. We need to learn lessons from the light that COVID is shedding on the gaps and inequalities in our healthcare system.

In closing, longer-term, this crisis reaffirms the urgent need to create a more equitable health care system. We need to learn lessons from the light that COVID is shedding on the gaps and inequalities in our healthcare system. We must start by making quality, affordable health care more accessible.

Furthermore, we need to address social determinants of health that we know impact a person's ability to get and stay well, including employment, food security and housing. We won't be able to truly overhaul the health-care system in this country without addressing the needs of the whole person, like livable wage jobs, healthful food options and quality, affordable housing.

---

### **About Black Health**

The National Black Leadership Commission on Health (Black Health), formerly known as NBLCA, is a 501c3 not for profit organization with a mission to champion the promotion of health and prevention of disease to reduce disparities and achieve equity with the black community.

Testimony Presented to the New York City Council's Committee on Oversight and Investigations Hearing on April 30, 2020

Marina Ortiz, East Harlem Preservation

Good evening. I am with East Harlem Preservation and the Committee to Empower Voice for Healing and Equity. Today, however, I am speaking from personal experience and my observations as an elder, as a disabled New Yorker, and as an income-limited Puerto Rican woman in El Barrio.

I'm happy to report that East Harlem residents are getting a lot of support from local pantries and schools cafeterias. Of course, we could do with less price-gouging at the supermarkets.

It's also refreshing to see less police in the street, but even now, the focus is still on black and brown youth (and, more increasingly, the homeless).

I really don't get why we are still talking about health disparities as if they are just a matter of choice or self-control. Believe it or not, white people also smoke and drink and take drugs and eat fast food.

But, yes, we do live in sick buildings, 100-year-old tenements and public housing complexes that are surrounded by five bridges and a highway. We also serve as a pathway into Manhattan for truck deliveries. We have endured generations of lead-paint poisoning, mold, bad water, redlining, and gentrification. THAT is why East Harlem had the highest number of COVID-19 cases in Manhattan.

I am privileged enough to live near Central Park and even though the NYPD vehicles at every entrance, police have consistently ignored gentrifiers' flagrant disregard for the health of black and brown folks by refusing to engage in social distancing or even masking, instead targeting youth on the corner.

What we need is what we've always needed: truly affordable (and decent) housing, equitable health care, quality (and free) education and public transportation.

What we don't need are more police, more people in jail, and scapegoating of the homeless population as "disease carriers." What we do need is direct financial support, training, and real protections for "essential" black and brown workers whose faces are the ones we are seeing in news reports as victims of the pandemic. What what we need is support for those on the ground who are providing mutual aid to their neighbors.



We also need to reach deeper into the immigrant Latino and Asian population who remain extremely afraid to seek medical and social service support.

What we need is commercial rent control, and other protections for small businesses, not lip service.

We do not need anymore fake affordable housing and subsidizing of the real estate industry and the banks.

What we need is protection from hate groups preparing to parade throughout the city tomorrow to demand an end to the quarantine, and an end to police-assisted special treatment of privileged groups that continue to endanger their neighbors by ignoring health guidelines.

We also have a sizable Puerto Rican population in East Harlem, whose families there are suffering because they have yet to receive federal help.

The disparities are not new, they are just being magnified. I ask you to make serious systematic changes to guarantee racial equity at all levels of government. And if you're wondering how the heck we are supposed to pay for all these services, perhaps we should consider reprioritizing our priorities.

I am less concerned about open streets, bike lanes, a state-of-the-art transit system, and public-service parades than I am about ending institutional racial disparities and making wealthy people pay their fare share. We don't need more police; the quarantine has showed that people of color were compliant. We don't need any more studies and task forces, we need wealthy New Yorkers to pull their weight. And, we need transparency and accountability for the economic and policy decisions being made.

We cannot be expected to do more with less, and tomorrow May Day, tens of thousands of tenants and workers throughout the country will be letting their landlords and corporate employers know that they/we are not expendable. We hope that you will support us.

Marina Ortiz

East Harlem Preservation

mortiz@ehp.nyc

## WRITTEN TESTIMONY

New York City Council Committee on Oversight and Investigations Meeting April 30, 2020

### Disparate Impacts of COVID-19 on Communities of Color

**To:** The Honorable City Councilmember Ritchie Torres  
**From:** Steve Herrick, Executive Director, Cooper Square Committee  
**Date:** April 30, 2020

Dear Councilmember Torres,

Thank you for your leadership to address the disparate impact of COVID-19 on communities of color in New York City. While we defer to public health experts on the social determinants of health and environmental drivers contributing to the disproportionate impact of COVID-19 on communities of color, we join in our city's concern and call for resources and attention to the fact that Black New Yorkers are twice as likely to die from COVID, and fatalities among Latinx New Yorkers are the second highest in the city.

One issue of concern fully in the power of the City Council to address is Council discretionary funding. We know the city is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However **any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on smaller organizations serving communities of color.** Grassroots organizations led by and serving communities of color often do not have the organizational capacity to engage in the onerous City agency RFP process.

The Cooper Square Committee, the oldest community based tenant rights and anti-displacement organization in NYC, formed in 1959, serves the Lower East Side/East Village of Manhattan, which is a multi-racial, culturally and economically diverse community. People of color comprise roughly 60% of our community: 29% Hispanic, 19% Asian, 8% African American and 40% White non-Hispanic. The median household income of Manhattan Community Board 3 is \$46,395. 35% of households are low-income (below 60% of AMI). An estimated 26% of CB3 residents live in poverty.

Cooper Square Committee has been able to organize scores of tenant associations and 5 multi-building coalitions comprising over 150 buildings with over 2,000 households to push back against the worst predatory equity landlords and minimize displacement in recent years thanks to funding from the Stabilizing NYC Program. As part of the state-wide tenant movement, we won stronger tenant protections last year that ended vacancy decontrol, ensuring that we won't lose thousands more rent stabilized apartments in the coming years. Our organizing efforts as one of the organizations spearheading the Stand for Tenant Safety campaign also won passage in the City Council of a package of a dozen laws in 2017 to reform the NYC Dept. of Buildings and strengthen tenant protections during renovation of occupied buildings. This array of laws has made tenants more secure in their homes, and reduced landlords' incentive to harass tenants out of their homes, a process that had disproportionately displaced people of color, especially Latinos in our community.

The Covid-19 epidemic is disproportionately impacting communities of color, who are over-represented among workers on the front lines providing essential services during this epidemic – working in healthcare, providing city services like transit, working in the shelter system and

correctional facilities, and stocking shelves at grocery stores, pharmacies, and staffing the cash registers. As people of color often work lower paying jobs with fewer benefits, they are suffering the effects of job loss and reduced work hours more acutely, and are falling behind in rent payments at a higher rate. Organizations like Cooper Square Committee expect to see a high demand for our services when the moratorium on evictions ends. Our anti-eviction services funded by HPD's Stabilizing NYC program, as well as our N-NORC senior services funded by DFTA (wellness check-ins, case management, and our work ensuring that seniors don't suffer from food insecurity or disruption in accessing medications during this crisis) are all essential services that are preventing the impacts of Covid-19 from becoming even more devastating to communities of color.

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for **reimbursement for work done after March 22** have us concerned as most of the organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for **0.42%** of the city budget. **Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding.** Instead of cutting discretionary funding, we call on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end. These concrete actions the Council can take will support community based organizations led by and serving those most impacted by COVID-19.

## **Testimony to City Council**

**Submitted by Dr. Indira Etwaroo**

**Executive Artistic Director, The Billie Holiday Theatre  
Bedford-Stuyvesant, Brooklyn**

Thank you to Speaker Johnson, Councilmember Cornegy, Majority Leader Cumbo, Councilmember Van Bramer, and the entire City Council for this opportunity to testify as artistic anchor on behalf of the community of Central Brooklyn. On behalf of Board Chair, Wayne Winborne and the artists and audience of The Billie Holiday Theatre, thank you for your service to our city, particularly in this time of crisis.

My name is Dr. Indira Etwaroo, and I have the profound honor of serving as the Executive Artistic Director of The Billie Holiday Theatre, which has been a platform for the voices and stories of Black Americans since 1972. As the only theatre led for, by, and accountable to people of color, in the epicenter of the largest community of African Americans in the country - Central Brooklyn - The Billie has an almost 5 decade history of giving voice to stories that reflect the full diversity of people of the African Diaspora, told by thousands of African American artists to an annual audience of more than 82,000 people. Our audience is mostly Central Brooklyn residents, mostly African American, mostly older, and mostly low-to-moderate income. In short, the very demographic most at risk of being devastated by the COVID-19 pandemic, not just locally, but nationally.

Our commemoration, in 2019, of the 400th year of the beginning of slavery in America, reminded me that Africans were not brought to the shores of this place called America to survive let alone to create and to tell our stories. The COVID-19 pandemic is a stark reminder that not just our stories, but our very survival are still endangered. Take the story of Rana Zoe Mungin, a 30-year old social studies teacher at East New York's Ascend Academy, who was twice denied testing for COVID-19 symptoms. Her words, "I can't breathe" were dismissed as a panic attack, a tragic echo of Eric Garner's last words, words spoken across years but with the same devastating outcome, and both happening in our time, in our city.

At The Billie, our work is a calling to tell stories that matter and stories that are often unheard. The Billie is not just about presenting art, we are about righting historical wrongs. We accept the profound responsibility and the privilege to decide which stories get told, how they will be told, and who will tell those stories. And in this time of crisis, when our community is most at risk, we embrace our responsibility to not just be a chronicler of and

platform for these stories, but an advocate for our community, for an opportunity to tell a new story of the Black experience in America.

Continued resources to The Billie Holiday Theatre and arts and culture institutions focused on historically marginalized communities is perhaps more important now than ever before. We deeply appreciate your continued advocacy for critical resources to continue to serve our community disproportionately impacted by COVID-19.

Once again, thank you for this opportunity to testify. Even as our community struggles with this, I have been incredibly inspired by the determination, creativity, and sheer grit - qualities that New Yorkers and artists share alike - that have been brought to bear on this global crisis and I look forward to working with you to build a more equitable future, one in which all stories, all voices, and all people can thrive. Thank you.

## City Council Oversight Hearing

PRESENTED BEFORE:  
THE NEW YORK CITY COUNCIL  
COMMITTEE ON OVERSIGHT AND INVESTIGATIONS

PRESENTED BY:  
ELIZABETH CLAY ROY  
EXECUTIVE DIRECTOR, TAKEROOT JUSTICE

APRIL 30, 2020

My name is Elizabeth Clay Roy, and I am the Executive Director of TakeRoot Justice, a social justice, legal services organization that serves over 2000 clients and dozens of partners across New York City each year. We believe that community organizing should be at the center of any effort to create systemic change. TakeRoot Justice has a long history of partnering with grassroots and community-based organizations that build leadership and power within New York City's low-income communities, particularly communities of color and immigrant communities.

I want to thank the Oversight and Investigations Committee and City Council for this important hearing and your leadership by listening to community voices.

Thanks to publicly available, disaggregated data on the impact of COVID-19, we all know that the death and infection rate of Black and Brown New Yorkers is higher than average, and this is part of a nationwide pattern. Low-wage workers in NYC have been disproportionately affected by the economic and health impacts of COVID-19. They constitute a large portion of the workforce now deemed "essential," and continue their jobs often at great risk to themselves and without proper access to protective equipment or health care.

Two centuries of public health research show that the most basic influences on health are people's living conditions —their housing, education, and working conditions and their access to clean air, water, nutritious food and affordable health care. In the past, epidemics of cholera, yellow fever, tuberculosis, and influenza struck the poor much more often than the better off. What we are learning is that in 2020, with our advances in knowledge, technology and societal wealth, is that we haven't yet made enough progress toward health equity.

There are deep-seated inequities that disproportionately affect many communities of color including higher rates of chronic diseases, lower access to health care, lack of paid sick leave, lack of or inadequate health insurance, income disparities, any of which could heighten the effects of a crisis like the coronavirus outbreak.

Let's use what we know about the social determinants of health for a just and equitable recovery. To make health equity a reality in the months ahead requires government agencies, nonprofit and private organizations and communities to work together across sectors to improve health and reduce inequality.

We recognize that the City's health department and the City Council has paid attention to health equity, but this is a collective challenge, a collective risk and requires a collective impact solution.

What is our societal corollary to personal protective equipment that is crucial for us to prevent and recover from this virus? What are the community level actions we can take to ensure those at greatest risk stay well? The following is part of a list of the **public protective infrastructure** that our society needs:

1. **Housing:** Housing is a human right one of the most important public health interventions. New York State's own Department of Health has seen housing interventions have a strong, measurable impact on reducing inpatient hospital stays and emergency room use. Persistent mold and pest issues in apartments, and poor building maintenance have contributed to longstanding respiratory illness for many New Yorkers. As NYCHA tenant leaders and TakeRoot Justice clients Ms. Lakeesha Taylor and Ms. Saundra Coleman wrote in their Daily News op-ed today: "Tenants regularly experience water outages and hot water disruptions, making handwashing and proper disease prevention difficult. Frequent, extended elevator outages make social distancing impossible." All landlords must make rapid and consistent repairs to keep their tenants safe, and tenants need access to counsel more than ever to ensure their rights are respected.
2. **Housing Stability:** Black and Hispanic/Latinx New Yorkers make up 89% of those who were homeless at the beginning of this year. Affordability is the central issue- and we need a rent freeze. We need to ensure that homeless New Yorkers all have a place to live, consistent with social distancing guidelines, as quickly as possible and strengthen protection for renters in the midst of this health crisis to prevent thousands more New Yorkers joining them.
3. This is quite possibly the end for thousands of businesses that are owned and staffed by people of color. This loss of jobs, income and wealth will be devastating and deepen the health risks of poverty for years to come. New York City should expand on its existing grants and loans to create an emergency relief fund for small business owners, worker

cooperatives, employees, street vendors, and independent contractors to cover lost revenue and wages.

4. Social cohesion and civic engagement are social determinants of health- along with perceptions of equity. Community organizations play a critical role here. Grassroots, neighborhood based, Black, Brown and immigrant-led organizations that have emerged in the last few years are a great risk of closing down as their members and community supporters cannot afford to support them. But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for a small percentage of the city budget. Discretionary funding is how small organizations closest to New Yorkers and organizations led by people of color get access to public funding. Instead of cutting discretionary funding, we join others in calling on the city to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration and no retroactive cuts. We also support federal funding that directly impacts the hardest hit neighborhoods by this global crisis.
  
5. Improving health also requires improving democracy – finding ways to bring community residents and organizations into the planning, implementation and evaluation of the policies and programs that affect their well-being. Public health evidence shows that policies and programs that include the wisdom and insights of the people most affected by the problem to be solved are more likely to be effective, accepted and sustained. Elections, participatory budgeting and public input must adapt and continue.

Finally, I would encourage the Council to adopt a Racial Equity Impact Assessment Guide for budget and policy decisions going forward.

TakeRoot is supporting a just recovery with the following work:

### **Tenants' Rights**

We work side-by-side with tenants as they fight against gentrification to demand better living conditions, affordable rents, and a voice in the policies that shape their neighborhoods.

*In this moment:* The clearest need right now is housing, so that people can shelter in place safely in their homes during the pandemic. Our Housing Team has buckled down and worked harder than ever. We just launched a new Response Hotline that is fielding questions about: evictions and inability to pay rent, public benefits and unemployment benefits, commercial rent, COVID-19 related issues about court and agency closures and changes to the law, housing court cases, and consumer debt issues. In addition to offering direct resources and brief legal advice, we will track community member needs and emerging patterns.

While we helped fight hard for the eviction moratorium, we already are planning for what to do when it lifts. We've created strategies for dealing with interruptions to repairs and maintenance,



and strategies for defending against COVID-19-cased eviction cases, for example rent arrears caused by lost income. We're also looking towards new crisis-related government benefits (none exist yet, but they're coming and people will need to learn how to screen for eligibility and apply for them).

### **Workers' Rights**

TakeRoot's workers' rights team combats workplace exploitation & violations against workers who assert their rights under labor laws.

*In this moment:* In response, the Workers' Rights Practice has expanded our representation to include workers whose applications for unemployment and pandemic unemployment benefits have been denied, and require appeals, as well as an increased focus on emergency sick leave cases. We know that health and safety at the workplace are critical issues for essential workers, and we will continue to provide guidance on these issues.

### **Capacity Building**

The Capacity Building Team believes that the shared control of resources and wealth is a key component to a just society.

*In this moment:* Our Capacity Building and Equitable Neighborhoods teams are working closely with small-business owners and worker-owned cooperatives on commercial rent abatement and establishing governance and regulatory structures for mutual aid societies so that people can get back on their feet with the help of engaged communities.

### **Consumer Justice**

Through free resources including legal clinics, community education, consumer advocacy services and legal representation and services, the Consumer Justice team builds community strength and financial empowerment.

*In this moment:* The specific strategy that is aimed to keep us healthy in this pandemic – staying at home – leaves many women at greater risk of intimate partner violence. Economic abuse is one of many means that abusers use to control and manipulate their partners, often coercing their partners into extreme debt to maintain control and power. Once a survivor's credit is ruined, it adds significant challenges in her ability to rebuild her life.

Our Consumer Justice team is working with survivors of domestic violence by helping them untangle their economic ties to abusers and consumer debt incurred through financial abuse as a tool of control. We are creating and disseminating Economic Rights Fact Sheets for Survivors and Advocates and increasing legal advice and representation for clients in the coming months. We will continue to share these resources through long-time and emerging community partners.

### **Equitable Neighborhoods**

TakeRoot Justice Equitable Neighborhoods practice works with grassroots groups, neighborhood organizations and community coalitions to make sure that people of color, immigrants and low-income residents are not ignored or pushed out in the name of "progress." In this moment: Offering resources for NYCHA tenants and organizers about how to ensure critical repairs are made and helping community groups navigate community planning.

**Immigrants' Rights**

We believe in the freedom of movement and migration for all people. The Immigrants' Rights team finds creative ways to use and change the law in order to build power in immigrant communities of color.

*In this moment:* We continue to work with immigrant communities from all over the world, including many undocumented people, as well as formerly incarcerated people to ensure that vigorous legal defense continues, even as the courts go virtual.

When it comes to addressing COVID-19, we are all only as safe as those members of our community who are most at risk. Through unity – in community – we can overcome what lies ahead. We must commit to a level of public protective infrastructure that reduces the severity of this health crisis and reduces its opportunity to return.

# Written Testimony for the New York City Council

## May 2020

My name is Yixin Cen.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one

member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Yixin Cen,**  
**Immigrant Filmmaker**  
yixincenwork@gmail.com

# Written Testimony for the New York City Council

April 2020

My name is Julie Chen. I am a volunteer with Think!Chinatown and New York resident.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

## COVID-19 Relief Recommendations

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

- We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into “On Pause” mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.

- Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**

- Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.

- Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and

were prepared to assist our community of business owners, funding for these programs had already run out.

- Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

- **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

- **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.

- Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.

- Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.

- **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

- **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Julie Chen**



# Written Testimony for the New York City Council

## April 2020

My name is **Sara Graham**.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown. As a Chinatown resident, I've seen how the neighborhood has been hit particularly hard due to xenophobic misinformation and restaurant/small business closures, which make this neighborhood a cultural gem in the city of New York and beyond. I echo the Covid-19 Relief Recommendations below.**

With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown**. This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid

out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Sara Graham, Chinatown Resident**

## **TESTIMONY**

Preliminary Budget Hearing:

“New York City’s Worker Cooperative Business Development Initiative:  
Worker Cooperatives - An Essential Model for Business Sustainability and Recovery

### **Presented to**

New York City Council, Committee on Oversight and Investigations

Hon. Richie Torres Chair

Thursday, April 30, 2020

### **Prepared By:**

Sade Swift, Founder, and Worker-Owner

Cards by De and Rebellious Root

NYCNOWC Advocacy Council Member

### **Cards by De**

**1231 Lafayette Ave Unit 2**

**Bronx NY 10451**

**[cardsbyde@gmail.com](mailto:cardsbyde@gmail.com)**

**cardsbyde.com**

### **Rebellious Root**

**Brooklyn, NY**

**[Rebelliousroot@gmail.com](mailto:Rebelliousroot@gmail.com)**

**RebelliousRoot.com**

Good afternoon

My name is Sade Swift and I am a worker owner based in the Bronx at Cards by De and Rebellious Root and a member of the New York City Network of Worker Cooperatives (NYCNOWC) Advocacy Council. In all of these spaces, I have the opportunity to dream about and practice what a different world looks like and support my community in dreaming about that too.

I began my journey as a cooperator, at the Green Worker Cooperatives Co-op Academy back in Fall 2018 and truly fell in love with the concept of a solidarity economy and when accomplished at scale, what that would mean for communities across the world. Through the academy, I learned about the seven guiding principles of being a cooperative and two that have stuck with me and that ground me daily are Cooperation among Cooperatives and Concern for Community.

Since COVID began, I have found myself seeking ways to support my community and having heightened concern for the most vulnerable cooperators, who are people of color, undocumented, uninsured, Spanish speakers, chronically ill, etc.. Considering that so many of these solutions by our federal government exclude entire communities of people, like PPP asking for information that co-ops do not have because we are not employers, or giving loans that we will not be able to pay back, instead of grants, co-ops only have one place to turn, and that is to the organizations that built us and that support our growth.

Organizations like NYCNOWC, Take Root Justice, Green Worker Cooperatives, and countless others within the WCBDI initiative who have helped me, are truly guiding co-ops especially those who have vulnerable workers, to a place where they feel seen and heard.

We should not have to jump through hoops and break barriers to get the resources we deserve from our city. For example. The MWBE certifications being an impossible application to complete and this possibly being a way to rebuild our cooperative after losing most of our revenue for 2020 in just 40 days and wanting to develop a robust clientele but not having any support to do it.

As a queer black immunocompromised chronically ill cooperator, who is currently financially supporting two households, for a total of 6 people, I know that I deserve more from our city. My community deserves more.

I know that so many of my fellow cooperators are also supporting multiple households and are counting on their cooperatives to survive this. Cooperatives are the future of our

economy and without your help, they will be erased in a time when our society needs hope, assurance and a place to turn.

As a cooperative community, we want canceled rent, to ensure that ALL New Yorkers receive aid, that a NYC Immigrant Small Business Grant is created, and that Supplemental Relief for Low-Income New Yorkers is provided.

I hope that today and moving forward you continue to fund the WCBDI initiative and all the other essential programs that guide my cooperatives' work. That you consider sharing your check with the most vulnerable communities of New York City. That when you make decisions, you remember all the cooperatives, black, brown, indigenous, LGBTQIA+, chronically ill, immunocompromised, differently-abled, undocumented, poor, working-class, homeless, and the other countless vulnerable communities that are counting on you to guide us toward the future. The only way to create a new and better system is together, with those most impacted at the front.

Thank you for listening and for your consideration.



917.946.2991

## **TESTIMONY**

Preliminary Budget Hearing:  
"New York City's Worker Cooperative Business Development Initiative:  
Worker Cooperatives - An Essential Model for Business Sustainability and Recovery

### **Presented to**

New York City Council, Committee on Oversight and Investigations  
Hon. Richie Torres, Chair  
Thursday, April 30, 2020

### **Prepared By:**

Carlos Martinez, Founder, and Worker-Owner  
Sunset Scholars

### **Sunset Scholars**

204 25th Street  
Brooklyn, NY 11232  
917-946-2991

[sunsetparktutoringcooperative@gmail.com](mailto:sunsetparktutoringcooperative@gmail.com)  
<https://sunset scholars.wixsite.com/sunsetscholarsllc>

Good afternoon, Chairperson Richie Torres, and distinguished members of the Committee on Oversight and Investigations of the New York City Council. My name is Carlos Martínez. I am a member of Sunset Scholars LLC and Alianza CUSP Inc. (Cooperatives United for Sunset Park).

I am here today to share the experiences of my peers from the Worker Cooperative Business Development Initiative (WCBDI) because we believe that cooperatives are essential for supporting our communities and they should be supported especially in times of crisis and recovery.

Living and working as a young student in Sunset Park, I faced many obstacles to achieve higher education and obtain work opportunities. Many of my first few jobs before I formed my coop, were at restaurants where I earned only \$6-\$7/hour working long hours and under exploiting work conditions. Being a founder and member of my cooperative, Sunset Scholars LLC has provided me with many opportunities to have a flexible work schedule, earn money for school, and give back to my community.

Since our launch in 2015 with the support of Center for Family Life, we've helped over 100 families in all academic areas. I am also a Board member of Alianza CUSP, Inc., a local non-profit made up of worker cooperatives advocating for immigrant workers' rights, developing social leadership in the worker-owned business community, and providing direct services to startup cooperative businesses.

My cooperative has taken a big hit because of the shutdown of schools. This crisis hit with short notice and so we were not prepared to provide online services to the community. Our work has been put completely on pause, including an exciting scholarship program we were launching to benefit low income families. The crisis has also taken a big toll on the other cooperatives in CUSP which work in industries such as cleaning, child care, dog walking and other important services. These coops are made up of majority low-income, immigrants and women. Contracts that were about to happen are now on pause and there is no money coming in.

As cooperatives, we work to support each other and continue to meet virtually. Working with CFL, we have been trying to share as many resources as possible with the members, ensuring that members know where to go for help, food, and other resources. One cooperative received a grant from NDWA and used it to support its members and their families.

There is a huge need for financial support at this time. Many are immigrant workers and not all can qualify for stimulus checks or have access to funds. Not one of the cooperatives of CUSP was able to access the federal aid for small businesses.

I would like to ask the City Council to continue providing economic support and language specific technical assistance to cooperative members. I believe in the impact of cooperative businesses to invest in individuals, families, and neighborhoods, creating a more prosperous and fair New York City in times both good and bad.





## **TESTIMONY**

Preliminary Budget Hearing:  
“New York City’s Worker Cooperative Business Development Initiative &  
Worker Cooperatives: An Essential Model for Business Sustainability and Recovery in  
Communities of Color

### **Presented to**

New York City Council, Committee on Oversight and Investigations  
Hon. Richie Torres, Chair  
Thursday, April 30th, 2020

### **Prepared By:**

Pablo Benson Silva, Director of Membership & Communication  
New York City Network of Worker Cooperatives (NYCNoWC)

### **New York City Network of Worker Cooperatives**

495 Flatbush Ave. Suite 2 Brooklyn NY 11225

Phone: (212) 390-8178

Good afternoon, Chairperson Richie Torres, and the distinguished members of the New York City Council Committee on Oversight and Investigations. My name is Pablo Benson-Silva, and I'm the Director of Membership & Communications for the New York City Network of Worker Cooperatives (also known as NYC NoWC). I'm here on behalf of the partner organizations of the Worker Cooperative Business Development Initiative (also known as WCBDI) which as you know is funded with city council discretionary funds.

- **Initiative Partner's work is essential:** WCBDI partners support small and worker-owned businesses - some of the most vulnerable business owners in NYC - many of whom have been excluded from having access to employee retention grants or emergency loan programs that SBS offered earlier this year. ***This is especially urgent as 70% of worker-owners in NYC are immigrant workers with significantly less access to federal relief and benefits.***
- **Our Partners help distressed businesses navigate this crisis:** WCBDI partners have seen a surge of inquiries and services requests over the last month and half from small businesses owners related to the fallout of the COVID-19 pandemic. ***Our partners have been working at double and sometimes triple their capacity*** in order to manage the avalanche of service and TA requests from distressed businesses. WCBDI partners have supported over **2000 individuals**, with some of their online support reaching up to **125,000 people**. Partners have also supported almost **350 businesses**. This support is crucial to ensuring some of NYC's most vulnerable businesses, and business owners, are able to survive this crisis.
- **Save businesses and jobs by converting to worker-ownership:** Thousands of NYC small businesses are in danger of closing as a result of the pandemic. Many small businesses owners will work hard to rebound from this crisis, but many others especially those near the age of retirement will have little option but to shutter. Before this crisis, **85% of small businesses were facing closure due to lack of succession planning**. Selling the businesses to their workers and converting to a worker cooperative is one of the only options available for preserving these businesses and securing local jobs. WCBDI partners have developed wrap-around services, education and training, financing and expertise to assist in making this possible.
- **Proven track record of disaster response:** This initiative partly grew out of worker cooperative development with communities that were hard hit by Hurricane Sandy. WCBDI organizations supported vulnerable populations who lost work to create worker owned businesses that were relevant to the particular recovery moment, such as construction businesses that supported rebuilding. We know how to support workers emerging from a crisis, and we can provide that support again.

**We ask city council to enhance our funding to \$5.04 million in order to for us to double down on the essential long term economic recovery work that will be needed to claw ourselves out of this crisis**

We thank the City Council for the opportunity to testify. We hope that you will consider our budget priorities and recommendations during this year's budget negotiation process.



**Testimony of  
Beth Finkel, State Director  
AARP New York**

**New York City Council  
Committee on Oversight and Investigations**

**Disparate Impacts of COVID-19 on  
Communities of Color**

**April 30, 2020**

**New York City Hall  
New York, New York**

**Contact: Beth Finkel (212) 407-3717 | [bfinkel@aarp.org](mailto:bfinkel@aarp.org)**

Good afternoon Speaker Johnson, Council Member Torres, and members of the City Council Oversight and Investigations Committee. My name is Beth Finkel and I am the State Director of AARP New York. On behalf of our 750,000 members age 50 and older in New York City, I want to thank you for inviting me to testify today about the disparate impact that COVID-19 is having on communities of color.

That communities of color are being disproportionately impacted by the pandemic in terms of health, finances and resources, has not surprised anyone who has paid attention to the long-existing inequalities in our society.

Those inequalities – driven by disparities in income, health care access, housing quality, transit options, neighborhood safety, and much more – are even more acute among our older neighbors, the very same people at higher risk of serious complications and death from the virus.

Addressing the needs of older New Yorkers of color must be a priority for our recovery phase and beyond.

Over the past decade the number of New Yorkers age 65 and over has increased by 26 percent. And these residents are becoming more diverse. African Americans, Blacks, Hispanics, Latinos, Asian Americans and Pacific Islanders account for 62 percent of New York City residents 50-plus and half of all those 65-plus living here were born in a foreign country.

Older New Yorkers are also likely to be more financially challenged. A 2015 report by the NYC Comptroller's office found that 40 percent of households headed by older New Yorkers depend on government programs, including Social Security, for more than half their income. With a global economic recession – we will be lucky if it's just a recession – our older residents are among those who will suffer the most.

For nearly a decade AARP New York has been conducting research to inform all of us about the challenges facing our aging population and about the changes we must make to help them safely and securely age in the communities and homes they love. We owe that to them.

Our research from 2018, entitled *Disrupting Racial and Ethnic Disparities: Solutions for New Yorkers Age 50+*, which was developed in partnership with New York Urban League, NAACP, Hispanic Federation and Asian American Federation, found that people of color over the age of 50 experience stark disparities in the areas of health, economic security, and the ability to live and remain in their communities.

A few findings of note from that report include the following:

There are widespread racial and ethnic health disparities, driven by access to care, affordability and other health care system factors, as well as the impacts of social determinants of health, such as poverty, residential segregation, unemployment or low educational attainment.

And, as we all now know, there are significantly higher rates of infection and death from COVID-19 among people of color.

Our disrupting disparities report also found that cultural barriers, language and communication problems may also lead to patient dissatisfaction, poor comprehension and adherence, and lower quality of care for older people of color.

We have heard the stories about the tragic language barriers in hospitals treating COVID-19 patients. But language and cultural barriers to quality health care are a problem that existed before COVID-19 and will continue to exist if we don't do something to address it.

Beyond healthcare, our report found that New York has the highest income inequality in the U.S., with the top 1% being paid 45.4 times more income than the bottom 99%. New York ranks the seventh most unequal in wealth inequality based on race and ethnicity.

As a matter of fact, our research has shown time and time again that pocketbook issues are the source of the greatest stress facing City residents ages 50+. And financial hardships are felt most acutely by our aging African American, Hispanic and Asian American residents.

Our most recent report, *Disrupt Disparities 2.0: Solutions for New Yorkers Age 50+*, identified that in gentrifying neighborhoods, the median annual income for older Whites is as much as \$100,000 higher than for older African American or Hispanic residents.

Clearly, the real estate market has been impacted by COVID-19, but prior to this current market we found that older people of color were particularly at risk of displacement as they are much more likely to be renters in gentrifying neighborhoods. Specifically, we found that 91% of older Hispanic adults and 81% of older African American/Black and Asian American adults rent vs. just 61% of older Whites in gentrifying neighborhoods.

As the market recovers, we need to do more to protect those living in gentrifying neighborhoods.

Let me switch gears for a minute.

You know AARP as a fierce advocate for our three quarter of a million New York City members, but we also serve all older New Yorkers by providing the information, tools, and resources they need to manage and strengthen their health, financial stability, and personal fulfillment.

As the coronavirus pandemic continues to take a toll on our communities, we are doubling down on work to support New Yorkers ages 50+. AARP is convening experts to share critical information through webinars; we are connecting those in need with community volunteers; and we are making valuable programs, information, and tools available online.

As a social mission organization, we are providing all these resources for free. We think this is valuable information, available in both English and Spanish, that you may wish to share with your constituents.

We have created a dedicated Coronavirus website. It includes stories, videos, and tips designed to help people protect themselves and cope throughout this difficult time. Folks can sign up for our daily newsletter and find a whole lot more of AARP's coronavirus resources at [www.aarp.org/coronavirus](http://www.aarp.org/coronavirus) and in Spanish at [www.aarp.org/elcoronavirus](http://www.aarp.org/elcoronavirus).

We have also launched a new online platform that allows users to organize and find local volunteer groups to help pick up groceries, provide financial assistance, or lend emotional support to neighbors, friends and loved ones. For more information, visit [www.aarpcommunityconnections.org](http://www.aarpcommunityconnections.org).

Unfortunately, scammers are taking advantage of fears surrounding the coronavirus. AARP's Fraud Watch Network Helpline, a free resource for AARP members and nonmembers alike, provides callers with information to protect themselves and their families as well as guidance and emotional support for those who have been victimized by fraud.

For family caregivers, the pandemic poses enormous challenges and lots of questions. AARP is providing information and resources to help caregivers protect themselves and those they care for. Resources are available at [www.aarp.org/caregiving](http://www.aarp.org/caregiving).

To shine a spotlight on how communities are meeting the needs of older residents during the pandemic, AARP is featuring community responses on our [Livable Communities website](#).

And we are curating a list of free online events from local museums, cultural institutions and more. That is also available on our website.

Finally, next Wednesday we are launching a series of town halls on Disrupt Disparities that will focus on identifying solutions to the issues that the city is facing and that have been made worst by the COVID-19 pandemic. We invite you all to join.

Thank you again for the opportunity to testify today.





**EAST NEW YORK**  
RESTORATION LDC

1159 Elton Street, Brooklyn, NY 11239

o: 718-676-5920; f: 718-676-5923

[www.enyrestoration.org](http://www.enyrestoration.org)

April 30, 2020

Good afternoon Speaker Johnson, Chairman Torres, City Councilmembers, and fellow panelists.

The long-standing disparities in health care access, housing, employment and childcare options tied to lack of adequate funding have been exposed by the Covid-19 crisis. These are not new conditions – countless studies by the Department of Health, especially under Commissioners Dr. Tom Frieden and Dr. Mary Basset; exposes by the Community Service Society and the City Council itself have documented how disparities in “the social determinants of health” lead to increased illness in our neighborhoods.

East New York suffers from all these ills. The Black and Brown people who East New York Restoration Local Community Development Corp. serve have high rates of asthma, diabetes, hypertension, high rates of incarceration, and unstable housing. They work in essential jobs – low wage retail positions, as well as transit workers, health care workers, environmental service workers, post office workers - we could predict the unequal impact any pandemic would have.

The issue before us is how do we reduce the underlying conditions, so well described by the panelists who have already spoken, to lessen the resulting inequality? While we know the City Council cannot resolve these issues, you do have the power to make an impact.

We urge you to increase revenue rather than make the proposed budget cuts.

The pied a terre tax needs to be passed to increase revenue; other taxes that do not penalize the working people of this city need to be found and passed. We need the City Council to identify additional revenue streams to sustain the majority of the people in New York – the people who you represent.

***Leading the Renaissance in East New York!***

Budget changes must reduce the existing unequal funding that makes our communities vulnerable. Funds for housing, health care, childcare, transportation etc. need to be maintained at a minimum at existing levels in the neighborhoods ravaged by this pandemic so the communities can recover.

The proposed cut to existing (FY20) contracts will mean that small community based organizations will suffer more – the services they provide to the community will stop making the pre-existing conditions worse; their staff, who are reflect the communities they serve, will become unemployed; at a time when we need neighborhood based answers we will have cut off the funding to the groups that are known, trusted and dedicated to the wellbeing of their communities. Instead make sure more funds are directed to organizations rooted in the neighborhoods rather than mega agencies whose cultures do not match the neighborhoods they are supposed to serve.

SYEP is key to keeping youth engaged this summer and the money they earn contributes to their household's earnings – these are the same households were people are unemployed.

Successful strategies for reducing inequality have been community control; increasing SYEP; funding community health workers and peer educators; training community organizers in housing; funding local day care centers – all policies that keep funds in distressed communities enabling residents to stay housed, shop locally and receive services that reduce the underlying inequities that lead to disparate results.

Thank you.

Colette Pean, Executive Director

## April 30<sup>th</sup>, 1:00pm – Committee on Oversight and Investigations Testimony

My name is Natasha Cherry-Perez and I work with Uncommon Schools we have 24 charter schools, serving almost 9,000 students and families in Central Brooklyn. I was born, raised and still live in East New York, Brooklyn and I want to share with you how our families are being impacted by the Coronavirus. All of the societal fault lines that already affect our black and brown families in regular times, are hitting our families even harder during the coronavirus pandemic, simply because they live in Brownsville, East New York, Canarsie, East Flatbush, Bed-Stuy, Crown Heights, and Williamsburg where they are more likely to have worst health outcomes, less access to high quality health care, and face food and housing insecurities. Our families are facing the struggles of living in shelters and NYCHA and not having access to the internet. We have sent out thousands of Chrome books and hotpots so that our children can continue to learn remotely. We are still trying to get devices to families with multiple children because we understand it's hard to share one computer with multiple children.

We are sharing all of the resources that we can find with our families who are struggling with lack of food, a paycheck, and social-emotional support. Some staff members along with myself are personally coming out of our pockets to help get families things like toilet paper, soap, deodorant, and sanitary napkins because you can't get that at a food pantry (we can't even find any resources to help our families with these things). This is a time when we realize all that we have taken for granted, me included. The schoolhouse is gone, all we have are families with children trying to survive and stay safe. We are trying to do this in communities with hospitals, supermarkets (or food deserts and they are often called), streets, housing that has always been grossly neglected and underserved. So, families and children, yes, our charter school families and children feel the disparities of COVID everyday times 10.

The disparities are clear, let's not miss our chance to improve and make the changes that we need in our neighborhoods. If there is funding/resources and legislation that can improve our families lives by supporting and better equipping our hospitals, small businesses, shelters, NYCHA, schools let's do it. Let's not step away from this and go back to the status quo. All the lives lost will be in vain if we do so. As City Council we are counting on you to bring forth progress out of this pain and please know that we are here to support you. Thank you for all that you are doing to help make this city a better place for everyone.

If you would like to contact me, I can be reached at:  
181 Essex Street  
Brooklyn, NY 11208  
[ncherry-perez@uncommonschoools.org](mailto:ncherry-perez@uncommonschoools.org)  
646-634-3544

Respectfully submitted,

Natasha Cherry-Perez



SAPNA NYC

**New York City Council  
Committee on Oversight and Investigations  
Hearing on " Disparate Impacts of COVID-19 on Communities of Color"  
April 30, 2020**

**Testimony of Diya Basu-Sen - Executive Director, Sapna NYC**

As Executive Director of Sapna NYC, I am submitting testimony on behalf of **Sapna NYC** and our community as well as the over 45 Asian-led and serving organizations that are members of the **Coalition for Asian American Children and Families (CAAF)**. Thank you for the opportunity to submit testimony on behalf of our immigrant communities.

Sapna NYC serves low-income South Asian immigrant families, with a majority of clients coming from Bangladesh. NYC's Bangladeshi population is among the fastest growing ethnic groups with an 83% increase from 2008 to 2018, close to 100,000 Bangladeshi New Yorkers reported in their 2019 report. (NYC MOIA). While more than a quarter of Bangladeshi New Yorkers live in poverty, more than 95% of Sapna's client base lives below the federal poverty levels. Relative to other city residents, our communities are more likely to be LEP, with 53% reporting limited English proficiency and have low digital literacy and access. In addition, the largest undocumented Bangladeshi population is in NYC, making a large segment of our community particularly vulnerable in times of crisis. As one of the only CBOs serving this population in NYC, and the only one in the Bronx, Sapna is a unique source of services and access for the South Asian community. Sapna NYC, Inc. is a community-based organization that works with South Asian immigrant women at the intersection of health, empowerment, and advocacy. We work to increase access for our women – access to services, access to knowledge and information, access to systems, and access to pathways for social mobility. The sudden and strong impact of the COVID-19 pandemic not only made our usual delivery model impossible, it has also created a litany of different and more urgent needs in our community.

COVID-19 has and is continuing to devastate our immigrant community. Not only is there the inevitable truth that some of our community members will lose loved ones, but the financial destitution resulting from the COVID-19 lockdown and the mental strain of the pandemic will linger for months and even years to come. We have made over 200 wellness calls and in each conversation we hear the fear of getting sick, but also the repeated fear of not being able to make payments for basic necessities like food and rent and not knowing when they will be able to find employment. Our community members are the restaurant workers, taxi drivers, domestic workers, grocery workers, and small businesses who are facing unemployment. These are the communities that don't have options of remote work, cannot afford to stock up on groceries, and live in such overcrowded spaces that social distance isn't a reality. These are the communities with limited English proficiency and limited digital literacy making it difficult to access information or benefits online. Many of our community members are being faced with the choice of continuing to work in low-pay, high risk jobs without sufficient PPE or facing unemployment and an inability to cover basic needs. As taxi drivers, delivery workers, grocery workers, low-level health workers, or cleaning staff, they are in positions of high risk. Many of their employers are either not providing any PPE or not providing sufficient PPE and safety measures to protect employees. In addition, after working they return home to small apartments shared with many family members and are unable to isolate

2348 Waterbury Ave, Bronx, NY 10462 • [info@sapnanyc.org](mailto:info@sapnanyc.org) • 718.828.9772



SAPNANYC

themselves to reduce risk to the rest of the family. When one family member gets ill, it most often hits the entire family. Most of our community members don't have their own cars and can't afford to travel via taxi/uber to get to work or other necessary appointments. They are forced to take public transportation, often taking multiple trains/buses and spending hours in transit increasing their exposure to the virus. Even with less people on public transportation, with fewer trains running, they are still more crowded than recommended given the pandemic.

Almost 95% of people we are reaching out to with our wellness calls are reporting unemployment for all working members of their households. In addition, most grocery stores in the area are closing and those that do remain open have limited inventory—almost no fresh vegetables/fruit and very little of the South Asian staples that our community relies on (rice, lentils, etc.). This food insecurity adds another layer of risk to our community when it comes to COVID-19. They can't afford the food delivery services that help to limit exposure. Many community members are reporting price gouging and unethical practices as well as a lack of availability that make it hard for them to feed their family. Inability to purchase nutritious and sustaining food in the area forces our communities to travel on public transportation to cheaper alternatives or to food pantries in other districts thus increasing risk and spread. Sometimes they make the risky trip only to find that things are sold out or the pantry has run out of supplies. Furthermore, many new immigrants lack social networks that can help with groceries and other supplies when they are in quarantine which, in combination with the expense and long waits for grocery delivery, forces them to break quarantine in order to get essentials. Not having steady access to nutritious food in itself puts our community at increased risk for COVID-19 exposure and illness.

The COVID-19 pandemic has simply served to highlight what we already know, information and services reach low-income immigrant communities much later and not as completely as the rest of the NYC population. Our community has been receiving misinformation on COVID-19 and its prevention, testing, and treatment. They have also been slow to receive information about potential benefits they may be eligible for, if they receive them at all. Most information is not available in Bengali, Hindi, or Urdu and if it is, given most places are closed, needs to be accessed digitally. For a community with low English proficiency and even lower digital literacy, finding those materials online on their own is next to impossible. We've been hearing people constantly saying how COVID-19 is an equalizer, that it can hit anyone and all communities are equally vulnerable. However, we know that in reality that isn't true. Our communities are not able to social distance at home without worry, some are forced to go outside to work at groceries and other low-level jobs that have been deemed essential, but aren't being paid for as if they are. Others are at home because they've lost their jobs, but they now are worried about how they can provide basic sustenance for the family, sustenance that is essential if they are to keep their immune system functioning. They also are less able to understand if they need to be tested, where they can go and to advocate for their needs if they are being denied.

The Bronx is resource poor in the best of times with a population that is struggling with poverty and disproportionate rates of diabetes, heart disease, asthma, and countless other health issues that make them particularly vulnerable to COVID-19 and at higher risk of death. Basic health statistics tell you that our communities are at increased risk for many reasons. Close to one in ten South Asian Americans are diabetic (American Diabetes Association) which has been listed as a specific risk factor for COVID-19.

2348 Waterbury Ave, Bronx, NY 10462 • [info@sapnanyc.org](mailto:info@sapnanyc.org) • 718.828.9772



SAPNANYC

These issues that already existed in the community have just been exacerbated by COVID-19. There aren't enough hospitals, clinics, CBOs, or city agencies easily accessible in the Bronx on a good day, so in the midst of a pandemic, resources are alarmingly limited and those that do exist are easily overwhelmed. Testing sites for COVID-19 were also very slow to come to the Bronx and still aren't sufficient for the population. Pantries, free giveaways, and other emergency assistance is also more limited and with the sheer size of the Bronx, often too far for much of our community. The Bronx has the highest per capita rate of COVID-19 with 2,552 cases per 100,000 people. Queens also has an enormous number of cases. But what is most apparent is that when you look at a map of cases and deaths and you compare that to working class communities of color, is that they clearly overlap. Poverty is undeniably a comorbidity of COVID-19. It is no coincidence that these are the communities that are being hit that hardest because these are the communities that are consistently underserved and consistently suffer disproportionately from any crisis, be it financial, environmental, or health.

# Written Testimony for the New York City Council

## April 2020

My name is Hai-Li Kong

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's**

**economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.



**Hai-Li Kong**  
**Chinatown Volunteer**

# Written Testimony for the New York City Council

## April 2020

My name is James Clark

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's**

**economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**James Clark**  
**Entrepreneur**

Saturday May 2nd, 2020

Dear City Councilmembers, Commissioners, and Committee Chairs,

My name is Alice Liu and my family and I are long-time residents and small business owners in Chinatown. First, I would like to thank you for hosting the Small Business Committee Hearing on Zoom earlier this week, April 29th, 2020. This meeting was brought to my attention by Think!Chinatown, a hyper-local nonprofit that I am an active member of.

I am grateful for the opportunity to listen in and share my testimony to you. Due to lack of time in my live testimony, I have decided to submit the written testimony below to further expand my thoughts.

In this written testimony, I have 2 main insights that I would like to share with the City Councilmembers:

1. To include rent-based relief strategies in future citywide small business relief programs.
2. To widen pool of eligible “proof” documents to make future relief programs more accessible and equitable to immigrant businesses, small businesses, and micro businesses.

I hope we can work together to better help small businesses throughout NYC, which have been devastated by the COVID-19 shutdown.

Sincerely,  
Alice Liu

## **1) To include rent-based relief strategies in future citywide small business relief programs.**

Current city and federal programs to support small businesses such as the Employee Retention Grant (ERG), Economic Injury Disaster Loan (EIDL) and Paycheck Protection Program (PPP) are payroll-based grants and loans, which do not solve the problem for small businesses in Chinatown and NYC. Payroll-based grants make the dangerous assumption that the main expense for most businesses is payroll. This may be extremely beneficial to businesses that hire a large number of employees and has relatively low rent (e.g. a manufacturer in Minnesota). But in Chinatown, rent and property tax is extremely high, and is the main overhead cost for most business owners. Programs like PPP, which only allows a small portion of the forgivable loan to be spent on rent and utilities would lead to small businesses receiving a marginal sum that will fill in a small gap, but will still leave business owners in the uncertain situation of figuring out how they will fill in the rest of the giant hole, so that their business can reopen and sustain itself until business picks up again.

Also due to the high rent and property tax, NYC small businesses—especially immigrant businesses, already run extremely lean operations even during normal circumstances in order to maintain a profit margin. This is especially true in Chinatown, where most immigrant business owners end up being the sole employee because high rent and property tax combined with low profit margins means they aren't able to afford to hire workers. With relief programs like the EIDL, where the up to \$10,000 advance is calculated based on number of employees, these small business owners are once again left with a paltry amount that is insufficient to pay rent nor workers.

As seen in the examples above, small businesses, immigrant businesses, and small and micro businesses all over NYC get the shorter end of the stick both ways. In Chinatown, with government aid programs failing to give adequate relief, coupled with other neighborhood specific obstacles such as language barrier, limited computer literacy, and inability to gather necessary documents, many businesses owners have lost confidence in their ability to bounce back. Many are thinking about whether they will even make enough money to keep the lights on.

The only way to restore this confidence is to lighten the rent and property tax burden for small business owners. For this reason, I hope the City Council can consider rent-based grants and loans, rent vouchers, and rent/property tax forgiveness strategies in future relief programs.

I believe that it is with good intention that current city and federal relief programs are focused on employee retention, but in order for there to be employees, there first needs to be a business. That is why I am asking City Council to secure our small business infrastructure. Once that is secured, then small businesses will naturally retain their employees.

## **2) To widen pool of eligibility documents to make future relief programs more accessible and equitable to immigrant businesses, small businesses, and micro businesses.**

When my family's business was shut down, we applied for the both SBS programs—the Employee Retention Grant (ERG) and the Business Continuity Loan. We have since been notified that the continuity loan has paused review of our application due to overwhelming response and that we needed to forfeit our application for the employee retention grant.

For the ERG program, grant administrators told us that we could no longer continue onto the next phase of the grant program because we could not prove that we paid our employees. According to their protocol, the only acceptable way proof of payroll was pay stubs. We had submitted year-end employee W-2 forms and NYS-45 forms (which reports quarterly wages, withholdings, and UI) as proof, but they were not considered as acceptable forms of proof.

Imagine that!—being told that my family is ineligible for a grant whose main goal was to provide aid to businesses that have experienced 25% decrease in revenue, when we had submitted bank statements, point of sales reports, monthly revenue statements to show that we've been struggling with much more severe revenue shortfalls than the minimum. Moreover, our business as well as every business in Chinatown had already been weathering the economic slowdown for over 2 months by the time the grant was made available. Being told that our business would not able to get the funding that we have needed since January, for the mere reason that we don't have paystubs, shows that SBS clearly missed the mark when they were considering their target grantee for this program.

Most mom-and-pop shops do not have an advance payroll system that provide checks, as it would be unnecessary when the operations are so small that the entire business is run by the owners. My family—as with most micro businesses, small businesses, and immigrant business in Chinatown and throughout NYC—however have other documents to prove that we pay employees in addition to all necessary federal tax, state tax, and unemployment insurance. But due to the restrictive pool of documents to prove eligibility for past and current relief programs, we have been excluded from receiving the help that we needed.

It was disingenuous of Commissioner Gregg Bishop to mention during the hearing that this program was made with Chinatown business owners in mind. I would like to see how many awardees from the Employee Retention Grant and the Business Continuity Loans were businesses from Chinatown, because I am highly suspicious that the number will show that they have not done justice to our community. How can he claim that this grant was geared towards Chinatown business owners when most Chinatown small business owners did not even know about this program let alone how to apply, and even those who are English-speaking, computer literate, and proactively pursuing these grants were deemed “ineligible”?

I know that both of SBS programs are no longer available, but when the city begins to draft its next small business relief program, I hope that it can consider expanding the currently restrictive pool of eligible documents so that future programs are more inclusive of the unique situation of small businesses, micro business, and immigrant businesses. We are taxpaying institutions who provide necessary goods and services to our community. As many councilmembers and commissioners at the hearing had noted, we are the bloodline of the city. It is time that we are treated like it.

I am an educator with over 20 years working with public schools in historically oppressed communities, a resident of the south Bronx, and a member of FreeThemAll4PublicHealth- a grassroots coalition that recognizes incarceration has **always** been a public health emergency.

In a statement released by chair Torres, today's hearing was scheduled to "understand how systemic failures contributed to communities of color being disproportionately impacted by COVID-19." You need not look far, for those responsible for these systemic injustices sit on this very committee, along with Mayor de Blasio, whose record has shown that he will continue to divest in the very communities presently dying from Covid-19.

So what does "systemic failure to education" look like? Lets break it down: Last week, de Blasio announced over \$2 billion in cuts to the city's budget, in response to lost tax revenues due to the pandemic with more than \$800 million in cuts to education alone. These include cuts to Summer Youth Employment Programs that are vital for many of our kids from low-income backgrounds, many on which depend on such programs to help support already financially strained families.

When the committee chair asked how does "systemic failures in the healthcare system and environmental degradation" contribute to the large amount of people of color impacted by covid-19, the concern rings insincere due to the fact that the South Bronx has for years been identified as having the highest asthma rates in all of New York City and some of the worst air pollution in the entire US. Members sitting on this same committee, having known full well of the gravity a respiratory disease would have on the poorest communities of color, have voted to invest in policies that cage, police and disempower their constituents, rather than addressing and reversing racist policies that continue to subject poor communities to higher levels of environmental pollution.

Despite these cuts and revenue shortfalls, the city's continued commitment to pouring **billions of dollars** into building new jails, is just criminal. Just last October, members of this same Committee (Councilmembers Diana Ayala, Keith Powers, Mark Treyger, Carlina Rivera, Speaker Corey Johnson) voted to cage community members against the overwhelming opposition of their constituents. Instead of investing in the future and health of their constituents, these sitting committee members voted to spend billions of taxpayer dollars on caging people. The committee should be pushing the discussion regarding costs of current jails and reallocating the billions set aside for borough jails into investing in communities' needs, and in recovery efforts post pandemic.

As the public health crisis unfolds, NYC jails are proving to be literal death sentences for people inside. The city cannot have a "racial justice" response to COVID-19 without freeing the disproportionately Black and brown population subjected to the effects of the pandemic and who **we know** are currently being denied hygiene products, cleaning



supplies, food, and warm water. Rather than sacrificing imprisoned New Yorkers, we should be investing in them and their families by giving the affordable housing and resources they need to stay healthy, not just during a pandemic, but for our collective future. **Now** is the time to Free them all. Public health **is** public safety.

-New York City paid the consulting firm McKinsey to help stem the tide of violence on Rikers Island. McKinsey tested its new anti-violence strategy in what the firm called “Restart” housing units at Rikers.

-this failed and rigged projects cost city taxpayers \$27.5 million. A ProPublica investigation revealed problems dogged the project at every stage.

-Jail officials and McKinsey consultants had jointly rigged the Restart program in its earliest phase to all but guarantee there would be few violent episodes, according to documents and interviews. They stacked the units with inmates they believed to be compliant and unlikely to get into fights or to attack staff.

-inmate selection process,

-jail officials continued to manipulate the population of the Restart units to keep their violence numbers low.

-In October of this year, the New York City Council voted to approve Mayor Bill de Blasio's proposal to close Rikers. The vote occurred during the same month that a federal monitor, appointed by a court to oversee reform at Rikers, [revealed](#) that violence by jail guards there continues to worsen

-using the metrics employed by McKinsey, jailhouse violence has risen nearly 50% since the firm began its assignment.

-McKinsey's work began in September 2014 with a \$1.8 million contract and an ambitious mission: to determine the causes of violence at Rikers and propose solutions.

-The firm's initiatives included facilitating the expanded use of Tasers, shotguns and K9 patrol dogs

the total cost to city taxpayers to \$27.5 million

-In March 2017, de Blasio announced that he intended to close Rikers, and a little over a year later, GMDC, where McKinsey had pioneered the Restart units, became the first jail on Rikers to be shut. The Correction Department abandoned the Restart process altogether. Cohen said the city plans to export a limited subset of reforms McKinsey worked on, among them the HUB, to the jails that will replace Rikers.

Written Testimony for the New York City Council  
Committee on Oversight  
April 30, 2020

My name is Taylor Zhou.

As a former permanent civil servant of the City of New York, I urge this committee to ensure equity is at the heart of each covid-relief initiative.

Early March 2020, before citywide closures were ordered, banquet halls in Brooklyn announced suspension of service. Jing Fong, the largest restaurant in the Manhattan Chinatown seem defeated. Third-generation owner Truman Lam, who took over from "Grandpa Lam" told a reporter "The damage is already done". Soon, crowd favorites like Golden Unicorn and Delight 28 followed even though there were zero cases of the coronavirus linked to the neighborhoods. (Patients one and two in New York contracted the virus while abroad and outside of the state.)

Yet, these small businesses were the first to fold from damaging rumors and innuendos. Generation after generation, these communities participate in the American dream. The small-business owners work grueling hours, making the Chinatowns in the city, and across the U.S. among the most dynamic in the country. In 2014, state Comptroller Thomas Dinapoli told the Daily News "New York City's economy is growing fastest in immigrant neighborhoods. The amount of entrepreneurship that the immigrant communities bring has made a big difference."

Small businesses are the backbones of America, and responsible for the overwhelming majority of employment. To exclude this segment of the city would be a huge oversight on the long road to recovery. By now, we are aware of the limits and deficiencies of the various programs, and I write in strong support of the relief measures outlined by Think!Chinatown, and the Asian American Federation.

Thank you for the opportunity to testify and relay my concerns.

Taylor Zhou  
[www.MsZhou.us](http://www.MsZhou.us)

Written Testimony for the New York City Council  
April 2020

My name is Valerie Imbruce.

**I urge this committee to ensure equity is at the heart of each Covid-19 relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

**COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.

- c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the

burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.

3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for this important neighborhood.



**Valerie Imbruce, PhD**  
**Director, External Scholarships and Undergraduate Research Center**  
**Binghamton University**

## Written Testimony for the New York City Council // April 2020

My name is Liza Cucco.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue through the network of local stakeholders my organization, [City as Living Laboratory \(CALL\)](#) is working with on a project to map, preserve, and celebrate the unique, environmentally sustainable, and interconnected food system that supplies Chinatown. We have been made aware of this hearing by [Think!Chinatown](#), and I would like to contribute our support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### COVID-19 Relief Recommendations

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in this neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these

wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for this neighborhood, which New York City has richly benefited from and should fight to preserve.

**Liza Cucco,**  
**Program Manager, City as Living Laboratory (CALL)**



# Written Testimony for the New York City Council

## April 2020

My name is Tina Selleck

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### COVID-19 Relief Recommendations

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown**. This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses**.
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of

businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.  
Tina Selleck



## **TESTIMONY**

Preliminary Budget Hearing:

“New York City’s Worker Cooperative Business Development Initiative:  
Worker Cooperatives - An Essential Model for Business Sustainability and Recovery

### **Presented to**

New York City Council, Committee on Oversight and Investigations  
Hon. Richie Torres, Chair  
Thursday, April 30, 2020

### **Prepared By:**

Catherine Murcek, Worker-Owner  
Samamkaya Yoga Back Care & Scoliosis Collective

**Samamkaya Yoga Back Care & Scoliosis Collective**

**119 W 23rd Street, Ste. 406**

**646-964-5772**

**[info@samamkayabackcare.com](mailto:info@samamkayabackcare.com)**

**[www.samamkayabackcare.com](http://www.samamkayabackcare.com)**

Good afternoon to Chairperson Riche Torres and the distinguished members of the New York City Council Committee on Oversight and Investigations. My name is Catherine Murcek and I am a worker owner at Samamkaya Yoga Back Care & Scoliosis Collective and an elected member of the Advocacy Council organized by the NYC Network of Worker Cooperatives (NYCNoWC), a partner organization of the Worker Cooperative Business Development Initiative (WCBDI) and a member of the United for Small Business NYC (USBnyc) coalition.

The current public health crisis we find ourselves in has laid bare the stark inequalities that our economic system has created. This is a system where competition and profit maximization are upheld as the ultimate values to ensure a thriving economy. And yet, as we can see with hospitals going bankrupt as patients die by the thousands, our low-income and communities of color being hit far worse than more affluent neighborhoods, and thousands of our city's vibrant small business community shuttering indefinitely, this is not a system that works for everyone.

Enter the worker cooperative business model. Worker co-ops adhere to certain principles, including but not limited to inclusivity, paying a living wage, collectively running the business democratically, member economic participation, and concern for the community. My fellow cooperators and I strongly believe this model for running business and institutions is an effective strategy for moving toward a new solidarity economy which would prevent the level of economic and health crisis we're seeing today. Worker co-ops protect and help communities thrive by reducing income inequality within businesses, keeping wealth within the community rather than going to outside shareholders or distant CEOs, helping communities to become more self-sustaining, and empowering workers to choose how they would like to see the profits of their labors spent. Worker co-ops across all five boroughs of New York cover a wide variety of industries ranging from catering to cleaning, construction, dog-walking, tutoring, childcare, home healthcare, and more. The worker owners of NYC are predominantly women, people of color, and others from marginalized communities, some of whom are diligent tax-paying immigrant workers who were nonetheless excluded from the CARES Act. It is a community I am incredibly proud to be a part of and in it have met some of the most inspiringly intelligent, compassionate, and intentional people I have ever met.

Five years ago New York City was the first in the country to make the groundbreaking move of starting the Worker Cooperative Business Development Initiative which is still directing discretionary funds toward thirteen different incredible cooperative support organizations. It is because of this funding that my co-op which I adore exists, and I cannot fully express the transformative experience I and so many other worker owners have had because of the trainings, legal assistance, and leadership opportunities we have had access to because of the work of great organizations like NYCNOWC, Greenworker Cooperatives, Take Root Justice, and all the supportive and intentional organizations that make up WCBDI. It is an initiative that I believe is truly unique in the democratic and collaborative way they manage themselves, and I think other initiatives should follow their lead. They have continued uninterrupted services to co-ops throughout the quarantine period and in many cases added services to support co-ops

that were outside their original plans, like workshops to help worker owners respond to the crisis, inform about available resources, and offering support for loan and grant applications.

At my own co-op, Samamkaya, my 18 other worker owners and I took nearly a 60% hit in income comparing March of last year to this year because we had to cancel all classes for a week in order to re-adapt our schedule and payments to a fully online system. We are fortunate that we can continue our classes online, but even still our income levels have not recovered to pre-pandemic levels. I am so grateful to be part of a team of worker owners who all put many hours into researching and discussing the best options for our business and our workers so that we could come up with the best possible solution for both the business and our workers. Other traditionally-run studios I know of have had to reduce teachers' pay and number of classes, let go of teachers, or even close their doors indefinitely. With the high cost of rent and the fact that the market does not place a very high value on wellness services, many small wellness businesses across the city were already struggling to make a profit even before this crisis began. Such businesses offering Yoga, Pilates, Massage, Acupuncture, and others are crucial to the physical, mental, and emotional wellbeing of so many New Yorkers, but we have all had to close our physical doors to customers in order to do our part to "flatten the curve". However, even though our businesses are expected to close and are making significantly reduced or even no income, somehow we are still expected to make rent...

We were hopeful when SBS announced the Employee Retention Grant and Small Business Continuity Loan, but we were found ineligible for the grant and we really could not consider taking on more debt at this time since we still have debts from building out the studio when we first opened five years ago. We were fortunately able to negotiate a temporarily reduced rent with our landlord, but will likely be expected to pay the difference later on. I find it frustrating that during this crisis, struggling small businesses which contribute in such a quintessential way to the unique qualities of our great city are asked to take on debt and struggle to make ends meet while others who are in a position to make huge profits are not asked for any kind of sacrifices. This does not exemplify concern for community, nor does it fit the personality of the progressive, collective-oriented place New York City takes pride in being.

We appreciate the rapid response efforts the City Council has made so far through SBS and with Intros 1912, 1932, and 1914, but unfortunately it is not enough considering the horrific toll this crisis is taking on our small businesses and workers. A citywide commercial rent suspension is within the city's legal capabilities and is necessary if we want to see even half of our small businesses reopen their doors when this is all over. We would also like to see a new round of grants with expanded eligibility to allow for more types of small businesses. In addition, excluded workers across the city deserve assistance since the racist policies of the federal government left them out of the CARES Act. For co-ops specifically, please consider an exemption to the Unincorporated Business Tax which hits LLC co-ops unfairly. Finally, we need to find a way to secure an enhancement for WCBDI to \$5 million so we can continue expanding on building our new, more just economy of the future; an economy that works for EVERYONE. Thank you very much for taking the time to read and consider my testimony.

# Written Testimony for the New York City Council

## April 2020

My name is **Robert Lee**.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown**. This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible

- in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
    - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
    - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
  3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
  4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Robert Lee,**  
**Executive Director**  
**Asian American Arts Centre**





# Written Testimony for the New York City Council

## April 2020

My name is Jennifer Chang,

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one

member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Jennifer Chang**  
**Concerned Community Member**

**WRITTEN TESTIMONY**

**New York City Council Committee on Oversight and Investigations Meeting April 30, 2020**

**Disparate Impacts of COVID-19 on Communities of Color**

**To:** The Honorable City Councilmember Ritchie Torres

**From:** Sheena Wright, President & CEO, United Way of New York City

**Date:** April 30, 2020

Dear Councilmember Torres,

Thank you for your leadership to address the disparate impact of COVID-19 on communities of color in New York City. While we defer to public health experts on the social determinants of health and environmental drivers contributing to the disproportionate impact of COVID-19 on communities of color, we join in our City's concern and call for resources and attention to the fact that Black New Yorkers are twice as likely to die from COVID, and fatalities among Latinx New Yorkers are the second highest in the City.

One issue of concern fully in the power of the City Council to address is Council discretionary funding. We know the City is in a challenging financial position. We are advocating as strongly as we can with the New York Congressional Delegation for federal relief for New York's budget deficits. Even with federal aid, the City will have to find efficiencies in the budget. However, **any cuts to City Council discretionary funding are an equity issue and will have a damaging impact on organizations serving communities of color.**

For nearly 80 years, United Way of New York City has worked to support vulnerable New Yorkers throughout the five boroughs. We partner across the business, government, non-profit and philanthropic sectors to fight for the health, education, and financial stability of every person in New York City. At United Way of New York City, City Council discretionary funding has been key to ensuring that we can continue to support our work in the South Bronx through our ReadNYC program. We know that so many other organizations also depend on discretionary funding to serve low income communities and communities of color throughout the City and we ask NYC Council to avoid cuts to City Council discretionary funding. The goal of ReadNYC is to create systemic change in five Mott Haven elementary schools, serving a student population that is 97% Black and Latino, through promotion of an equity mindset and aligned action among schools, community-based organizations, parents, teachers, and students. Key outcomes of our work generously supported by City Council discretionary funding includes increasing the reading proficiency for ReadNYC students and demonstrating changes in mindsets and behaviors among Mott Haven teachers and principals. Once an equity mindset is cultivated, the work to correct inequity and to ensure the unlimited success of students who need the most begins. This work must proceed with an approach that affirms who students are and considers

the strengths that are a part of every circumstance, even the strengths that invariably exist amidst the very real challenges of poverty. With an equity mindset, all stakeholders can better assess the work that is needed to improve student outcomes, resulting in students being able to see themselves in their academic studies, envision a future for themselves that's unconstrained, and move along the path to self-sufficiency. This work is pivotal in building an evidence-backed, research-based replicable model grounded in racial justice and equity that can be brought to scale across the NYC public school system. **Budget cuts in this area will be damaging to the equity focused work that we, and our fellow nonprofits do, to serve those in most need, particularly because of the impacts of this pandemic.**

We stand with our partners in the nonprofit sector advocating against any cuts to discretionary funding. While the most recent guidance from the City Council to city agencies on April 24th is closer to the reassurance nonprofits seek, the requirements and guidance for **reimbursement for work done after March 22** have us concerned as most of the organizations receiving discretionary contracts are deep rooted in communities and have shifted their services to continue to serve community members and should not experience retroactive cuts.

But the communities most impacted by COVID-19 are the communities heavily reliant on discretionary funding, which only accounts for **0.42%** of the city budget. **Discretionary funding is how organizations closest to New Yorkers and many organizations led by people of color get access to public funding.** Instead of cutting discretionary funding, we call on the City to find more impactful efficiencies, while maintaining a low-cost budget line with huge impact for under-served communities. We also support what other nonprofits are calling for: restricted funding to be made general operating support, eliminating the hearings requirement for FY20 contract registration, no retroactive cuts, and at least two weeks planning time if a program must end. These concrete actions the Council can take will support community-based organizations led by and serving those most impacted by COVID-19.

Another area of concern is the proposed budget cuts to education, including fair student funding, counselors, professional development, college access for all, summer jobs, CUNY Accelerated Study in Associate Programs, and the Summer Youth Employment Program (SYEP). Due to COVID-19, transition to distance learning has created academic learning gaps<sup>1</sup>, and we know students, particularly those without access to enrichment programs, will be experiencing Summer learning loss. **Budget cuts to these educational programs will significantly impact communities of color in New York City at a time when support for these programs is needed most.**

As mentioned, a significant part of our work through the ReadNYC program focuses on ensuring educators have an equity mindset. **Equity-focused professional development for educators is key for the success of New York City students of color and will be critical to student success after this**

---

<sup>1</sup>(2020, April 17). Who is showing up for remote learning? About 84% of NYC students, new data show. Chalkbeat. Retrieved from <https://chalkbeat.org/posts/ny/2020/04/17/who-is-showing-up-for-remote-learning-about-84-ofnyc-students-new-data-show/> 3

**pandemic.** Sabrina King, at ATAPE, a partner agency that helps build curriculum for our program as well as professional development for our instructors shares the following:

“An equity framework guides our work. **The framework posits that high expectations and associated high leverage teaching and learning practices are essential, particularly for students of color and students whose lives are impacted by extreme poverty and associated deficit perspectives...**In order to achieve equitable outcomes, all those who are supporting student learning have to possess an equity mindset and realize that equitable outcomes require whatever it takes to meet each students’ learning needs.”

In addition to equity-focused professional development, summer work-based programs are key pathways for New York City students to remain on track for graduation and careers. At United Way of New York City, our mandate is to stem the root causes of poverty and create systems-level change so that everyone can access quality education and the opportunity to lead healthy and financially secure lives. Especially as a result of the disproportionate impacts of this pandemic on communities of color, this cannot be done without investment in the educational and enrichment programs that create a pathway for communities of color and low-income communities in our City to thrive. **We urge the Council to ensure that communities of color are not further impacted by budget cuts to the educational programs that are critical to recovery.**



NEIGHBORHOOD DEFENDER SERVICE OF HARLEM

**New York City Council  
Committee on Oversight and Investigations**

**Hearing re: Oversight – Disparate Impact of COVID-19 on Communities of Color, April 30, 2020**

**Written Testimony of the Neighborhood Defender Service of Harlem**

**By Alice L. Fontier, Managing Director**

Neighborhood Defender Service of Harlem (NDS) is a community-based public defender office that provides high-quality legal services. Since 1990, NDS has been working to improve the quality and depth of criminal and civil defense representation for those unable to afford an attorney through holistic, cross-practice representation. As a true community defender, serving only residents of Harlem and Northern Manhattan, we see the disparate impact of economic and racial inequities on our clients on a daily basis. The current public health crisis has heightened those realities and unless the City and State dedicate resources to our community the negative toll will be devastating and long-lasting.

As the number of those infected and killed by the coronavirus continues to demonstrate a disproportionate impact on communities of color in New York City, NDS has been working hard to protect our clients' most basic rights. We see the impacts now -- clients dying while incarcerated, parents who were working hard to reunify with their children now no longer being able to see their children in person, an increase in immigration enforcement, and illegal evictions. The issues now facing our clients in the legal system cause us deep concern about how the coronavirus will impact Northern Manhattan communities in the long term.

There is no doubt that the public health measures implemented by the governor and mayor are essential to the health and safety of our entire city. But the most vulnerable of our communities are experiencing a kind of double impact; the isolation and anxiety, the loss of jobs, the illness and death of loved ones in addition to the existing challenges of poverty and the systemic injustices of the criminal legal, foster, and immigration systems. These issues will be amplified when the court system begins operating at full capacity again.

Separation of families, beginning from as early as birth, is an on-going crisis facing communities of color in this city. The Administration for Children's Services (ACS) has long operated from the presumption that people of color are inherently less capable parents in need of greater



NEIGHBORHOOD DEFENDER SERVICE OF HARLEM

surveillance and control by the government. We know this based both on our experience in court and by looking at ACS's own numbers demonstrating their disproportionate intervention in NYC's communities of color.

During this pandemic, we are all facing increased anxiety and forced social isolation. In this time, family is even more important. Despite this, ACS and the Family Court continue to separate families. We have seen hospitals separate newborns from their mothers, sometimes without a court order, and despite the fact that some of these mothers are successfully living in state-funded mother-child programs. We have heard from ACS staff that our clients are "non-compliant with supervision" when our clients have attempted to enforce social distancing in their own homes by asking workers to stay at the door, including in cases where there are immune compromised or elderly family members in the home.

Yet many of our clients who have children in foster care have not seen their children in person for many weeks, because ironically, foster agencies are closing their doors and summarily cancelling all in-person visitation claiming to enforce social distancing, despite clear guidelines from ACS to assess each individual case for COVID-19 risk and to maintain in-person visitation as much as possible. Those parents end up seeing their children on video chat, including many whose children are under 2 years old. Some haven't seen their children at all because the adult caring for the children is simply refusing to comply with visitation orders of any kind.

And there is no remedy for our clients in court, where judges are refusing to hear even the constitutionally-mandated hearings to determine whether a child should remain in the foster system, let alone hearings to enforce visitation. As a result, our staff has spent countless hours negotiating with ACS staff to safely return children home, to safely continue in-person visitation, to establish video visitation where in-person visitation is not safe, to modify visitation frequency and length to respond to young children's ability to engage in video visitation, and to assist our clients with technology to enable any visitation at all. In many cases, we have been able to preserve contact between separated parents and children where otherwise ACS and foster agencies' inaction would have resulted in indefinite, total separation.

Less severe, but perhaps more insulting and illustrative of the failures of the system as a whole, schools have been calling in, and ACS has been investigating, cases of educational neglect where our clients, despite their herculean efforts, have not received required technology or materials from the DOE to educate their children at home during the pandemic. This goes on while some





NEIGHBORHOOD DEFENDER SERVICE OF HARLEM

white parents (both of whom have PhDs and are university professors) defiantly proclaim in the Op-Ed pages of the New York Times that they “Refuse to Operate A Coronavirus Homeschool” or announce on Twitter that they “will not be participating in [their son’s] ‘virtual classroom’” because it was just too difficult. We, as a city, as a society, must clearly and affirmatively acknowledge the double standard that exists for white parents and parents of color, no matter how painful it is to do so.

We worry that neither ACS nor the federal government will have the grace, the compassion, or the foresight to anticipate what kind of long-term impact this interruption will have in the relationships between parents and children separated by the foster system. In the years and months after we return to normalcy, how will this interruption in visitation be accounted for as the clock ticks closer to termination of parental rights in some cases? Will the irreversible damage done to bonds of families that ACS continues to keep apart during this pandemic be held against them if they are not able to reunite during the arbitrary time period set by the Adoption and Safe Families Act? Will ACS use their great power to continue to separate families or will they harness their strength to give voice to the most vulnerable in our community and ask them what they need instead of continuing the pre-coronavirus culture of reflexively judging and punishing low-income parents of color who simply need more support?

On top of this the well-established challenge of obtaining and maintaining housing in this gentrifying city, the current economic crisis, and the looming housing crisis all pose threats to the safety and well-being of the residents of Northern Manhattan. Despite an eviction moratorium across New York State, New Yorkers like NDS's clients are still not guaranteed the safety and stability of their homes. We have seen landlords attempt to circumvent the law and illegally evict tenants, rendering them homeless in the midst of a pandemic until an emergency application could be heard in Housing Court to restore them to possession. Even for those who remain housed, NDS has seen landlords refuse to provide basic services like bathrooms, heat, and mold abatement -- essentials under any circumstances, but even more vital when New Yorkers have no choice but to shelter in an unsafe home. It is clear that even during a pandemic, New York landlords still value profit over people like NDS's clients. Our clients, primarily people of color, were living on the edge of extreme poverty prior to the current crisis. The vast majority do not have savings, and survive paycheck to paycheck. The economic toll on our community has yet to be fully realized, but almost certainly when the eviction ban is lifted, there will be a substantial housing crisis needing immediate protective action in the courts.



NEIGHBORHOOD DEFENDER SERVICE OF HARLEM

Similarly, Immigration and Customs Enforcement (ICE) continues its crusade of punitive enforcement by arresting, detaining and even deporting non-citizens during the coronavirus crisis. Moreover, non-citizen NDS clients who are sheltering in place have become easy targets. Since March, NDS has seen an *increase* in clients arrested by ICE in their homes, which has led to their detention and heightened their risk of contracting coronavirus in facilities where the virus is spreading rapidly. Because of this, on top of the everyday injustices surrounding deportation and separation from their families and homes, NDS's non-citizen clients could also face death simply due to their immigration status.

Finally, although we have seen the overall number of arrests decline, and the population of Rikers Island reduced, the impact on people facing criminal allegations can not be overlooked. There are still over four thousand people in city jails. Every one of these people is at heightened risk of contracting the coronavirus. The courts and District Attorneys have not adequately recognized this danger. We sought the release of one of our clients, who had underlying health concerns, but his release was opposed by the District Attorney and a bail modification was denied by the Court. While in custody he contracted COVID-19, and has since passed away. No New Yorker deserves a death sentence.

Despite these tragedies, we are still seeing people arrested for misdemeanors, and judges setting bail on relatively low-level felonies. Once bail is set on these clients, the suspension of normal time limits for the prosecution by Governor Cuomo's Executive Order means that we have no way to challenge the charges against them or test the prosecution's evidence. Due process has been wholly suspended for our clients who cannot afford bail--there are no grand juries, there are no hearings, there are no speedy trials. Instead our clients sit on Rikers Island, daily facing the imminent risk of contracting Covid-19, unable to pay the often only hundreds of dollars in bail that could ensure their safety.

This virus has not been color-blind as some have said, instead it has laid bare how existing systems, at best, are defiantly neglectful and, at worst, are intentionally brutal in their disproportionate impact on communities of color.

What will the City look like for low-income people of color once we are finally released from the clutches of this pandemic? How will government leadership acknowledge and make whole those communities who have both been disproportionately impacted? What work will the City Council, the Mayor and the Governor do to anticipate the impacts that will surely continue to



NEIGHBORHOOD DEFENDER SERVICE OF HARLEM

resonate in low-income communities of color for decades? The lives of communities of color depend on how the City answers these questions.



## TESTIMONY

### *New York City Council Hearing on the Disparate Impact of COVID-19 on Communities of Color*

**April 30, 2020**

#### **Introduction**

Good afternoon, my name is Dr. Henry Chen. I want to thank City Council Speaker Corey Johnson and Council Member Ritchie Torres, along with all other members of the Council, for having today's important hearing.

I am here today to submit testimony as the President of SOMOS Community Care ("SOMOS"), a network of over 2,500 multilingual physicians in the Bronx, Queens, Manhattan, and Brooklyn serving 800,000 largely immigrant New Yorkers. We have been on the frontlines of the COVID-19 response in some of New York City's hardest hit communities and I'm grateful for the opportunity to address you regarding our experiences today.

SOMOS Community Care is a network of over 2,500 physicians in the Bronx, Queens, Manhattan, and Brooklyn who have come together to ensure better health care for Medicaid members in New York City. Somos Community Care was awarded a grant by the New York State Department of Health (NYSDOH) Delivery System Reform Incentive Payment (DSRIP) program to improve the health care of the underserved Medicaid patients and reduce hospital admission by 25%.

#### **Background and Summary of SOMOS**

We began as a group of physicians in different communities and different backgrounds with the singular goal of improving the health of our patients in our communities. We, as a group of dedicated community physicians, have focused on this goal since the beginning as we continue to do during the COVID-19 pandemic.

AW Medical Office, PC, a community-based physician office in the Bronx, initially applied for and was awarded a grant by the New York State Department of Health (NYSDOH) Delivery System Reform Incentive Payment (DSRIP) program to improve the health care of the underserved Medicaid patients and reduce hospital admission by 25%. After expanding the physician network and joining forces with other like-minded physicians in other communities we become known as Advocate Community Physicians (ACP). Today, the organization is now known today as SOMOS Community Care, which has a network

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)



of more than 2,500 healthcare providers, including public hospitals and other community-based partner organizations serving the more than one million New Yorkers on Medicaid living in the most underserved and at-risk communities.

The foundation of our network of physicians was based on the success of our prior work in our Independent Practice Associations (IPAs) and Accountable Care Organizations (ACOs). The IPAs were Corinthian Medical IPA, Eastern Chinese American Physician IPA, Balance IPA, Excelsior IPA, Breukelen IPA, Queens County Medical Society IPA, Chinese Community Accountable Care Organization, Balance ACO, and others.

We were the same group of physicians who also established the Balance ACO in Upper Manhattan and the Bronx and the Chinese Community Accountable Care Organization (CCACO) in Lower Manhattan, Brooklyn and Queens.

- Balance ACO was #1 in shared savings for the past 4 consecutive years. Balance ACO has saved CMS a combined amount of one hundred forty-four million dollars (\$144,000,000.00) since the beginning of the Medicare Shared savings program began in 2012.
- CCACO was #2 in achieving shared saving in 2019 and has achieved shared savings for the last 5 consecutive years. CCACO has saved CMS a combined amount of forty million dollars (\$40,000,000.00) since the beginning of the Medicare Shared savings program began in 2012.
- Balance ACO and CCAO have again came together to form SOMOS ACO to continue to improve the health of Medicare patients in NYC. We expect to continue to achieve the same success as we have in the past.

SOMOS is the only physician-led Performing Provider System (PPS) to participate in the New York State DSRIP Program and each of our providers work hard in our communities to accomplish the goals of DSRIP. SOMOS continues to actively make changes and contribute to push the overall level of healthcare in NY as well as for others PPS'. The following a summary of key highlights of the SOMOS' accomplishments:

- SOMOS joined a Regional Health Information Organization (RHIO) in New York that safely shares healthcare-related information among the patient's physicians and hospitals on a health information exchange.
- NYSDOH established only 12 pilot programs for the Value Based Payment INNOVATOR Program and SOMOS obtained 6 of these pilot programs. After the completion of the pilot programs, SOMOS was one of only 3 organizations selected to participate in the final New York Value Based Payment INNOVATOR Program, allowing Somos to continue to reduce the cost of healthcare and improve the health of the most underserved patients. As an example of the significant impact of SOMOS to healthcare in NY, in 2018 alone, SOMOS saved the NYS

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)

Medicaid program 11.9% per member per month, which is equivalent approximately three hundred thirty-six million dollars (\$336,000,000.00).



- During the last two years, SOMOS has also made contributions to better understand the overall health of our communities across NYC. In 2018, SOMOS conducted research and interviews across the boroughs of NYC and published the results in the “*State of Latino Health*” and the “*State of Chinese Health*” in New York City. We were able to have more insight into the needs of the communities we serve. The findings of these reports showed a disparity of health care in the Latino and Asian Communities in several areas, including:
  - o Language barriers
  - o Access to care
  - o Transportation

### **SOMOS and Hurricane Maria**

In addition to improving the health of its patients in the community, SOMOS also looks to assist others in need and improve the healthcare and quality of life of others beyond the needs of its patients in times of crisis.

- SOMOS also provided assistance to individuals affected by Hurricane Maria in Puerto Rico, bringing a team of healthcare providers to establish clinics using solar power and providing basic necessities, such as medication and supplies.

### **SOMOS and COVID-19**

In this recent time of COVID-19 pandemic, SOMOS has again risen to the challenge of the crisis to provide its expertise and assistance to the underserved, immigrant communities most affected by COVID-19 in NYC. While all immigrant communities have been impacted by COVID-19, Chinese communities in NYC have been most greatly impacted as many Chinese Americans have suffered heartbreaking discrimination and intolerance because of COVID-19. Before the shutdown, many members of our community were already subject to racist attacks, and Chinese-owned businesses and commerce centers in Lower Manhattan, Flushing, Elmhurst and Sunset Park were losing customers at alarming rates due to fear and uncertainty of COVID-19. Many in our communities were also the unfortunate targets of racial attacks and stereotypical comments, based solely on their appearance. SOMOS quickly took steps to address the impact of the COVID-19 health crisis in our communities and other immigrant communities.

In the early stages of the pandemic, SOMOS established a hotline number to educate worried New Yorkers and provide telehealth services in multiples languages, including English, Spanish and Chinese. As a result of these efforts, prescriptions were filled and patients were triaged and managed by healthcare providers

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)



via telephone, often avoiding the need for New Yorkers to leave the home. More importantly, only the sickest and at-risk patients were sent to the hospital to seek urgent medical care, reducing the potential risk

**SOMOS**

of spreading COVID-19. Our efforts to provide tri-lingual hotlines and telehealth services greatly reduced the spread of COVID-19.

To assist the staff of our providers, grants were given to our most vulnerable and at-risk employees to assist in purchasing basic living needs, such as food and cleaning supplies.

SOMOS swiftly organized funding and resources to establish COVID-19 testing throughout NYC in immigrant communities. PPE, including masks, gloves, gowns, as well as testing kits were mobilized in a testing site in Queens to offer free testing to the community by Empire City Labs. This initial testing revealed that close to 70% of patients testing were POSITIVE for COVID-19, confirming our suspicions that many New Yorkers were already infected by the virus. We immediately alerted the local authorities of the high-density hotspot area in Queens. We also later learned that the lab we were using was denied the ability to test patients with Metroplus insurance, one of the most common insurance companies in underserved communities. To date, this issue has not yet been resolved.

During this same time, SOMOS recognized that COVID – 19 positive New Yorkers were sent back to their communities where they lived in crowded apartment buildings with their multi-generational families with as many as 8-10 people living together and in need of isolation. Therefore, in this difficulty situation, it was very difficult to comply the requirements of social distancing and keeping at least 6 ft away from others as these New Yorkers would then have to be standing outside of their door or outside of the window. In addition, according the results of a recent poll, only 30% of Hispanic New Yorkers had one hundred dollars (\$100.00) in emergency funds available. Therefore, Hispanic New Yorkers often did not have enough money to buy any basic necessities, such as food, medicine or cleaning supplies.

On Friday, March 20, Governor Cuomo announced the Shelter in Place order that shutdown NYC. SOMOS worked closely with the Governor, local authorities, military, healthcare providers and volunteers, to open a 3-lane drive-through testing site in the Bronx on Monday, March 23 to meet the growing need for testing. We continued to work with the authorities to open similar drive-through testing site in Queens.

Ines Hernandez, a physician and epidemiologist from the Dominican Republic suggested that SOMOS take steps to offer immunity testing in our communities. Her efforts were critical to securing immunity test kits to allow New Yorkers to be tested for the COVID-19 antibody. Therefore, a few weeks ago SOMOS began work, in conjunction with its large network of healthcare providers, to open a walk-through testing site offering free testing to immigrant communities based on established protocols by the Centers for Disease Control and Prevention (CDC) and NYSDOH. The first walk through testing location was established in Sunset Park, Brooklyn with another testing site located in Washington Heights.

SOMOS has made great effort to support community physicians to offer COVID-19 testing:

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)



- So far, approximately 1,000 New Yorkers have been tested using a fingerstick test to determine COVID-19 immunity. SOMOS has 50,000 antibody testing kits offer to New Yorkers free. This testing provides an added layer of assurance to fearful New Yorkers

**SOMOS**

as New Yorkers return to work and begin to rebuild the NYC economy. SOMOS will continue to support its providers that offer this testing in the community to better understand the course of the COVID-19 disease.

- To date, approximately 30,000 New Yorkers have been tested by Nasal swab free of charge, organized and offered by SOMOS.

In addition to organizing efforts for COVID-19 testing, SOMOS has also made great efforts to ensure immigrant communities have access to healthy food. SOMOS is partnering with Marc Anthony's Maestro Cares Foundation and José Andrés World Central Kitchen to distribute nearly 10,000 meals daily including staple pantry items to residents across the city's hardest hit areas.

SOMOS, has been instrumental in reducing the number of coronavirus cases in NYC, in particular minority, immigrant communities.

However, our communities still need safe places to go to self-isolate so they don't infect their families if they've contracted the virus; more antibody testing to provide a sense of ease and safety to hard-hit communities, help individuals as well as small businesses get back to work; and culturally-competent, community doctors who understand the unique needs of our communities and how to treat them for the long-term.

### **Conclusion:**

As community doctors, we are often the first line of defense in immigrant communities during times of crisis. That is why we are here addressing you today because we know that our communities are in a state of panic because of the virus and the long rebuilding period that lies ahead. It is our hope that our efforts to communicate these persistent disparities to policymakers will result in the resources and changes that our communities need.

SOMOS looks forward to continue working with the New York City Council on issues of healthcare disparities in our communities, who are most vulnerable during times of crisis. SOMOS continues to supports its network physicians who have been working on the frontlines of the COVID-19 pandemic by offering telemedicine services, offering free diagnostic and immunity testing as well as coordinating resources to the New Yorkers who need it the most during this time. We hope the Council will commit more to support our efforts as we continue to fight to save the lives of underserved and often overlooked New Yorkers during this time of the COVID-19 pandemic and beyond.

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)





*Dr. Ramon Tallaj, Chairman of the Board of SOMOS, will be available to answer any further questions at a future time as he is presently attending the funeral of a member of his organization due to COVID-19. A copy of this testimony as well as the State of Latino Health and State of Chinese Health are available upon request.*

**SOMOS**

**WE CARE • NOS IMPORTAS • 關懷我們**

519 EIGHTH AVENUE, 14TH FLOOR • NEW YORK, NY 10018 • SOMOSNYHEALTH.ORG • 1 833 SOMOSNY (1.833.766.6769)

432 East 149th Street  
2nd Floor  
Bronx, NY 10455

T: 718.402.6872  
F: 718.402.6879  
[BronxConnect.com](http://BronxConnect.com)



New York City Council  
Oversight and Investigations Committee  
Hearing to Discuss:

Disparate Impact of COVID-19 on Communities of Color  
Thursday, April 30, 2020  
1:00 PM

Testimony Presented By  
Rev. Wendy Calderón-Payne,  
Executive Director

Council Speaker Corey Johnson, Council Member Ritchie Torres, Chair of the Oversight and Investigations Committee, Council Member Vanessa Gibson and all the other Council Members, thank you for inviting me to speak on this important hearing to consider disparate impact that COVID-19 is having on communities of color.

I am Rev. Wendy Calderón-Payne, Executive Director over BronxConnect, which is the only Bronx-based juvenile justice organization serving Bronx court-involved youth for over two decades. We are the original Credible Messengers, valuing the power of the community to heal the community, and our children. We are part of #CLOSErikers and #buildCOMMUNITIES platforms, where we fight for the renewal of our community by building from within.

The public health crisis is impacting our Bronx and Harlem communities in unprecedented ways, as the young people and families we work with bear the brunt of the pandemic. We recently conducted a survey of over 100 of our participants, and found that over 90% of their households had at least one person experienced loss of jobs and/or wages following COVID-19. Many participants have also had deaths in their immediate families as a result of the crisis.

Our staff, front-line responders in this crisis, are committed to continuing our intensive case management, counseling, mentoring, addiction services, and support to the youth in our Alternative to Incarceration program. While we have done this primarily via zoom, phone calls and social media, staff have also ventured out to help youth transition to homeless shelters, deliver care packages, and even assist in a move when a youth's decision to leave a gang left him vulnerable to assault. Many youth were already experiencing a myriad of challenges before COVID-19 began, including justice system involvement, poor educational systems, financial insecurity, homelessness, mental health, and substance abuse. This pandemic has increased their vulnerability to critical levels, and has dramatically multiplied the essential

nature of our youth interventions. As we contemplate a way out of this epidemic, we have an opportunity to include communities of color into the solution. Here are some:

1) Communities Messengers—We need to employ people who speak different languages to be the messengers of community health. These languages may be Spanish, Creole or Mandarin, but should also include the language of the community. Thus credible messengers from the community should be the ones employed to bring the message in around good health and protecting oneself and ones family from a very contagious virus.

We also know that NYC is about to hire 1,000 “virus trackers.” City Council needs to make sure that these people are hired proportionally from the communities that are most impacted by this virus. This will use the Crisis Management System model of hiring known community leaders to bring forth the anti-gun violence message.

In addition, these Front Line workers need to be equipped with proper PPE and proper information to disseminate in our communities. The images of community leaders walking around with masks and gloves will help drive home the importance of this message.

2) City Council and the Mayor’s Office need to hold ACS and DOCS accountable to protecting staff and those people (youth and adults) who are incarcerated right now. We need to move all medically vulnerable people, or those held for parole violations, off Rikers Island right now. In addition, we have been told that the 64 youth at Horizon’s right now are NOT being distanced from each other. These youth and the staff are not being given masks, they are not being provided with proper hygiene supplies, nor is this pandemic even being discussed with them.

In addition, the children held at Horizon and Crossroads are not being tested unless they have “symptoms” and the new intake are not being socially isolated from youth already detained. This is unacceptable, as it is well known that many are COVID-19 positive with no symptoms. This poses a danger to all ACS staff and other youth, especially those with co-

morbidities and vulnerable immune systems.

There needs to be an immediate demand that all people held by NYC in any facility are tested and this virus is not allowed to ravage our most vulnerable communities. I ask the City Council to address these issues right now.

3) Finally, I feel that the community has to be integral in bringing forth the message of better holistic health. The iron is hot right now, and now is the time to speak about the consequence of health and nutrition issues. I have been following Dr. John Campbell on YouTube, a retired professor of nursing from North England. Dr. Campbell has become an internet sensation for his simple, non-political, daily chats where he interprets research and studies about COVID-19. He has been warning about the dangers of this novel virus since January.

I was especially moved at Dr. Campbell's insistence that health officials consider the role of Vitamin D deficiency in African American and Latino communities, and the documented effect of Vitamin D deficiency and immune response.

I never knew it is documented medical fact that darker skin tones create vitamin D at a slower rate than light skin tones. I always thought that Vitamin D deficiency was due to our society does not spend time outside, but thru Dr. Campbell's YouTube channel, I found out that their skin tone meant their vitamin D production from the sun was actually slower in darker skin people. In addition, Dr. Campbell has been continually reiterating "Vitamin D is necessary for normal immune function. People with low levels of vitamin D will have reduced immune function."

From the National Institute of Health study that Dr. Campbell reviews: "About 42% of the US population is vitamin D deficient. However, this rate rises to 82% in black people and 70% in Hispanics. For those with vitamin D deficiency, a simple 1,000iu Vitamin D tablet a day gives a 70% protective effect to respiratory illness...Vitamin D supplementation was safe

and it has protected against acute respiratory tract infection overall... These findings support the introduction of public health measures such as food fortification to improve vitamin D status particularly in settings where profound vitamin D deficiency is common." A dose as low as 1,000iu a day of vitamin D can protect those deficient in this vitamin by 70%. These kinds of numbers, from a vitamin that is available in any CVS or local pharmacy, should be discussed all over our community. I ask the City Council to consider the recommendations of this National Institute of Health published study and begin a public health campaign to encourage people to fortify their immune systems against COVID-19 and all illnesses.

4) Finally, I must end my testimony with highlighting the cruel announcement of the loss of SYEP. It is important to understand that in our community, SYEP is an integral part of supporting families during the summer and providing for communities economically hit by COVID-19. Let me be clear, my young people who depend on SYEP are not buying McDonalds and going to the movies with their checks. They are buying food and clothes for their families, taking care of younger siblings, and providing for basic necessities. Given that this decision was made as a financial one, without the input of local voices, is a travesty and an insult to communities of color.

Overall, we must demand that communities of color are part of the solution to the rebuilding of our city. We cannot be receiver of services, but co-laborers and leaders in the work.

Dr. John Campbell and Vitamin D  
<https://www.youtube.com/watch?v=GCSXNGc7pfs>

NIH cited study:

**Evidence that Vitamin D Supplementation Could Reduce Risk of Influenza and COVID-19 Infections and Deaths**

<https://www.ncbi.nlm.nih.gov/pubmed/32252338>

# Housing Subsidies as COVID-19 Response

---

Presented by the Data Analytics Team of the Lawyering in the Digital Age Clinic at  
Columbia Law School

Professor and Supervising Attorney: Conrad Johnson

Clinic Students: Michelle Tu, Yahel Kaplan and Quinn Leary

April 2020

# Roadmap

---

- COVID-19, unemployment, and housing in NYC
- Disproportionate effects of COVID-19 in neighborhoods that are more remote, poorer, and have higher immigrant populations
- Policy recommendations

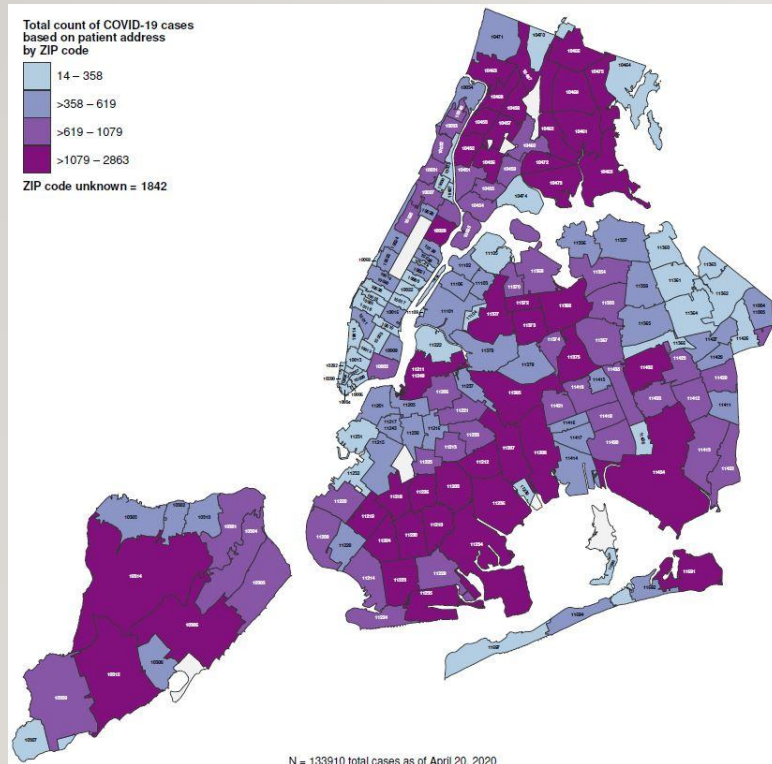


# **COVID-19, unemployment, and housing in NYC**

---



# Some of the Areas Hardest-Hit by COVID-19 Are Disadvantaged Neighborhoods



Source: NYC Dep't of Health

- Among the hardest-hit zip codes (shown in dark purple) are Elmhurst (11373), Far Rockaway (11691), and Jamaica (11432), all in Queens.

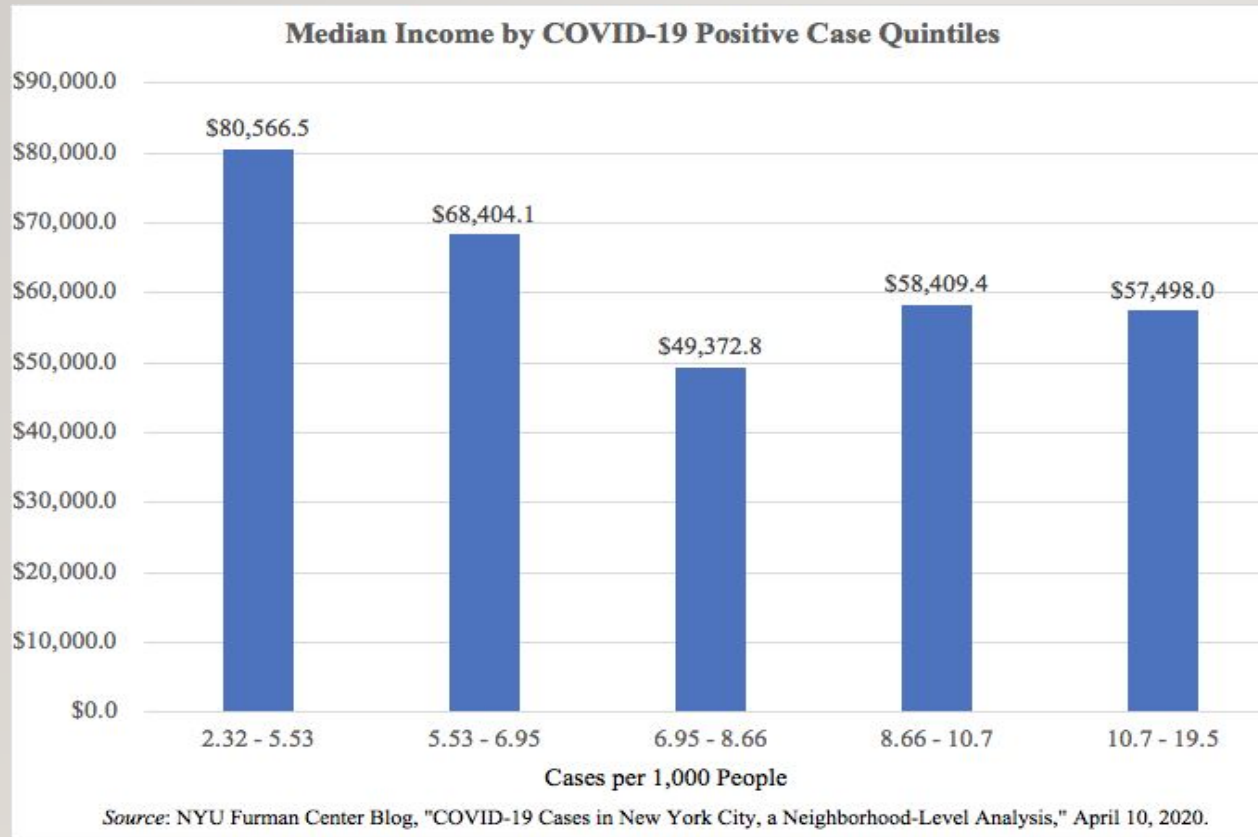
# Surge in Unemployment Due to COVID-19

---

- 1.4 million unemployment claims in New York State since mid-March, which is  $\frac{2}{3}$  of the total number of claims during the Great Recession of June 2007-Nov. 2009. Over 620k of these are in NYC.
- The state unemployment rate is approx. 13%, the highest since the Great Depression.
- Projected unemployment rate, July 2020: 16.4%

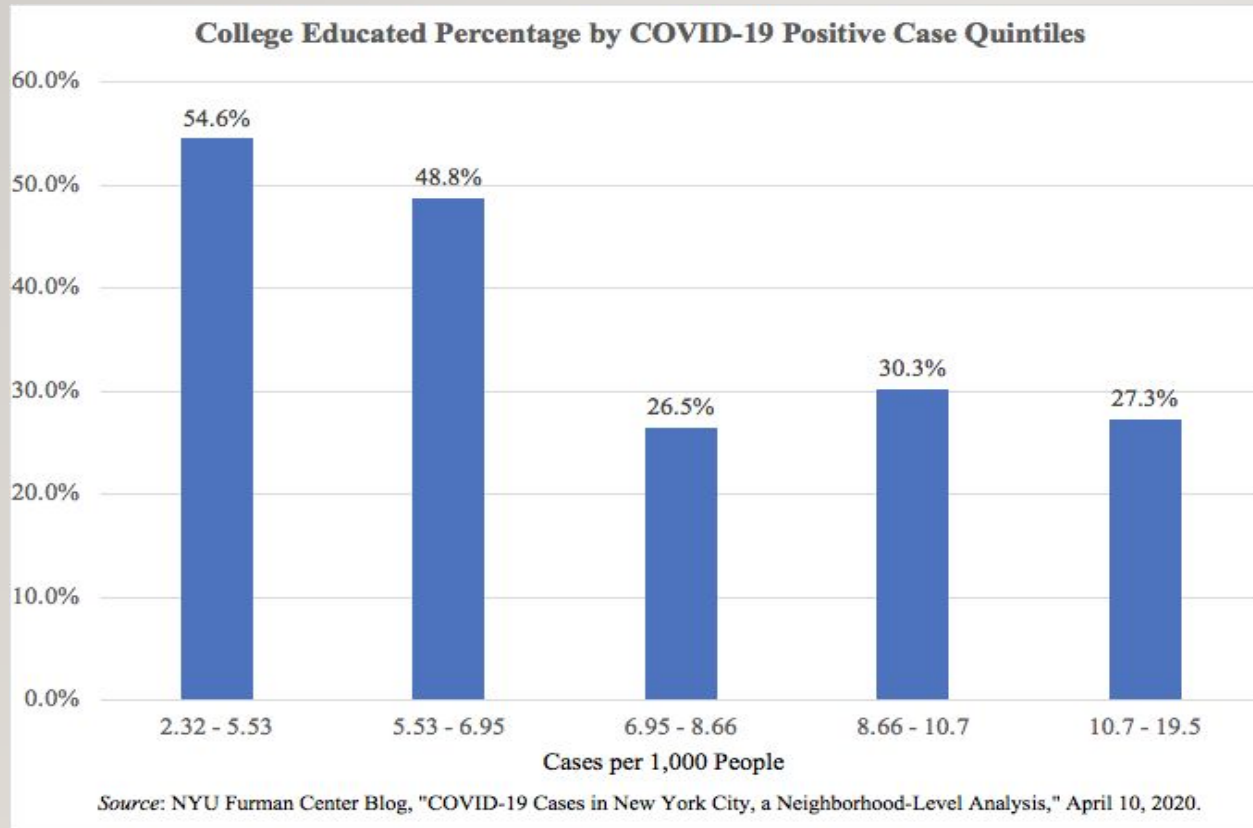
Sources: USA Today, based on BLS and Dep't of Labor Data; and Forbes, based on NYS Dep't of Labor Data

# Poorer Neighborhoods See More Coronavirus Cases



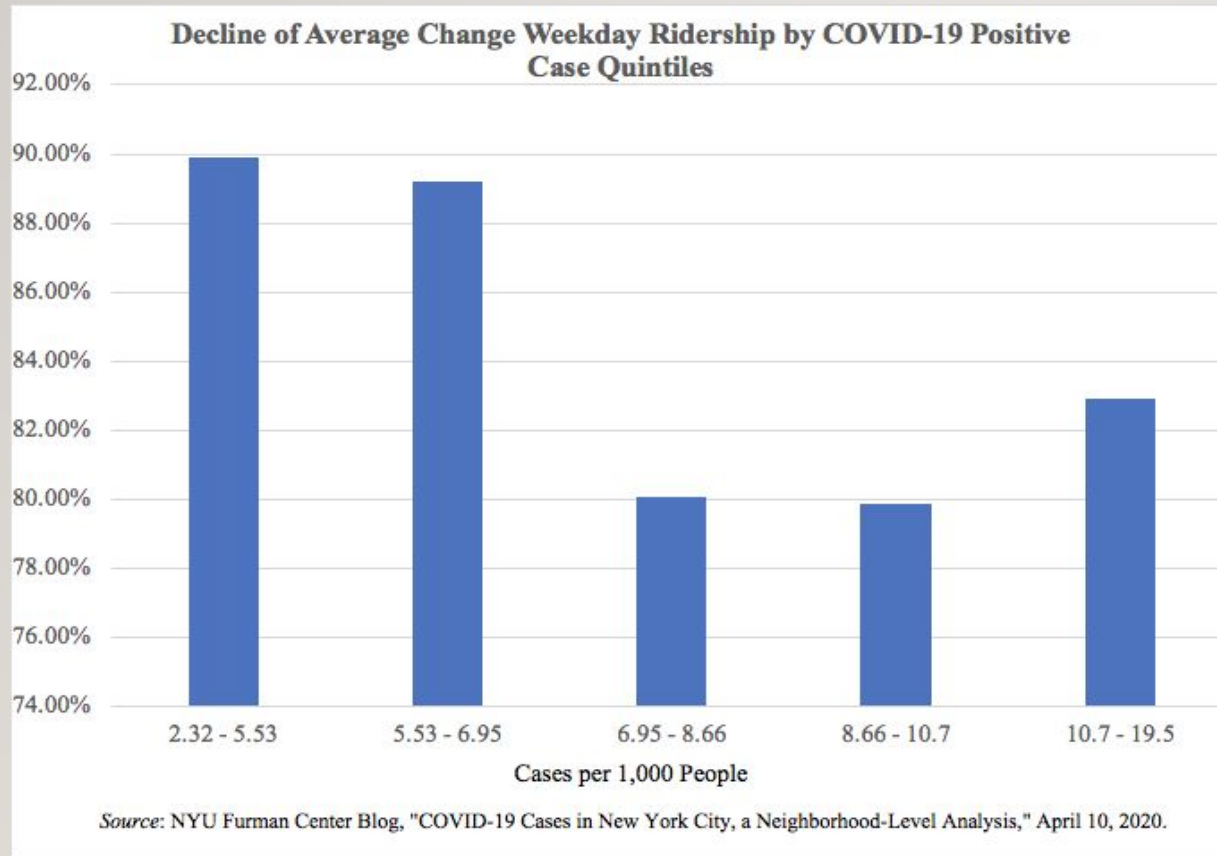
- Difference in median income between the highest and lowest quintile is considerable - \$23,069 (\$80,566.5 versus \$57,498.0)

# Workers with Higher Degree of Education are More Likely to Be Able to Work from Home



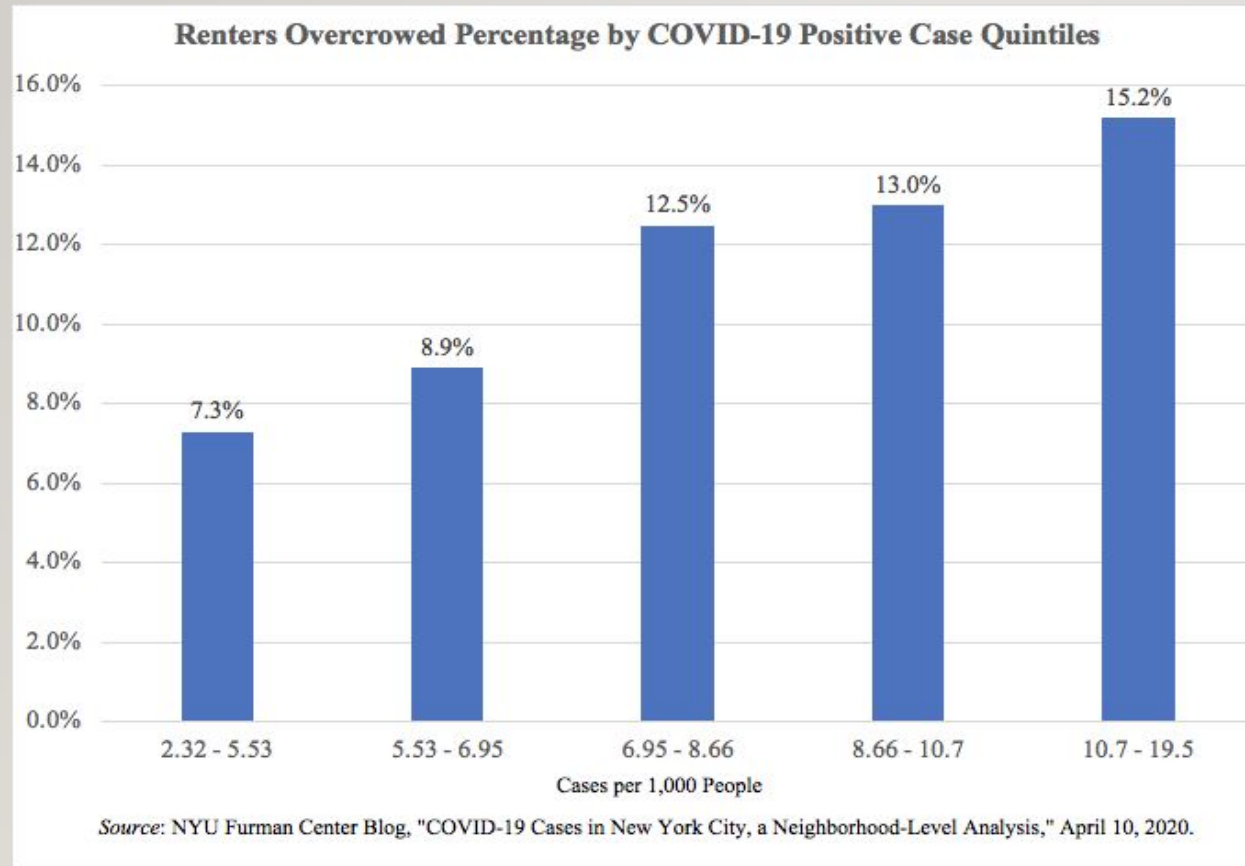
- People with college degrees are more likely to be able to work remotely.
- The share of adults with college degrees decreases as the prevalence of coronavirus cases increases. The difference between the lowest and highest quintile is considerable (54.6% versus 27.3%).
- Households in the lowest quintile are also more likely to have access to the internet than households in ZIP Codes with higher rates of the coronavirus.

# Workers Who Live in Remote Neighborhoods are More Prone to Virus Transmission



- While MTA Subway ridership dropped dramatically across the city, areas with higher rates of COVID-19 saw a smaller decline.
- For workers unable to stay home, reliance on public transit to get to and from work may also affect neighborhood vulnerability to coronavirus transmission.

# Living in Close Quarters May Compound Risk of Exposure



- COVID-19 is more prevalent in areas where more people reside in crowded units.
- This risk would be even greater for households with non-remote workers, as those workers are more likely to become infected by the virus.

**Disproportionate effects of  
COVID-19 in neighborhoods that are  
more remote, poorer, and have  
higher immigrant populations**

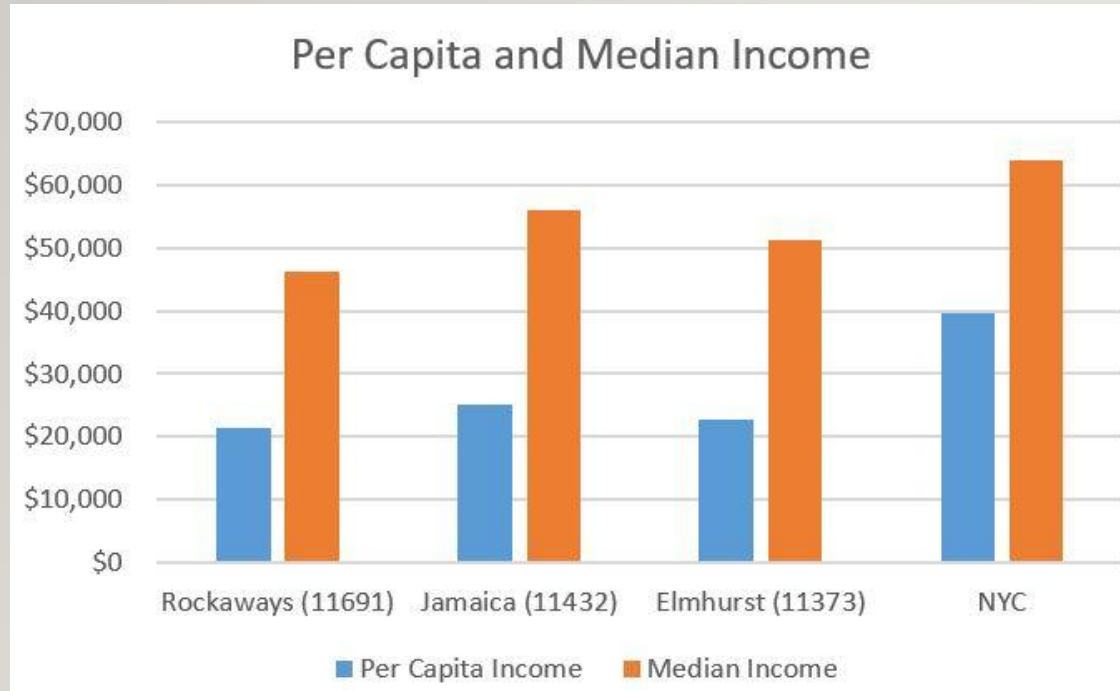
---





# Some of the Areas Hardest-Hit by Covid-19 Are Below NYC Averages for Income

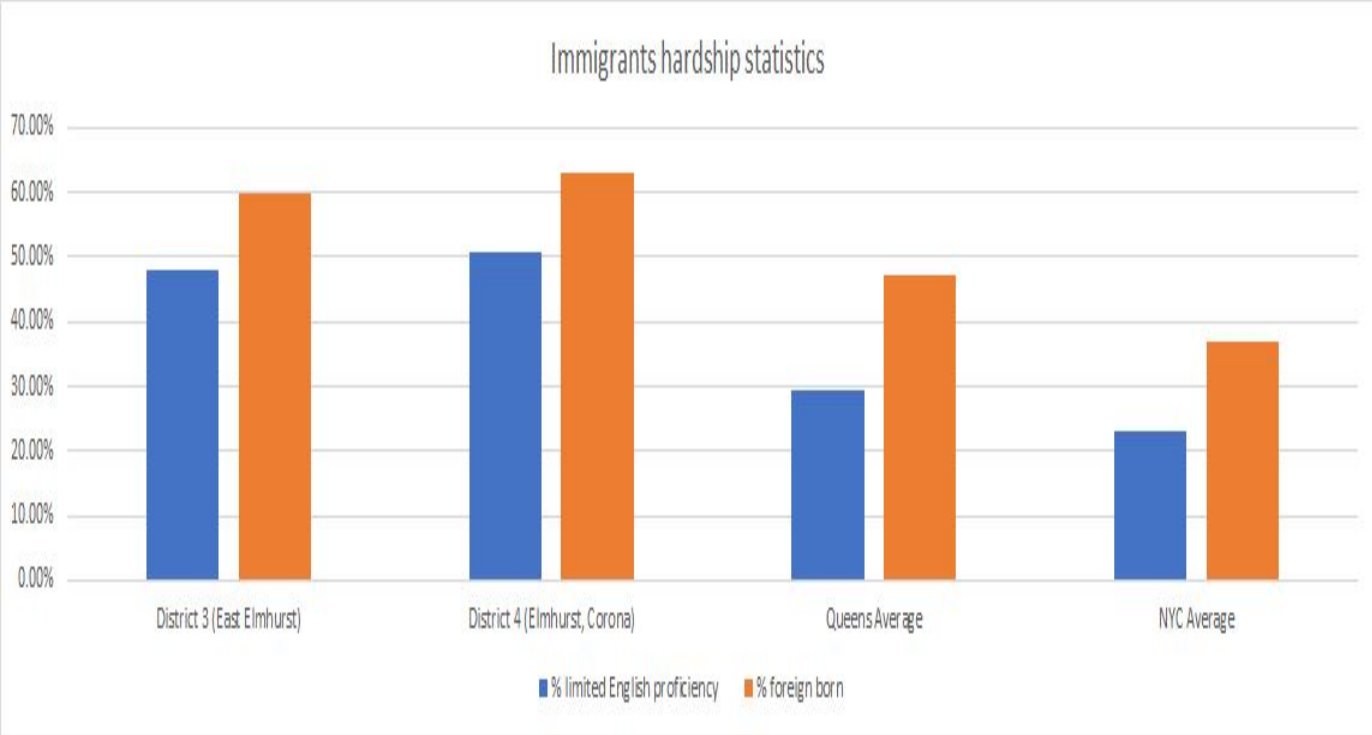
---



Source; US Census Bureau, ACS 2018 5-year data

- All three zip codes are below NYC averages for per capita and median income.
- Combined, they had approximately 223,114 people in poverty pre-COVID-19.

# Large immigrant population with low English proficiency

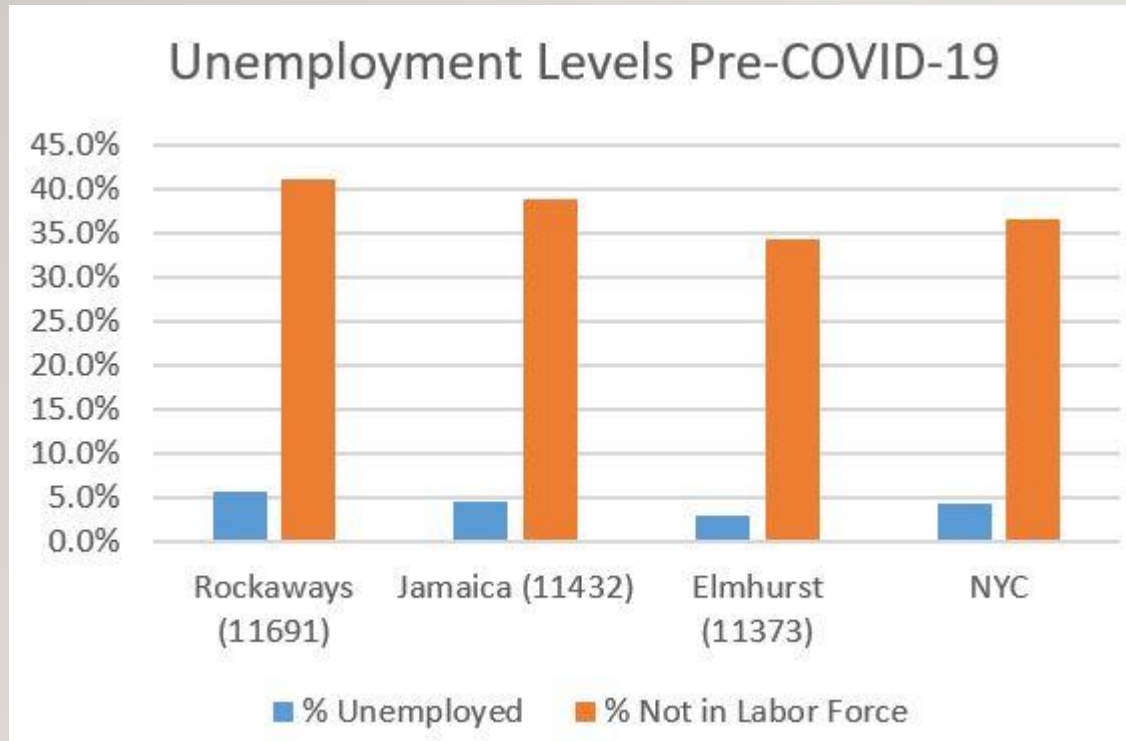


- The percentage of immigrant population with limited English proficiency in Elmhurst, Queens, is significantly higher than NYC average, making them a weaker population which would be most detrimentally affected by Covid-19 (which could push its number of housing cases and evictions way past the NYC average)

Sources: Census Bureau and NYC Community Profiles

# Some of These Areas Also Have Higher Unemployment and Lower % In the Workforce Than City Averages

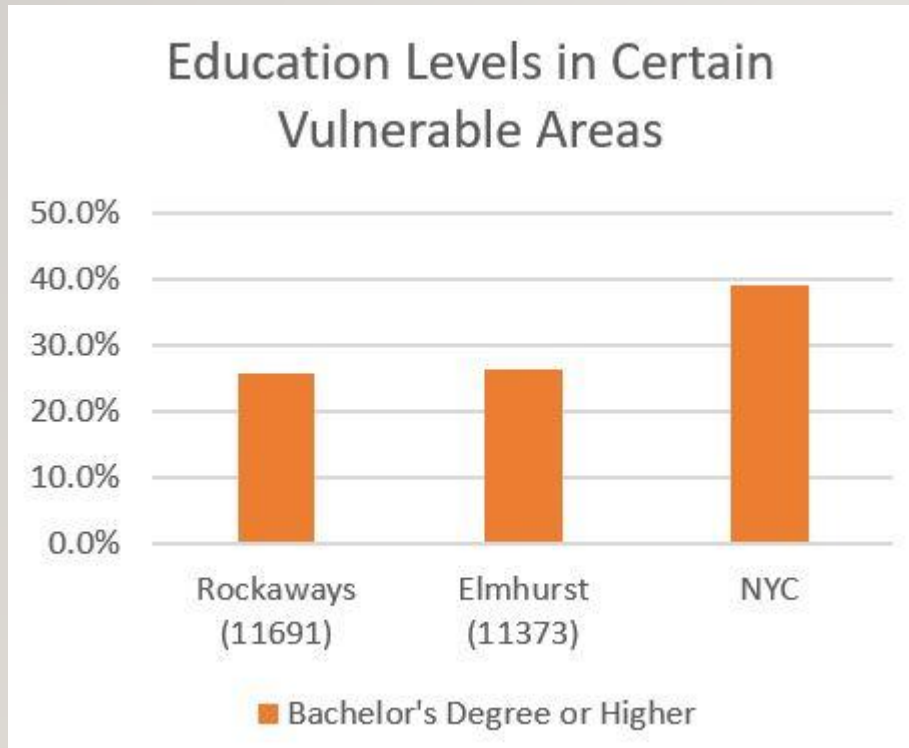
---



- Far Rockaway and Jamaica had higher pre-COVID-19 levels of unemployment, and more people not in the workforce, than city averages.

# Some of The Most Vulnerable Areas also Have Lower Rates of College Education than City Averages

---



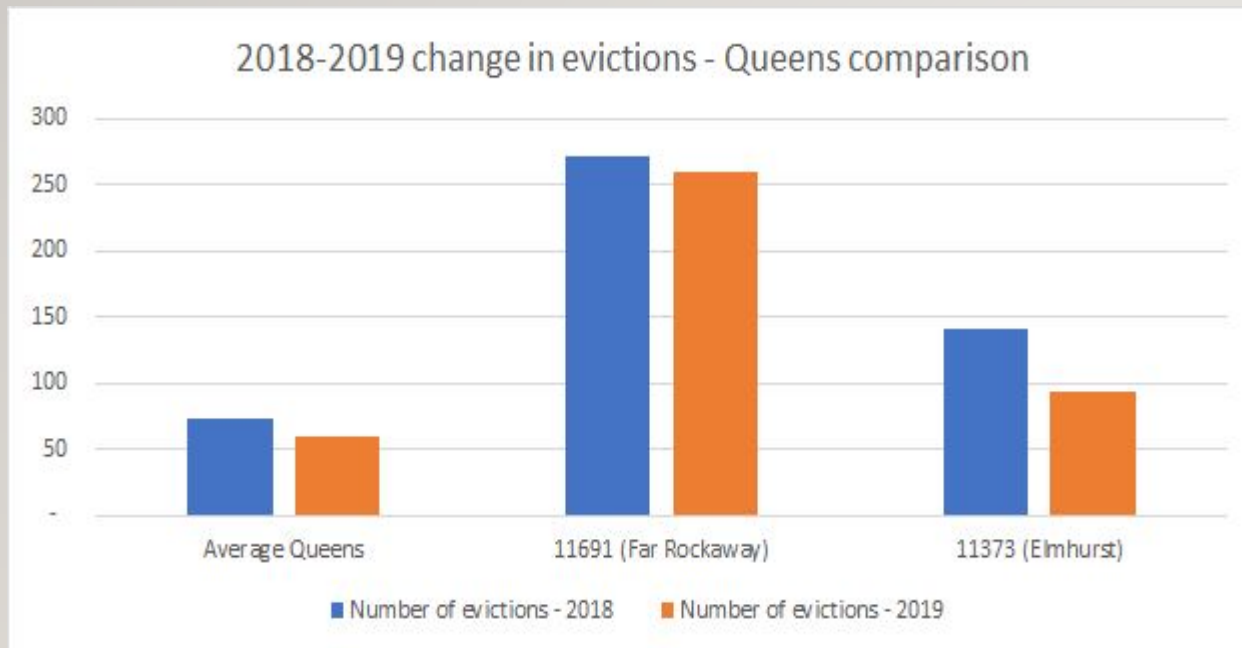
- Which will make their residents less likely to be able to work from home.
- And will make it more difficult for them to find jobs in the midst of high unemployment

# **Policy Recommendations**

---



# Potential eviction crisis

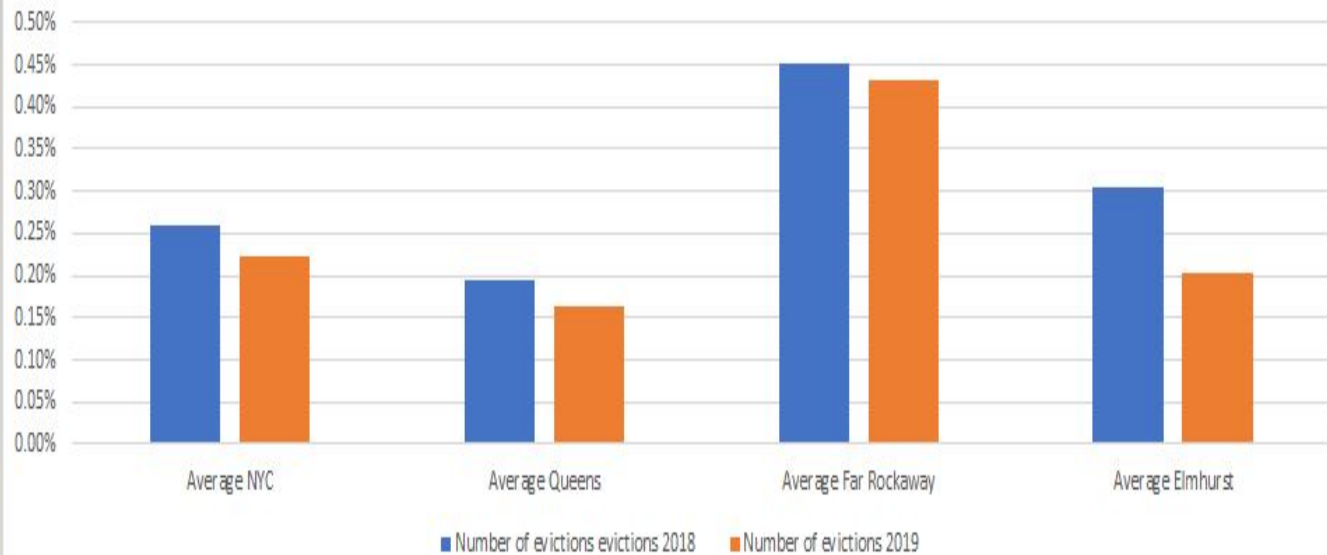


- Pre-Covid-19 eviction rates in Far Rockaway and Elmhurst were far higher than the average in Queens, and will only deteriorate post Covid-19 due to increased unemployment.
- Rights to Counsel made an impact but it's not enough- as many were laid off during the Covid-19 lockdown and might not have enough resources to pay rent, legal intervention without rent subsidy will not be enough.

Source: <https://data.cityofnewyork.us/City-Government/Evictions/6z8x-wfk4/data>

# Potential eviction crisis (Cont'd)

2018-2019 change in evictions - NYC per capita comparison

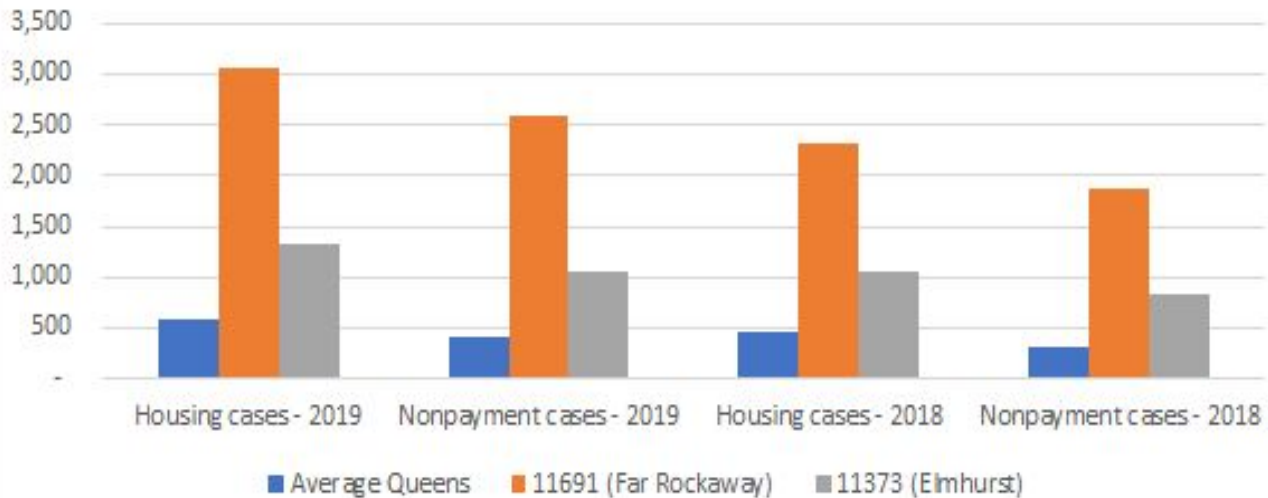


- Even compared to average NYC, the average evictions in Far Rockaway is significantly higher.
- The eviction crisis could also affect middle-class tenants that have not previously been part of the eviction cycle.

Source: <https://data.cityofnewyork.us/City-Government/Evictions/6z8x-wfk4/data>

# Most Evictions and Housing Cases are Due to Nonpayment of Rent

2018-2019 change in number of housing cases  
- Queens comparison

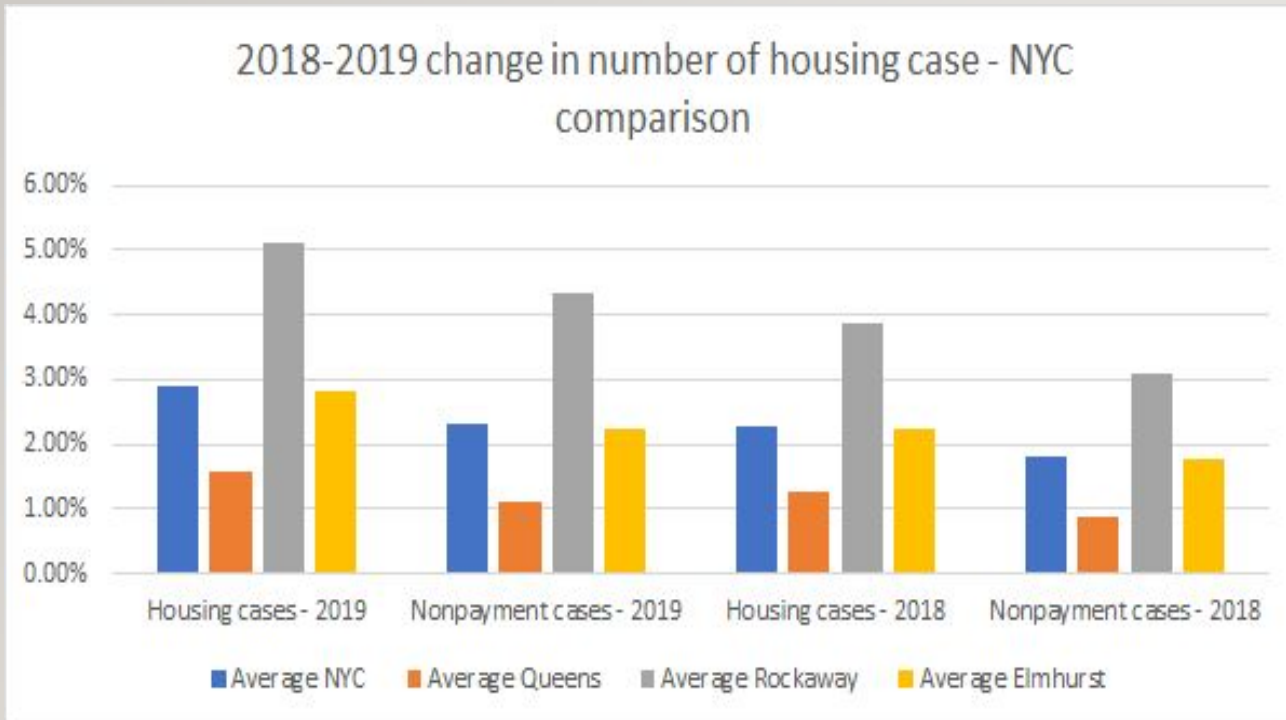


- The majority of cases in housing court in NYC are due to tenants not being able to pay their rent.
- More and more people will be unable to pay rent as unemployment surges due to COVID-19.

Source: Office of Civil Justice



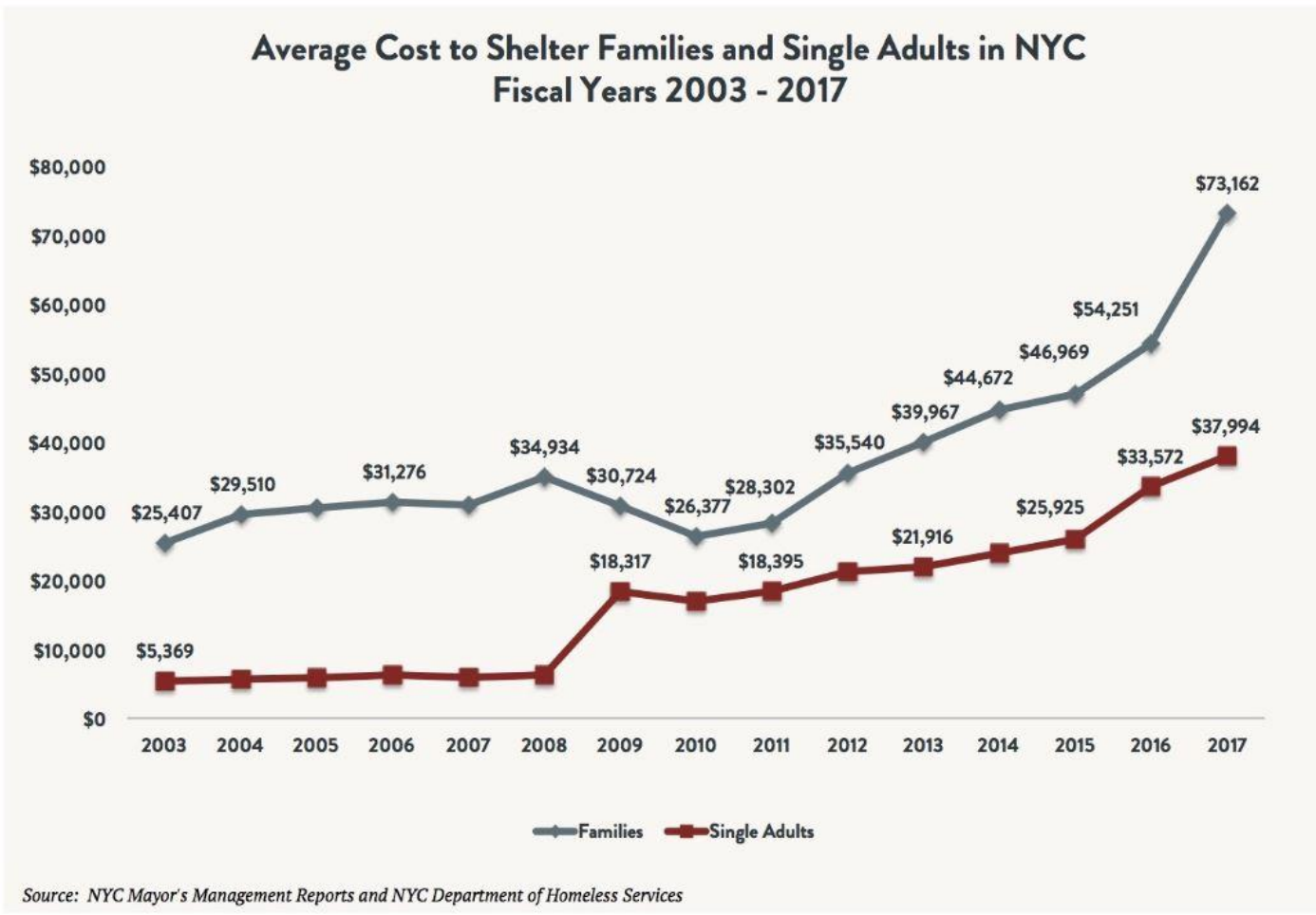
# Most Evictions and Housing Cases are Due to Nonpayment of Rent (Cont'd)



- As with number of evictions, even compared to average NYC, the average number of housing cases in Far Rockaway is significantly higher.
- As it was bad before Covid, post Covid the eviction rate is going to increase dramatically.

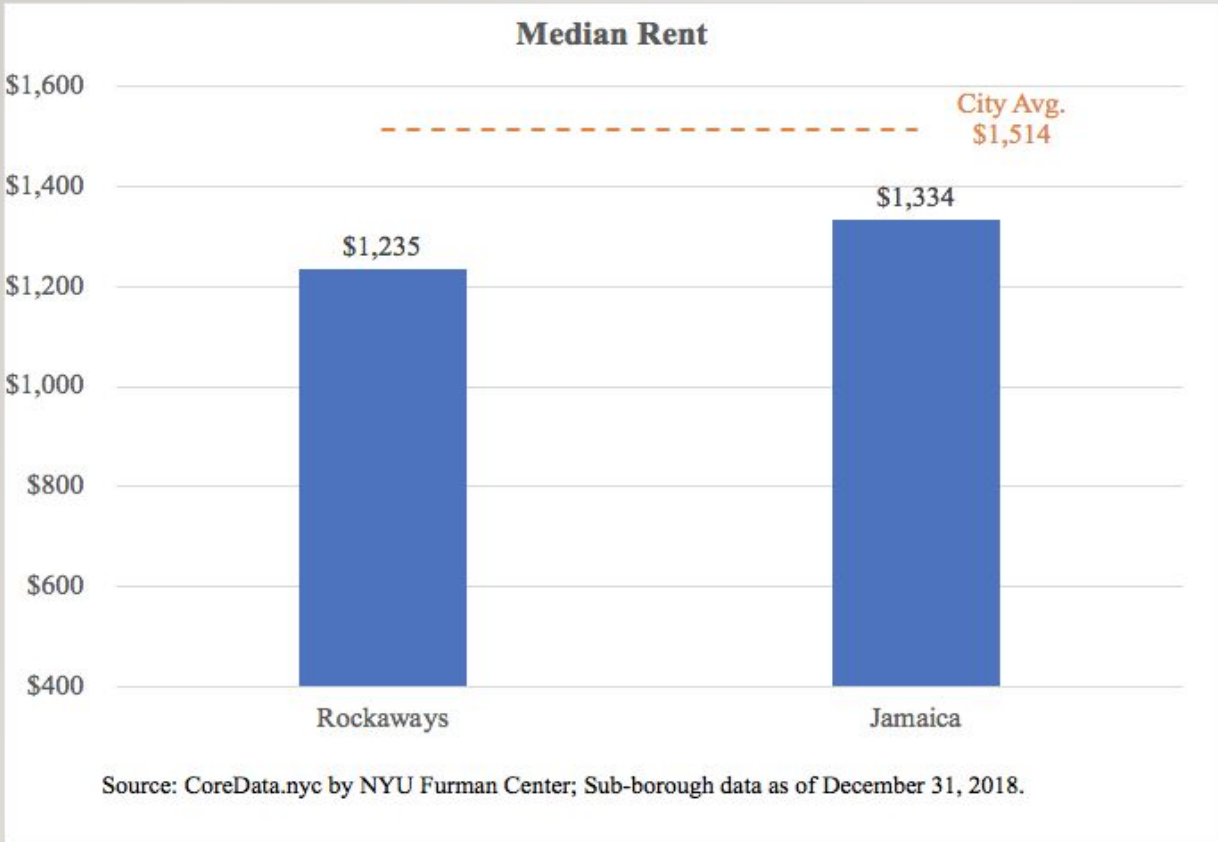
Source: Office of Civil Justice

# The Monetary Cost of Homelessness in NYC is Increasing Each Year



Source: Coalition for the Homeless: State of the Homeless 2018 Report (“Coalition Report 2018”)

# Poorer Areas Have Lower Rents, So Housing Subsidies Will Go Further Among Those Most in Danger of Eviction



- Rents in Far Rockaway and Jamaica are below City averages, and still eviction rates are higher than City average.

# The Best Way to Address the COVID-19 Housing Crisis is to Prevent People from Losing Their Homes

---

- Most evictions are due to nonpayment, which will increase drastically due to COVID-19 unemployment. In Queens, which has some of the most vulnerable populations, 50% are owners, not renters, so canceling the rent alone is not enough. The best way to prevent the homeless shelter system from being inundated with people it cannot house is to provide housing subsidies.
- It is crucial that subsidies go hand in hand with tenant protections, such as those included in Rep. Ilhan Omar's "Rent and Mortgage Cancellation Bill" and Assemblymember Yuh-Line Niou's "Post-Covid New Deal"



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

**To the New York City Council Committee on  
Oversight and Investigations, Convened April 30, 2020**

**Regarding the Impact of COVID-19 on New York City's Communities of Color**

The pandemic may have shocked us, but once it arrived, disparate devastation in communities of color did not. This oversight hearing on the impact of COVID-19 in New York City's communities of color should help light the way forward toward addressing manifest racial injustice. I'm Hayley Gorenberg, Legal Director of New York Lawyers for the Public Interest, and on behalf of our multidisciplinary, community-driven civil rights organization, today I address (1) medical access, (2) health disparities, especially tied to environmental justice, and (3) resources for young people in Black and brown communities.

**IMPROVING MEDICAL ACCESS**

With a virus that can particularly harm and kill people with underlying medical conditions, getting accurate medical information and being able to convey a medical history can influence whether you live or die. What gets in the way?

Aware of misinformation – sometimes well-intentioned, but still false – circulating in immigrant communities, our Health Justice Program started streaming and recording medical and legal information on Facebook live in Spanish,<sup>1</sup> and we know we've already reached several thousand households. We have partnered with the New York Immigration Coalition, featuring NYLPI's UndocuCare project, covering public charge, and including Spanish-speaking doctors drawn from NYLPI's Medical Providers Network.<sup>2</sup> We make sure

---

<sup>1</sup> Our initial event responded to community need expressed in Sunset Park.

<sup>2</sup> NYLPI continues to match doctors from our Medical Providers Network to support individual immigrant detention cases, including as part of applications to release people with underlying conditions that place them particularly at-risk for serious COVID-19

to include information relevant to people who are essential workers, who can't stay home every day.

I second Dr. Ford from the first panel about lessons from the HIV epidemic and the need to address medical misinformation and mistrust in Black communities, rooted in generations of racist medical exploitation. Also, believe Black women. Accounts of worsening illness and death after health concerns of Black women were reportedly discounted are circulating widely – and they undermine effective access to healthcare. **NYLPI recommends the City amplify the voices of trusted, reliable speakers in communities of color, to keep high-quality information in wide circulation. Affirmatively message and train throughout City systems to address any implicit bias potentially infusing responses to reports of COVID-related symptoms.**

Addressing more access issues and building on Council Member Carlina Rivera's question to the first panel, **ensure availability of interpreters**, including sign language interpreters. If we don't have them on-site, video conferencing is next-best. New designs for masks with windows for lip-reading are an innovation that should last beyond the pandemic. Pro Publica, The City and the New York Times are covering lack of translation and interpretation, with a doctor explaining, "It takes 10 minutes of sitting on the phone to get an interpreter, and that's valuable time when you're inundated" – and concluding that "the patients that are most mainstream get the best care."<sup>3</sup> While it's permissible to use non-professionals like family members in emergencies, now, when people are more likely to show up solo for medical care or to be separated from family, in order to reduce exposure of or through others who aren't patients, it's even more important to have interpreters available.

---

disease and death. In response to the pandemic we have expanded to offer medical advocacy for people in New York jails on criminal charges. More than 4000 medical providers have joined our open letter to ICE (with Doctors for Camp Closure) calling for release of people from detention (available at <https://nylpi.org/nylpis-medical-provider-network-allies-send-open-letter-to-i-c-e-advocating-for-the-release-of-people-from-immigration-detention-to-help-stop-spread-of-covid-19/>), and our April 28, 2020 report, *Still Detained and Denied* (available at <https://nylpi.org/new-report-finds-worsening-crisis-of-inadequate-medical-care-in-immigration-detention-and-immediate-covid-19-threat/>), includes case study material and medical analysis about the virtual impossibility of protecting people from COVID-19 in immigration detention.

<sup>3</sup> Joshua Kaplan, *Hospitals Leave Some Patients Who Don't Speak English Without Proper Care*, ProPublica, republished by The City at <https://thecity.nyc/2020/04/patients-who-dont-speak-english-often-struggle-at-hospitals.html>; Emma Goldberg, *When Coronavirus Care Gets Lost in Translation*, <https://www.nytimes.com/2020/04/17/health/covid-coronavirus-medical-translators.html>.

Critically connected to getting lifesaving care, NYLPI and our Deaf Justice Coalition partners thank the City for continuing its commitment to **meet the June 2020 deadline for making Text-to-911<sup>4</sup> available**, which will make emergency services available for people who are Deaf and Hard of Hearing, as well as for people in situations where it's dangerous to speak – for example, if they are targets of domestic violence, documented on the rise while people are confined in their homes.

We want to keep and grow what works: Telemedicine could become a prime example. It's supposed to be more widely available during the pandemic, to cut exposure and risk. **Telemedicine can allow more people access more easily, not just because we're "on pause," but because it's a good modality for many people with disabilities.** More telemedicine options could provide access for people with disabilities to improve their healthcare ongoing. At the same time, we have received reports of confusion around how to use telemedicine and concerns about language availability. **Investigating and troubleshooting effective access to telemedicine could promote health for communities of color.** (NYLPI is rolling these issues into our longstanding Medical Access roundtable working group.)

Improving health care access is just one component of helping address key disparities – which means more people from communities disproportionately affected, primarily communities of color, will survive. Those health disparities, especially those disparities underlying conditions tied to environmental injustice or environmental racism, are the focus of my next section.

## **COMBATING UNDERLYING HEALTH DISPARITIES**

Heart disease. Asthma. Diabetes. Many of the serious health conditions that create vulnerability to COVID-19's most deadly turns tie to systemic environmental racism. One of my NYLPI colleagues is presenting simultaneously with today's hearing at a panel with *Campaign for a Healthy Bronx* headlined to drive it home: "Environmental Racism, Inequality and Poverty [were] Killing the Bronx Well Before COVID-19."

Bluntly, our first question in the face of the pandemic was, "How will our communities get screwed?" Our analysis of the guidelines and underlying health disparities led to the conclusion, "Our communities have already been 'pre-screwed'" – by racism. With this hearing, let's get going and "unscrew": Unscrew these disparities, unscrew the

---

<sup>4</sup> *New NYLPI Report: Pandemic Underscores City Deadline for Text-to-911 Emergency Services*, available at <https://nylpi.org/new-nylpi-report-pandemic-underscores-city-deadline-for-text-to-911-emergency-services/>.

disproportionate damage, unscrew the deadly outcomes. This is by no means a hopeless situation. There are things we can do.

Take one example: our urban air pollution. As Harvard's school of public health just published, and mounting evidence shows, dangerous fine particles labeled PM2.5 amp the deadliness of COVID-19. Pollution is down for the moment. Let's seize the opportunity for real progress. Highlighting a few specific ways forward:

**Create Renewable Rikers.**<sup>5</sup> Renewable Rikers would convert the City's notorious criminal institutional hellhole and COVID-19 danger into a cutting-edge urban engine for environmental energy progress. Renewable Rikers can clear the air and give good green jobs to communities of color most damaged by mass incarceration – and now by COVID-19.

**Eliminate diesel school buses.** When school is running, the City's diesel buses are running, pouring pollution into the air we breathe. With school bus depots concentrated in communities of color, more buses and idling buses churn out fine particulate matter and deal a double or triple whammy to low-income communities of color clobbered by COVID-19. NYLPI is now partnering to pursue electric buses, which will give us cleaner air in communities of color with so many bus hubs, and cleaner air throughout the City. We also highlight a synergy with disability justice: Electric school buses would particularly benefit students with disabilities, who ride our school buses at high rates and are disproportionately students of color, as rates of disabilities are disproportionately high in communities of color. That intersectionality of race and disability carries through our analysis.

And while we're clearing the air outside, let's remember the air quality inside, where we're spending a lot of time these days. **Robustly enforcing Local Law 55 will combat dangerous mold, reducing the impact of asthma and allergies**, particularly for heavily affected low-income communities of color. Better breathing can link to better survivability in the age of COVID-19.

## **EXPANDING RESOURCES FOR YOUNG PEOPLE AND ADDRESSING LACK OF EQUAL ACCESS TO RESOURCES CONNECTED TO OUR SCHOOLS**

On a gray day inside our zoom rooms, it may not feel like summer is around the corner – but it is. We are not alone in our deep dismay at the City's cutting the Summer Youth Employment Program for tens of thousands of young people. We've axed

---

<sup>5</sup> See, for example, <https://council.nyc.gov/press/2020/03/12/1874/> and <https://nylpi.org/op-ed-the-energy-behind-the-renewable-rikers-vision/>.



*the nation's largest youth employment program, connecting NYC youth between the ages of 14 and 24 with career exploration opportunities and paid work experience each summer. Participants have the opportunity to explore their interests and career pathways, develop workplace skills and engage in learning experiences that help in developing their social, civic and leadership skills. By participating in structured project and work-based opportunities, NYC youth are better prepared for careers of the future.<sup>6</sup>*

Understanding that many previously used SYEP sites have shut down, we ask, **“What are the creative alternatives that will allow us to invest in our young people, this summer and beyond?” More innovative partnerships? More remote-work placements that could boost the City’s recovery, as well as provide good opportunities for young people’s growth?** At NYLPI we’ve committed to taking more summer interns, not fewer. It will take creative supervision. It will take resources. And it will be worth it. Part of what we seek to do is contribute to a professional pipeline for young people of color. We need creative investment in young people who rely on these opportunities.

And when we get back to school, that creative investment must continue, throughout any budget difficulties. NYLPI’s race discrimination case focused on lack of equitable access for Black and Latinx students to public school interscholastic sports through the Public Schools Athletic League seeks to level the playing field so that these Black and Latinx students have fair access to teams and funding. The Fair Play coalition we’re part of is campaigning online, underscoring how the palpable lack of teams for *everyone* right now should motivate understanding of the problem – and **propel approaches that yield fairness, not more racial inequity, when our students go back to school.** Interscholastic sports promote physical and mental health. They teach teamwork and leadership. And they can tie to college opportunities. It’s about much more than playing games. The choices we make now can promote health and well-being for young people and create a healthier city for us all.

Two last notes on school-related well-being for students of color: NYLPI has a deeply rooted program working with families who have students with special education needs. As the school system lurched into remote learning, we started calling each of our clients to connect with them about their remote schooling needs. One point coming across about disparities for communities of color: **our families have not gotten clear and specific messages, nor have they gotten effective service, to get tech like iPads for their kids.** City surveying was understood as posing deadlines our clients thought they missed. We’re addressing lots of confusion for these families. Meanwhile, on my own City parenting list,

---

<sup>6</sup> <https://www1.nyc.gov/site/dycd/services/jobs-internships/summer-youth-employment-program-syep.page>

which I would say is a list of mixed privilege, there's a very active thread called "unsolicited iPads," with many families wondering why they got an iPad in the mail, while others are beside themselves because their children don't have the tech they need. **The DOE phone line to try and address the problem is widely regarded as unusable, including by DOE staff. Can we fix this now?**

Our education team is now embarking on a larger round of calls. Given the high needs of these students, we were ready to explore therapeutic and educational concerns – but my social worker colleague told me yesterday about her recent call that blew right by special ed, because the mother with whom she was speaking needed food – and was afraid to leave her apartment due to family vulnerabilities. Language access may have been a piece of the puzzle. We are again addressing misinformation, and **we suggest the City take additional measures to make sure multilingual messaging about the NYC Food Delivery Assistance program (including information on culturally significant specifics like the availability of halal meals) really penetrates in communities with high need.** Doing so will help ensure the program actually hits home for individuals who need emergency meals because for medical reasons they can't leave home to get food, have no one to bring them food, and can't afford grocery delivery. I hope that this information helps address earlier questions from Council Member Rivera and adds to the points raised in the first panel about food insecurity and quality, and the concept of food as medicine.

Our entire team at New York Lawyers for the Public Interest thanks Speaker Corey Johnson and thanks Chair Ritchie Torres for this vital conversation.

**Hayley Gorenberg  
Legal Director  
New York Lawyers for the Public Interest  
151 West 30<sup>th</sup> Street, 11<sup>th</sup> floor  
New York, NY 10001  
hgorenberg@nylpi.org  
212.336.9322 (direct)**

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



# COUNCIL OF PEOPLES ORGANIZATION

1077 Coney Island Ave. Brooklyn, New York 11230

**Committee on Oversight & Investigations "Disparate Impacts of COVID-19 on Communities of Color."**

**At The Council of People's Organization, we are extremely proud to serve the neighboring community and beyond in acquiring vital assistance during this incredibly difficult time. Although all New Yorkers and beyond are hurting right now on different levels, communities of color have been hit especially hard by the current pandemic. Communities of color are largely disenfranchised and as a result, the virus has had a higher impact on these communities. The pandemic has had particularly harsh economic impact on these communities. Social distancing protocol has required business and shops to close, making people who work in certain industries, such as service, hospitality, retail, and more to be at a disproportionately high risk of loss of income. Marginalized communities of color also comprise most of those uninsured, who lack a source of care and do not know where to go for assistance in the forms of community wide testing centers, and access to proper health care. Additionally, communities of color include undocumented individuals, who fear ICE will be called if they seek medical assistance and are a lot less likely to procure help when needed leaving them more vulnerable to the virus. These individuals also are forced to find jobs with little to no protection, no sick days, and no rights, and often fear calling in sick, or requesting protection from their employer. This group of individuals also do not have the right to receive any stimulus, regardless of having been financially impacted by the pandemic and are therefore tasked with trying to make it on their own. For the following reasons, the assistance provided should be commensurate with the impact faced.**



## **Asian American Federation**

### **New York City Committee on Oversight and Investigations *Hearing on Disparate Impacts of COVID-19 on Communities of Color***

April 30, 2020

Thank you, Speaker Johnson, Chair Torres, and the New York City Council Committee on Oversight and Investigations for inviting us to testify today.

My name is Jo-Ann Yoo, and I am the executive director of the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We represent a network of nearly 70 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

As we plan to re-open our city, we are beginning to see the glaring disparities of the American class and caste system. As the terrible numbers reveal, Black and Latino communities have paid a disproportionate price in terms of death, illness, and jobs lost. These numbers have been exacerbated by the lack of available testing in communities of color despite being the hardest hit. These outcomes were inevitable if we take into account the years of socioeconomic neglect and lack of funding directed at these communities. In the Asian community, small business owners have been devastated by the double impact of the ravages of COVID-19 and the economic boycott that started in January as customers began to associate the virus wrongly with Asian store owners. Even as we move forward, we are waiting for the real picture and the real numbers and impact on communities of color to emerge.

Many on this panel have worked together to stand in solidarity for policies that ensure our communities of color receive access to bigger pies instead of forcing our communities to all fight over the same small piece. Now, as we walk together into this new post-COVID-19 world, there is an opportunity for our City to re-imagine policies and implement systems that are built on the foundations of true racial and economic justice. We should work toward systems and policies that center the marginalized, the poor, and the immigrant workers who have sustained our city and who the city discovered were "essential" during the worst crisis in recent history.

I want to thank you for this opportunity to share with you what our staff and member agencies are experiencing on the front lines of COVID-19.

*Manhattan:*

120 Wall Street, 9th Floor  
New York, NY 10005

Tel: (212) 344-5878 • Fax: (212) 344-5636 • [info@aafederation.org](mailto:info@aafederation.org) • [www.aafederation.org](http://www.aafederation.org)

*Flushing:*

37-17 Union Street, 2<sup>nd</sup> Floor  
Flushing, NY 11354

## **Budget Cuts and Discretionary Funding:**

For the past six years, we have worked in partnership with Black- and Latino-serving leadership organizations for city budget equity for our nonprofit organizations. Even before the pandemic reached our shores, our communities were chronically starved of resources, with many of our member agencies scrambling to make payroll every month. Now, as we face harsh budget cuts, it is our nonprofits and communities who will bear the brunt of those shortfalls. For example, youth of color who depend on programs like the Summer Youth Employment Program (SYEP) to gain career opportunities and earn money to support themselves and their families, now face employment uncertainty during a time when they and their families are most vulnerable. Our member agencies, who provide essential, quality programs, now face the difficult decision of having to furlough or lay off their staff, adding to our city's growing unemployment numbers. Once again, our communities are paying the highest price in this crisis. Once again, the very same programs that work so well to move our families out of poverty and up the economic ladder are being starved of funds.

The Asian American community, despite comprising almost 16 percent of the city's population and being the fastest-growing population in New York City, receive, on average, a mere 1.4 percent of the City's social service contract dollars. Most of our member agencies are small community-based organizations (CBOs) that lack the capacity to compete with larger nonprofits for city contracts, so they are constantly relegated to subcontractor roles for funds that barely cover expenses for essential services like food programs, despite being the ones with the cultural competence and deep reach into their communities. City discretionary funding is a lifeline for Asian nonprofits to meet the critical needs of the poorest community in New York City, especially during a crisis like COVID-19. The survival of many Asian nonprofits, who will be critical partners during the rebuilding process, depends on it.

*Ex. During the crisis, our member agencies are using discretionary funds to purchase food for the seniors in their neighborhood, and they are terrified that those precious funds will be diverted and they will be left without resources to care for their clients. During a time when the most vulnerable members of our community are seeking assistance at unprecedented rates, our member agencies, who are best positioned to assist them, are having to radically change their operating models despite facing looming threats to their funding.*

Asian CBOs are on the frontlines to ensure that our communities receive access to culturally competent meals, mental health services, in-language information about emergency resources to meet their myriad needs during this crisis, among other essential services. These organizations are a lifeline to the communities they serve and have trusted relationships with their clients, ensuring that the hardest-to-reach New Yorkers receive the help they need. We must ensure contract equity for nonprofits serving communities of color and make sure their voices are included and expertise honored in the deployment of rapid response funding.

On behalf of AAF and all nonprofits serving communities of color, we ask that you recognize us for our cultural competence during funding and emergency relief decisions, and that you direct contracts from the City to trusted community organizations like us to deploy rapid response services to the city's poorest population. The historic under-investment in Asian nonprofits has already led to their operating at a deficit, stretched beyond capacity to meet the burgeoning needs of the community. They cannot feasibly serve the explosion of COVID-19-related needs without dedicated funding.

### **Hate Crimes:**

The coronavirus pandemic has unleashed anti-Asian bias in New York City, ranging in intensity, from shunning on subways, to being spat upon, to physical attacks. To date, the NYC Commission on Human Rights has gathered 105 reports of bias incidents directed at Asians in the city. These numbers are undoubtedly underreported: almost 70 percent of Asians in the city are immigrants, many live in poverty, have high rates of LEP, and lack immigration status – all factors that deter them from reporting hate crimes to law enforcement.

Since January, AAF has been leading advocacy with law enforcement and city officials to address the rising anti-Asian discrimination and rhetoric in the tristate area, as well as the drastic decline in customers supporting Asian-owned businesses and increased fear and anxiety among our community members. When media coverage of incidents like acid being thrown on an Asian woman in Brooklyn and a woman being verbally attacked and physically intimidated in Rego Park is disseminated in our communities, many begin to fear for their safety and additional strain is placed on Asian-serving CBOs to address these incidents on top of other urgent COVID-19-related needs.

We are pushing for clearer reporting measures and education campaigns and trainings to denounce the racial bias incidents and hate crimes happening across the city and region. We have set up a hate reporting site that allows victims to report bias incidents and hate crimes in seven Asian languages, and we plan to use the information we collect to shape our advocacy and connect affected individuals to the resources they need. As a trusted leadership organization in the community, funding support for this effort will help us increase safety for the most vulnerable members of our community through coordinating response measures, such as encouraging reporting and developing community safety and security resources outside of law enforcement, and spearheading awareness campaigns in solidarity with Black and Latino communities. Our hate crimes strategy will be critical once the mandates are lifted and anti-Asian incidents may increase in the landscape of high unemployment rates and other COVID-19 consequences.

### **Unemployment and Public Benefits:**

According to the Mayor's Office for Economic Opportunity, 25 percent of the Asian community lives in poverty, and the poorest New Yorkers come from our community. From 2000 to 2016,

poverty in the Asian community exploded by 44 percent. Our community already suffers deeply from a lack of immigration status, limited English proficiency (LEP), and limited access to economic opportunities. Now, the economic chasms will be even deeper and wider as the community emerges into a landscape of destroyed small businesses and lost employment.

Our research on Asian poverty in New York City has shown that low-income Asian workers are over-reliant on service industry jobs, such as nail and beauty salons and retail that were deemed non-essential. Others who were reliant on food service industry jobs have seen their hours cut and some Asian-owned restaurants have chosen to close because of the lack of workers and bias against patronizing Asian-owned restaurants, xenophobic treatment that began in early January against the backdrop of the disease spreading in Asia. One executive director shared that a client waived aside safety precautions due to necessity: “I don’t care about COVID. If I stay home, my family doesn’t eat, and we risk eviction. I HAVE to risk my health for my family.”

Furthermore, because of Trump’s cruel and oppressive public charge rule, many mixed-status immigrant families are going without food, shelter, and medical insurance amid fears that accepting public benefits will impact their immigration benefits. In fact, in a survey with our member agencies, the universal response was that, despite assurances that use of public benefits would be permissible during the crisis, many families have chosen to seek other resources rather than face potential deportation scrutiny.

We also are anticipating unprecedented need for social services as the new public charge rule at the federal level has increased the number of Asian immigrants dis-enrolling from public benefits despite the fact that the new rule only applies to a small fraction of immigrants. An analysis by HRA of SNAP enrollment rates showed that Asian non-citizens were almost 9 times more likely than Asian citizens to dis-enroll between January 2018 and January 2019, when in the past, both groups had similar enrollment rates, more in line with economic conditions. Our own analysis of American Community Survey data shows that use of SNAP benefits by Asian non-citizens declined at twice the rate of non-Asian non-citizens from 2017 to 2018.

### **Language Access and Food Accessibility for Seniors:**

There is an urgent need for senior-serving food programs, and Asian seniors, 25 percent of whom live in poverty and 83 percent of whom have LEP, are most at risk. There exists various inconsistencies with the City’s food delivery plan, such as a random deployment of meals to some clients in the City’s system and not to others, which has resulted in many Asian seniors not receiving access to regular meals. Using 311 can be difficult and confusing; it is a huge hurdle for LEP seniors to find information on how to register for centralized meals.

The creation of a dedicated language line would help to increase language access for food services. Asian CBOs like our member agencies are best-equipped to provide accessible and culturally competent services and are often the first stop for LEP immigrants seeking services.

These organizations can help vulnerable seniors navigate the available food programs as well as other human services they need during this crisis.

*Ex. One member agency staff tearfully shared that she has been scrambling to enroll her seniors in the food delivery program but that culturally appropriate meals were not an option. In order to ensure that her seniors didn't go hungry, she worked with a local restaurant to get them access to food they could eat. However, since her organization was not authorized to contract with the city, she had to spend a significant amount of time to help the restaurant fill out the paperwork to get into the contracting system, despite not understanding the city contracting process herself. She was frustrated that she had to spend so much precious time on administrative paperwork just so the elders in her community could eat.*

Food contracts have left out umbrella organizations that serve communities of color, who have the expertise to coordinate with our member nonprofits to be innovative in sourcing culturally appropriate meals. At this time, many senior centers are not able to meet the volume of need and would be able to maximize the opportunity to coordinate with local restaurants to deliver meals and stock food pantries with meals that are familiar to their clients. This is particularly true of Muslim seniors, where the need for culturally appropriate halal meals is high.

### **Small Business Assistance:**

Small businesses remain the backbone of our economy, providing a steady foundation through turbulent economic times. The importance of small businesses can be seen in the Great Recession of 2009, where Asian Americans and immigrants created 31 percent of net new businesses in New York City and created 52 percent of net new jobs<sup>1</sup>. Immigrants often start small businesses because they are shut out of mainstream jobs due to language and cultural barriers, yet these small mom-and-pop stores pay taxes, provide jobs to local residents, and build economic foundations for the next generation.

Asian American small business owners faced consequences weeks prior to the first known infections in New York. Struggling with rising rents, gentrification, and reduced revenues from competition with big box stores and online retailers, small businesses were facing serious economic challenges even before COVID-19 hit our state. Starting in early January, Asian small businesses faced racist backlash from the virus, which resulted in an economic boycott of thousands of Asian American and immigrant-owned businesses. Erroneous beliefs, like eating Chinese food could transmit COVID-19, led to shops reporting revenue losses of up to 50 percent. Now, small businesses are facing the daunting reality of re-opening businesses that have seen a devastating drop in income since January and brought in zero income during quarantine.

---

<sup>1</sup> NYC's Economic Engine: Contributions & Challenges of Asian Small Businesses, AAF, 2016



Though relief measures like the emergency disaster loans and unemployment benefits offered through government agencies are welcome news, the reality is that most vulnerable small businesses are shut out of these programs for myriad reasons. First, most are not in a position to take on additional debt to keep open businesses that already had low profit margins, even with the prospect of loan forgiveness. Second, many Asian small businesses were unable to apply in the first place because in-language assistance and coherent instructions never materialized.

Our small businesses urgently need targeted assistance that meaningfully address the specific hardships that Asian American, immigrant, and all small businesses owners face to ensure their survival as well as the jobs they will protect.

### **Worker Safety, Testing, and Accommodations:**

AAF received inquiries from our member agencies about how workers could access testing and sign up for hotel rooms where infected workers could isolate and recover. As no testing has been made available to communities of color, there has been no way for workers to know if they are infected, which is critical because many low-wage workers live in overcrowded housing. If they suspect that they are infected with the virus, they do not know how to access the hotel rooms that the City has coordinated to quarantine themselves from their families or roommates.

The City must do a better job of disseminating in-language information about critical resources like these, especially for front-line workers who are potentially exposed every day they are out working.

### **Protecting Our Undocumented Community:**

Even though undocumented immigrants, who are some of the most vulnerable New Yorkers, pay into the economy, COVID-19 relief programs have completely excluded them. This has meant that undocumented New Yorkers have had to continue to work in order to feed and shelter themselves and their families in the midst of the worst health crisis in recent history.

For the past two and a half years, AAF led the charge to legalize electric bicycles that are used by food delivery workers, who are mostly Chinese and Latino immigrants, with many lacking legal immigration status. Just before our city was hit by the pandemic, electric bicycles were legalized by Governor Cuomo, and AAF was headed back to the City Council to wrap up the legalization process. Then, as the virus began to rage throughout the boroughs, these delivery workers were designated as essential workers, effectively shelving the argument that their mode of work was non-essential and subject to over-policing. It should not have taken a global pandemic to make the city realize that we rely on these immigrant workers to deliver food.

It was recently reported in The City NY that South Asian leaders have anecdotal knowledge of high numbers of dead in their community, especially in the Jackson Heights, Elmhurst, and Corona areas – the epicenter of the epicenter. The South Asian community has some of the

poorest and most vulnerable workers in New York City. Many are cab drivers, cleaning staff, and home health aides, which means that they were classified as “essential” workers, but their deaths have not been acknowledged in the city’s accounting. This not only leads to a significant under-count of COVID-19-related deaths, but it also does not illustrate the level of service needs that Asian CBOs are trying to address with such little funding.

**Mental Health:**

Since the first weeks of the imposed quarantine, AAF has been organizing mental health workshops and coordinating support services for the Asian nonprofit community and the Asian community as a whole. Our leaders and staff on the front lines are suffering from stress, fear, anxiety, and depression. Our member agencies that operate mental health clinics are also seeing an uptick in request for mental health assistance, but our community lacks the capacity to meet the increasing needs. Member staff are conducting hundreds of assurance calls to their seniors on a daily basis on top of their existing services and rapid response work.

In a community where the depression and suicide rates are high, exacerbated by deep stigma, there is real concern about our seniors who are socially isolated and unable to go outside; our children whose parents are reporting are behaving in disturbing ways due to the fear and anxiety arising from the pandemic; and our community members who are grappling with the uptick in anti-Asian hate crimes and the impact on their mental health. In this moment and for the future, we must increase the capacity to serve the growing mental health needs of our community and build their resilience to weather these challenges.

We are grateful to the Council for the opportunity to share the contributions of our community and hope that our re-start will include visionary plans of a new economy that is centered on the working class – the very people who have kept the city going while most New Yorkers had the privilege of being at home during the pandemic.

After months of being at home, we will surely try to go back to what we know as normal, but this is an opportunity to reject all the injustices that we felt we could not fix, and bring together those who have been the most invisible so we can build a new city. I hope this legislative body will work with us to demand accountability and economic fairness for all.

# THE LEGAL AID SOCIETY

Justice in Every Borough.

## TESTIMONY

The Council of the City of New York  
Committee on Oversight and Investigations

Oversight: Disparate Impacts of COVID-19 on Communities of Color.  
(T2020-6111)  
April 30, 2020

The Legal Aid Society  
199 Water Street  
New York, NY 10038

Contact:

Adriene Holder, Attorney-in-Charge, Civil Practice  
646-300-0057 cell

[AHolder@legal-aid.org](mailto:AHolder@legal-aid.org)

Tina Luongo, Attorney-in-Charge, Criminal Defense Practice  
646-668-0325

[JMLuongo@legal-aid.org](mailto:JMLuongo@legal-aid.org)

Dawne Mitchell, Attorney-in-Charge, Juvenile Rights Practice  
917-991-6769

[DAMitchell@legal-aid.org](mailto:DAMitchell@legal-aid.org)

## *TABLE OF CONTENTS*

<b>WHO WE ARE .....</b>	<b>2</b>
<b>THE MARGINALIZATION OF COMMUNITIES OF COLOR .....</b>	<b>4</b>
<b>IMPACT OF COVID-19 ON COMMUNITIES OF COLOR.....</b>	<b>10</b>
CRIMINAL JUSTICE .....	10
CHILD WELFARE.....	14
JUVENILE JUSTICE.....	16
EDUCATION.....	16
HOMELESSNESS .....	19
HOUSING - ADDRESSING HOUSING INSTABILITY AND PREVENTING HOMELESSNESS .....	21
HOUSING AND CONSUMER – MORATORIUM ON EVICTIONS AND SEIZURE OF PROPERTY AND EXECUTION OF MONEY JUDGMENTS .....	23
HOUSING – TENANT HARASSMENT AND INTRO. 1936-2020.....	27
EMPLOYMENT .....	28
PUBLIC BENEFITS .....	30
SPECIAL CARE FOR THE MOST VULNERABLE.....	31
ENSURING ACCESS.....	32
MEETING IMMEDIATE NEEDS .....	33
SUSPENSION OF RESOURCE AND INCOME LIMITS .....	33
MAINTAINING ACCESS TO DISPUTE RESOLUTION PROCESSES .....	34
<b>ENSURING RACIAL EQUITY IN NEW YORK’S COVID-19 RECOVERY – SUMMARY OF RECOMMENDATIONS.....</b>	<b>34</b>
<b>CONCLUSION .....</b>	<b>39</b>

The Legal Aid Society submits this testimony to the Oversight and Investigations Committee. We thank New York City Council Speaker Corey Johnson and Council Member Ritchie Torres, for inviting The Legal Aid Society to testify regarding the disparate impact that COVID-19 is having on communities of color in New York City. Please note that we have provided a summary of our comprehensive recommendations at the end of this written testimony.

### **Who We Are**

Since 1876, The Legal Aid Society has provided direct legal services to low-income New Yorkers. Over the years, our organization has expanded to become the nation's largest and oldest legal services provider for low-income individuals and families. We specialize in three distinct practice areas: Criminal Defense, Civil, and Juvenile Rights, where we passionately advocate for our clients in their individual case, for their communities in our policy work, and for institutional change in our law reform litigation. Each year our staff handles over 300,000 cases throughout New York City, the Society takes on more cases for more clients than any other legal services organization in the United States, and it brings a depth and breadth of perspective that is unmatched in the legal profession. The Society's law reform/social justice advocacy also benefits some two million low-income families and individuals in New York City, and the landmark rulings in many of these cases have a national impact. The Legal Aid Society provides comprehensive representation to many of the most marginalized communities in New York. We are a valuable piece of the New York City tapestry, and our work is deeply interwoven within the fabric of many low-income New Yorkers' lives.

Our Criminal Defense Practice is the city-wide public defender, practicing in each of the five boroughs and annually representing over 200,000 low-income New Yorkers accused of

unlawful or criminal conduct on trial, appellate, post-conviction matters, and representing prisoners' rights in city jails and state prisons seeking to reform systems of incarceration.

The Legal Aid Society's Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our staff represented some 34,000 children, including approximately 4,000 who were arrested by the NYPD and charged in Family Court with juvenile delinquency.

The Society's Civil Practice provides comprehensive legal assistance in legal matters involving housing, foreclosure and homelessness; family law and domestic violence; income and economic security assistance (such as unemployment insurance benefits, federal disability benefits, food stamps, and public assistance); health law; immigration; HIV/AIDS and chronic diseases; elder law for senior citizens; low-wage worker problems; tax law; consumer law; education law; community development opportunities to help clients move out of poverty; and reentry and reintegration matters for clients returning to the community from correctional facilities. Last year our Civil Practice worked on more than 50,000 individual cases and legal matters, benefiting more than 125,000 low-income children and adults.

At The Legal Aid Society we understand that to bring lasting justice, fairness and equity to our clients and their communities, we must not only represent our individual clients, but we must also change the laws and policies that are causing the harm. We create this change through affirmative litigation, law reform and policy advocacy and we have a record of success that is decades long, and has benefited millions of vulnerable New Yorkers, with the landmark rulings in many of these cases having statewide and national impact..

The breadth of our practice and the many ways our work directly connects us with low-income New Yorkers – who are mostly from communities of color – sharply focuses our ability to see the many interlocking ways that our most vulnerable communities are impacted by systemic injustice, discrimination, and neglect. The Society’s unique role provides our organization with one of the widest lenses to observe and address the ways in which New Yorkers of color experience inequities in many areas of City life, including health care, employment, housing, income and food security, policing, incarceration, and immigration enforcement. The disparate impact of race, as well as gender, sexuality, ability, and national origin, often drives these inequities. We have challenged these systemic problems and their underlying causes through our litigation and our relentless policy work and won hard earned successes on behalf of our clients and their communities.

### **The Marginalization of Communities of Color**

Sadly, when it became apparent that New York City was going to be impacted by COVID-19, many advocates and organizers anticipated the disproportionate fallout the pandemic would have on vulnerable communities of color. Our staff at The Legal Aid Society immediately raised concerns that many people of color were already struggling because of limited access to healthcare, high rates of unemployment or underemployment in “essential” industries, consistent criminalization in their communities and disproportionately higher rates of incarceration in jails, prisons, and detentions centers that are ill-equipped to navigate a highly infectious disease. For many people of color, this pandemic is only adding to the ongoing crisis that their communities face. COVID-19 has highlighted the disparities for poor Black and brown New Yorkers, disparities rooted in centuries of marginalization and racial oppression. These

disparities did not develop overnight, they are intrinsically linked with our national history of exploiting Black people, immigrants, and other marginalized people.

When we explore the context that has led to the shocking disproportionate fatalities and infection rates for COVID-19 in communities of color, it is abundantly clear that a confluence of longstanding discriminatory treatment has placed people of color in the crosshairs of this pandemic and makes them similarly vulnerable in any future crisis that New York City might face. While New York City was experiencing an economic boom, many communities of color were still grappling with basic necessities not being met. As reflected in indicators of employment, wealth, environmental safety, health, criminalization and other crucial statistics, communities of color have consistently lagged behind their wealthier white peers. Even prior to the pandemic, the federal unemployment rate for Black people was almost twice as high as the white unemployment rate. Now with COVID-19 the Black unemployment rate has spiked to 19.4%, dramatically higher than the 11.9% unemployment rate for white people.<sup>1</sup>

Compounding the high rate of unemployment is the fact that many Black and brown people – especially recent immigrants – are more likely to be employed in industries with the least economic security, i.e., retail salespersons, information and records clerks, cooks and food preparation workers, building cleaners and janitors, material movers, food and beverage servers, construction trade workers, material dispatchers and distributors, motor vehicle operators, and personal care and service providers. Most of these positions are now being deemed as “essential” roles, which in the midst of a pandemic places these workers at increased risk of exposure to COVID-19. They are also working in the “gig economy” where they are afforded far fewer rights, protections, and benefits of traditional employees. Indeed, even with federal

---

<sup>1</sup> <https://tcf.org/content/commentary/new-data-show-true-march-jobless-rate-near-20-percent/?session=1&session=1&session=1>



expansion of unemployment benefits to independent contractors, the failure of the New York State Department of Labor to process these claims have left independent contractors with no income whatsoever.

Because of the economic insecurity inherent in these industries, many essential workers have little choice but to work during this crisis even if they are living with comorbidities. Black people are more likely to be employed as essential workers. Although Black people make up 21% of all workers in New York City, they make up 33% of essential workers. Similarly, Latinx workers make up 27% of all New York City workers and are 30% of all essential workers. Immigrants in New York City make up 53% of all essential workers.<sup>2</sup> These figures reveal why communities in Queens and parts of Brooklyn with large immigrant populations and communities of color have been the hardest hit during this pandemic. The concentration of essential workers makes it increasingly likely that individuals in those neighborhoods will contract COVID-19 and inadvertently spread it within these same communities.

Many of these workers should qualify for government benefits based upon their lack of financial resources, but because of needless bureaucratic complexity, strict guidelines on who qualifies, and failures in our social safety net, they are unable to access the benefits. For many essential workers, they are blocked from accessing benefits because they make slightly too much money, have a criminal record, or they find it too cumbersome to navigate the process. In 2017 in New York City, 46.8% of all Black people, 48.5% of all Asian people, and 55.5% of all Latinx people were living in or near New York's poverty threshold, compared to 27% of white New Yorkers.<sup>3</sup> Moreover, when we look at the lack of affordable housing for many families in New York City, we continue to see this pattern of disproportionately affecting people of color. Black

---

<sup>2</sup> <http://fiscalpolicy.org/wp-content/uploads/2020/04/Essential-Workers-Brief-Final.pdf>

<sup>3</sup> <https://www1.nyc.gov/site/opportunity/poverty-in-nyc/data-tool.page>.

and Latinx New Yorkers are disproportionately affected by homelessness. Approximately 57% of heads of household in shelters are Black, 32% are Latinx, and only 7% are white.<sup>4</sup> The compounding of multiple factors such as gentrification, housing speculation, landlords using unscrupulous means to push low-income tenants out of their homes, and a dearth of affordable housing has pushed many Black and Latinx New Yorkers into the shelter system or into the street. We know that in the aftermath of this pandemic, we are likely to see a sharp increase in these numbers especially for communities of color.

Critical action must be taken to prevent many of these communities from falling even further behind their white counterparts. Historically in New York City, Black, brown, and Indigenous communities have consistently been discriminated against and disadvantaged; New York has never fully addressed or repaired the damage that this has had on these communities. Rather, New York City has doubled down on this historical injustice by criminalizing people of color; for many Black and Latinx New Yorkers, the NYPD is a violent occupying force in their communities.<sup>5</sup> Black and Latinx people are arrested more frequently for low level allegations, even for behavior that all demographics engage in, such as marijuana use.<sup>6</sup> In 2019, 48% of all people incarcerated in New York State prisons were Black<sup>7</sup>, while Black people are only 17.6% of the population in New York<sup>8</sup>. Similarly, 24% of people incarcerated in New York State prisons in 2019 were Latinx, while Latinx people are only 19.2% of the population in New York.<sup>9</sup>

---

<sup>4</sup> <https://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/>.

<sup>5</sup> <https://www.vox.com/first-person/2020/2/14/21136892/stop-and-frisk-bloomberg-activist>.

<sup>6</sup> <https://www.vox.com/identities/2018/5/14/17353040/racial-disparity-marijuana-arrests-new-york-city-nypd>.

<sup>7</sup> <https://data.ny.gov/d/55zc-sp6m/visualization>.

<sup>8</sup> <https://www.census.gov/quickfacts/fact/table/NY/RHI225218#qf-headnote-a>.

<sup>9</sup> <https://www.census.gov/quickfacts/fact/table/newyorkcitynewyork,NY/PST045219>

Even in the context of child welfare, prior to COVID-19, children of color were grossly overrepresented in the city’s child welfare system. While black children represent less than a quarter of the city’s youth, they make up over 55% of the population in foster care.<sup>10</sup> Black children in New York City are 6.5 times as likely to be reported to Statewide Central Register of Child Abuse and Maltreatment compared to white children, 8.3 times as likely to have the investigation “indicated,” and 12.3 times as likely to be in foster care.<sup>11</sup> Hispanic children in New York City are likewise more likely to be involved in the child welfare system when compared to their white contemporaries; Hispanic youth in New York City are 6 times as likely to be involved in an indicated case and 5 times as likely to be in care when compared to white children.<sup>12</sup>

Similarly appalling racial disparities exist in New York City’s juvenile justice system. Children and teenagers in New York City jails are almost exclusively poor, and Black or Latinx. Many have experienced trauma and at least one significant social issue beyond poverty that causes instability in their lives. According to ACS’ Detention Demographic Data for FY 19, 66.9% of all New York City youth admitted to secure detention facilities in 2019 self-identified as Black and 28.5% identified as Hispanic; similarly, 67% of those admitted to non-secure detention facilities identified as Black and 26.7% as Hispanic.<sup>13</sup> Virtually all New York City youth admitted to non-secure or limited secure placement (youth held pursuant to a disposition of their case) are Black or Hispanic.<sup>14</sup>

---

<sup>10</sup> [https://ocfs.ny.gov/main/bcm/DMR\\_Section%20Seven%20of%20Grant%20RFP\\_2015.pdf](https://ocfs.ny.gov/main/bcm/DMR_Section%20Seven%20of%20Grant%20RFP_2015.pdf)

<sup>11</sup> <https://ocfs.ny.gov/main/reports/DMR-County-Comparison-2018.pdf>

<sup>12</sup> Ibid.

<sup>13</sup> <https://www1.nyc.gov/assets/acs/pdf/data-analysis/2019/LL44DDRFY19.pdf>

<sup>14</sup> <https://www1.nyc.gov/assets/acs/pdf/data-analysis/2019/LL44CTHDReportFY19.pdf>

As the national discourse begins to shift towards blaming communities of color for the high rates of comorbidities in these communities, it is crucial that the New York City Council refuse to assign personal blame for systemic oppression. As a result of environmental racism, medical racism, ableism, and poverty experienced in communities of color, Black and brown people have higher rates of comorbidities, such as asthma, diabetes, and heart disease that make them even more vulnerable to contracting COVID-19 than other wealthier and whiter neighborhoods in the city. Many of the health risks that have exacerbated the racially disparate impact of COVID-19 in New York City, are rooted in external systemic racism. For example, the communities with the lowest rates of childhood asthma also have the lowest rates of imprisonment, whereas in neighborhoods such as Brownsville, Hunts Point and Central Harlem, rates of incarceration and asthma rates per child are significantly higher than in wealthier whiter neighborhoods.<sup>15</sup> “Public health experts consider community-level factors such as these — including incarceration — ‘social determinants of health.’ To counteract these problems, they suggest taking a broad approach, addressing the “upstream” economic and social disparities through policy as well as improving access to clinical health care.”<sup>16</sup> City Council has a rare opportunity to push for transformative change to address these underlying racial disparities as New York City addresses this pandemic.

---

<sup>15</sup> <https://www.prisonpolicy.org/origin/ny/report.html#table1>.

<sup>16</sup> <https://www.prisonpolicy.org/origin/ny/report.html>.

## **Impact of COVID-19 on Communities of Color**

### **Criminal Justice**

The horrifying consequences of the racial inequities in New York City are perhaps most strikingly apparent in our criminal law system. Black and Latinx people are more likely to be stopped and arrested and experience the personal costs and burdens associated with defending a criminal accusation.<sup>17</sup> Not surprisingly, disproportionate arrests lead to gross overrepresentation in the City’s jails and State prisons, places often lacking in adequate medical care, programming, and supports during the most normal of times. But during this pandemic, people of color – many already with pre-existing medical conditions resulting from lack of access to medical care<sup>18</sup> – now possibly face serious illness or death because the necessary risk mitigation policies are effectively impossible in jails and prisons.

The numbers speak for themselves. While the population of people incarcerated in New York City jails is at a record low, people of color continue to be overrepresented in the jail population. As of April 28, there were 2,207 Black people in the custody of the Department of Correction (DOC), accounting for 58% of the total population.<sup>19</sup> Despite the gross inequities

---

<sup>17</sup> For example, Black and Latino men account for five percent of the City’s population, but accounted for 38% of reported stops between 2014 and 2017. *See* Stop-and-Frisk in the de Blasio Era (NYCLU, March 2019).

<sup>18</sup> Due to historical environmental racism, housing injustice, and racially biased inadequate healthcare, most communities of color in New York City have increased rates of asthma, diabetes, heart disease and other comorbidities that increase the risk of mortality if individuals contract COVID-19. *See generally*, Hazar Kilana, ‘Asthma alley’: why minorities bear burden of pollution inequity caused by white people, *The Guardian* (April 4, 2019), available at <https://www.theguardian.com/us-news/2019/apr/04/new-york-south-bronx-minorities-pollution-inequity>; Kathleen Culliton, *These Moldy, Pest-Infested NYC Neighborhoods See Asthma Spike*, Patch (Jan. 22, 2019), available at <https://patch.com/new-york/brooklyn/these-moldy-pest-infested-nyc-neighborhoods-see-asthma-spike> (“Asthma rates spike in central Brooklyn and Bronx neighborhoods where a large number of buildings suffer from infestations that residents usually discover only after moving in.”); Austin Frakt, *Race and Medicine: The Harm That Comes From Mistrust* (Jan. 13, 2020), available at <https://www.nytimes.com/2020/01/13/upshot/race-and-medicine-the-harm-that-comes-from-mistrust.html>; Death Rate by Race/Ethnicity Group, NYC Health (last accessed April 30, 2020), <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04082020-1.pdf>.

<sup>19</sup> This information is derived from the data provided on the New York City Open Data website.

existing in the processes that put people in the City jails, the State legislature recently voted to rollback essential bail and discovery reforms enacted last year. These rollbacks will undoubtedly lead to putting more Black and Latinx people behind bars along with exposure to a serious risk of illness and death from COVID-19. DOC has reported three deaths due to the pandemic and, as of April 28, 481 people in DOC custody have either been confirmed positive for the virus or are being monitored for possible infection.<sup>20</sup> Already, 8.5 percent of people incarcerated in City jails have confirmed COVID-19 infections, a percentage almost 5.9 times higher than New York City, 7.4 times higher than New York State, and 42 times higher than the rest of the country.

The data from the State Department of Corrections and Community Supervision (DOCCS) is similarly dire, and increasingly so, with DOCCS failing to take adequate measures to release people who are at risk. According to 2019 data, 22,245 (or 48%) of the 46,037 in state custody are Black. Of these, 4,561 (or 20.5%) are at least 50 years old and 1,920 were most recently admitted for technical parole violations.<sup>21</sup> To date, ten people incarcerated in state prisons have died and 343 have tested positive for the virus.<sup>22</sup> These numbers are rising daily.

The Legal Aid Society's Criminal Defense Practice is at the forefront of protecting its clients – over 92% of whom are people of color – from the unavoidable dangers of incarceration as the virus continues to spread through Rikers and the State prison system. Our staff have filed countless motions seeking release of medically vulnerable clients throughout the five boroughs. The Legal Aid Society is thankful for the efforts of the City to assist and further these efforts. But more can be and must be done.

---

<sup>20</sup> See [https://www1.nyc.gov/assets/boc/downloads/pdf/News/covid-19/Public\\_Reports/Board%20of%20Correction%20Daily%20Public%20Report\\_4\\_28\\_2020.pdf](https://www1.nyc.gov/assets/boc/downloads/pdf/News/covid-19/Public_Reports/Board%20of%20Correction%20Daily%20Public%20Report_4_28_2020.pdf).

<sup>21</sup> DOCCS data is available at <https://data.ny.gov/Public-Safety/Inmates-Under-Custody-Beginning-2008/55zc-sp6m/data>.

<sup>22</sup> <https://doccs.ny.gov/doccs-covid-19-report>.

As set forth in a letter from The Legal Aid Society to the Mayor and Commissioner of the NYPD on April 8<sup>th</sup>, New York City government officials must modify and reassess how the NYPD interacts with low-income communities of color (letter to the Mayor and NYPD Commissioner dated April 8, 2020 attached as Exhibit A). In cities across the country, elected officials are directing police to use discretion, make only “necessary contacts” and to slow down arrests. In sharp contrast, Police Commissioner Shea has promised no slow-down of arrests despite a decrease in crime and a rapid increase of confirmed COVID-19 cases amongst the NYPD. We are still seeing clients accused of low-level crimes going through the system unnecessarily. It is not surprising that many low-income communities of color where people have the most consistent interactions with the police are also the communities with the most confirmed cases of the virus.

The City Council should work with the Mayor and the Commissioner to take several important actions. First, while the Mayor has promised that the upcoming street closures will at least partially be in communities of color, the City Council should ensure this promise is fulfilled and that it will not result in law enforcement officers overpolicing these neighborhoods because of the increased police presence. Second, the Council should ensure that the failure to social distance is not criminalized. Enforcement of socially distancing would certainly disproportionately fall upon those in Black and Latinx communities consistent with past and present policing trends. Third, the City should call upon the State to repeal its antiquated anti-masking law, New York Penal Law § 240.35(4), and ensure the NYPD does not enforce this provision which prohibits masked people from congregating with other masked people. The City should also ensure that masks are available to low-income communities of color with clear instruction on how to use the masks to keep themselves safe. Fourth, efforts should be made to

drastically reduce custodial arrests by increasing the use of verbal warnings, non-criminal citations, and appearance tickets for low-level offenses to keep people in the community and out of the precincts. Fifth, all officers should be provided with personal protective gear and be required to wear it while on duty. Sixth, the NYPD should enact clear policies relating to the cleaning of all precincts, cruisers, holding cells and NYPD workspaces. Finally, the NYPD should refrain from conducting sweeps of homeless encampments, which can cause people to disperse throughout the community and break connections with service providers.

In addition to ensuring that Black and Latinx communities are not overpoliced as a result of the pandemic, the City Council should take action to ensure that those who pay bail or who are granted release from custody are in fact released in a timely fashion. In a letter to DOC and the Director of the Mayor's Office of Criminal Justice (MOCJ), we explained that there were significant delays in the release of clients even when they were granted writs of habeas corpus or were on the Mayor's release list (letter to MOCJ and DOC dated April 7, 2020 attached as Exhibit B). For example, DOC refuses to release clients, despite court orders directing that their detention is illegal, because – in DOC's administrative opinion – the orders of the courts of law are not properly worded. Already over-taxed judges and court staff have had to work nights and weekends to jump through DOCS's unnecessary and, ultimately, dangerous, hoops. These delays demonstrate disorganized and insensitive jail procedures and may have serious consequences for our client's health and well-being. The City Council should hold a virtual hearing to get clarity from DOC about its procedures and what modifications, if any, it has made or can make in response to the COVID-19 crisis.

The City Council must also take steps to ensure that more vulnerable people are released. While we appreciate the initial step to release 70% of the city-sentenced population, the City



Council should call upon the City’s District Attorneys and DOC to testify about what additional steps they are taking to reduce incarceration and their plans for the foreseeable future in light of the anticipated second wave of the pandemic.

Finally, The Legal Aid Society has received over 350 reports from people incarcerated at Rikers describing horrific conditions ranging from lack of cleaning supplies, lack of personal protective equipment (except, on occasion, a single mask that must be reused for weeks), lack of access to medical and mental health care, inadequate food, and indiscriminate use of pepper spray despite the virus’s deleterious effect on breathing. Many people report exacerbation of mental health conditions in light of the anxieties and tensions caused by the virus, but their requests for medical care are denied. The City Council should hold a hearing to require DOC and the Board of Correction to testify about the conditions in the facility, the services that remain available to people housed there, what efforts it has taken to stop the spread of the virus, and how it expects to change its practices in light of the anticipated indefinite presence of the virus.

### Child Welfare

During the COVID pandemic, the number of new filings – instances in which the NYC Administration for Children’s Services (ACS) files a petition in Family Court alleging abuse or neglect of a child against a parent—has shrunk dramatically. Although official figures are not currently available, our experience indicates a reduction of more than 50%. This dramatic reduction suggests that ACS recognizes that many more children can be safely maintained in their homes than it previously acknowledged. A smaller number of cases filed in court means a reduction in the trauma of court intervention in the lives of people of color in NYC.

The reduction in filings can additionally benefit children in that they are less likely to be placed in or languish in a transitional setting while awaiting placement in foster care. When ACS removes children from their parents, it temporarily places them in ACS's Children's Center or Youth Reception Centers if a suitable foster home placement is not identified and available. For some children, the stay at the Children's Center can be quite brief; for others it can stretch on for months. The average daily population in the Children's Center can therefore be seen as a measure of the shortage of suitable foster care placements available to ACS. In January, 2020, prior to the COVID crisis, the average daily census at the Children's Center was 69 children.<sup>23</sup> Most recently, the census was 53 children, representing a reduction of almost 25%.

The COVID crisis has additionally resulted in the suspension of in person visitation between children who have been removed from their families and their family members. In response, ACS has taken steps to provide smartphones and cellular data plans to some family members and clients to facilitate virtual engagement among families, many of whom have not previously had continuous access. The introduction of this technology has been highly successful in facilitating communication between family members and should be maintained even after in person visitation is resumed. Communication can reduce the trauma to a child of being removed from their family and can help preserve familial relationships. Ensuring that telephonic or video communication is available is a no-brainer in the effort to support children and families under the strain of court-ordered separation. Foster care agencies have also utilized existing technology to facilitate telephonic and video communication with family members and attorneys for the children. All of these technological undertakings are significant steps toward a more just system and should continue once the crisis is over.

---

<sup>23</sup> <https://www1.nyc.gov/assets/acs/pdf/data-analysis/flashReports/2020/02.pdf>

## Juvenile Justice

Under the COVID pandemic, the number of youth being arrested and detained for court has dropped significantly. This reduction makes apparent that most adolescent behavior can be managed through support and services rather than arrests and prosecutions without any harm or risk to the community. In addition, the number of children held in juvenile justice detention awaiting disposition of their cases has plummeted. As of last week, a total of four youth charged as juvenile delinquents were held in secure detention across all of NYC; another thirteen youth charged as juvenile delinquents were held in non-secure detention. In contrast, in January 2019, the average daily census of youth charged as juvenile delinquents and held in detention was 39.<sup>24</sup> The current census thus represents a drop of more than 50%. Once again, this data reveals that many youth of color, who make up the disproportionately overwhelming majority of youth in the juvenile justice system, have been held unnecessarily in detention. Needless detention prevents youth from engaging in rehabilitative services, exposes them to potentially harmful peer interaction, and has a long-term negative impact on youth.

## Education

The COVID-19 crisis has created unprecedented challenges for our school system. We commend the Department of Education for its rapid response, and for immediately recognizing that our city's most vulnerable youth - those residing in homeless shelters and in foster care - would need priority access to technology devices in order to participate in remote learning. To date, the DOE has distributed over 300,000 iPads, laptops and tablets to students in need. This underscores the fact that, prior to this crisis, a huge segment of NYC's student population had no

---

<sup>24</sup> <https://www1.nyc.gov/assets/acs/pdf/data-analysis/flashReports/2020/02.pdf>

access to technology in their homes. In today's world, access to technology is a need, not a luxury. Students who do not have access to technology in their homes are unable to conduct on-line research for classes, communicate with teachers and classmates, submit college applications, and much more. We urge the DOE to ensure that NYC students continue to have access to tech devices and internet service even after schools reopen.

Despite all of the DOE's efforts, there is more than can be done, both now and after schools reopen, to support students. Since schools closed, the Legal Aid Society has been in communication with the DOE to make its Regional Enrichment Centers available to students in temporary housing and students in foster care. The settings where these children spend their days are often incompatible with remote learning. Homeless shelters, in particular, are often cramped and noisy, and are not conducive to learning. In contrast, the Regional Enrichment Centers are based in schools and are staffed by educators who supervise students in groups no larger than nine. The educators assist youth in accessing the remote learning provided by their home schools, and provide enrichment activities including art, music, physical education, and social-emotional support. In order to prevent further harm to vulnerable students in foster care and in temporary housing, we reiterate our request that they be permitted to attend the Regional Enrichment Centers.

The DOE and the schools are doing an uneven job in providing remote learning to students in the City. While some schools have developed robust and comprehensive programming and on-line means of engaging with students, this is not consistent. In many schools across the City, youth are given assignment packets and not much more, delegating all of the educating to parents and caregivers. The DOE must act now to improve and expand the quality and comprehensiveness of each school's remote teaching and learning capacity. The

DOE should set standards for remote learning that include, at a minimum, an opportunity for youth to receive direct instruction, feedback and support from their teachers and service providers.

This crisis presents the DOE with an opportunity to reengage students who previously demonstrated school-refusal behaviors due to underlying mental health issues - social anxiety, depression, agoraphobia, and more. The Legal Aid Society represents many youth whose parents have been accused of educational neglect because of the youth's non-attendance at school. During the past two months, we have seen many of those youth reengage in school via remote learning. They report that the on-line learning format is less intimidating and stressful for them. They have been able to reconnect with teachers and peers on-line, in a way that was impossible for them to do in person. They have begun learning again. When this crisis ends, we encourage the DOE to continue providing remote learning opportunities to non-attending children as a stepping-stone to re-engagement in school.

Given the move to distance learning the City is not providing the exact services listed on student's special education learning plans. We are concerned that these students are falling further behind than ever before and encourage DOE to gear up to provide additional special education instruction now and moving forward.

At the time schools closed, there were well over one hundred students facing suspension charges in New York City. The suspension hearing office immediately closed and ceased holding hearings, leaving these students in limbo until such time as schools reopen. There is a strong likelihood that these students will not have an opportunity for a fair hearing until September, more than six months after charges were lodged against them. The Legal Aid Society and other advocates have asked the DOE to withdraw all suspension charges that were

pending at the time schools closed. These students have already been excluded from their school communities for months and have suffered enough. Withdrawing all outstanding charges will allow students to make a fresh start and regain a sense of community with their peers whenever schools reopen.

### Homelessness

New York City continues to experience a homelessness crisis, with over 62,000 people sleeping in a multi-faceted system of City shelters, and the vast majority of people experiencing homelessness are people of color. The overrepresentation of communities of color experiencing homelessness is staggering: 86% of homeless single adults identify as Black or Hispanic, with only 10% of homeless single adults identifying as white.<sup>25</sup> Individuals seeking shelter alone, which include the single adult population and runaway and homeless youth population, are most at risk during this pandemic. The Department of Homeless Services (DHS) shelters for single adults and the Department of Youth and Community Development (DYCD) shelters for runaway and homeless youth are congregate facilities, preventing these populations from practicing social distancing. Residents in these shelters share bathrooms, use communal eating spaces, and may sleep only three feet from the person in the next bed. Some of the dorm rooms in DHS shelters have dozens of people sleeping in them. Homeless clients have reported that there is a lack of soap, hand sanitizer and personal protective equipment for residents and staff at shelters. While DHS has created isolation facilities in hotels for single adults diagnosed with COVID-19 or experiencing symptoms, the facilities are not available to everyone in shelter. Our clients with

---

<sup>25</sup> *State of the Homeless 2020*, Coalition for the Homeless, available at <https://www.coalitionforthehomeless.org/state-of-the-homeless-2020/>

pre-existing conditions are terrified of remaining in congregate facilities; some have chosen to sleep on the streets rather than risk exposure in a congregate shelter.

Homeless New Yorkers on the streets face a different set of risks. While this population generally lacks access to food, bathrooms, showers, and toiletries, the issue has become more acute as businesses and food programs have shuttered due to the pandemic. DHS refuses to offer isolation beds in hotels to this population and, in violation of CDC guidance, the NYPD continues to push people out of subways and to “sweep out” temporary spaces people living on the streets may have found without offering any real alternatives. As a result, our homeless neighbors are left without any sustainable or safe options during this pandemic.

Due to the inability of homeless New Yorkers to practice social distancing and the homeless population’s increased rates of pre-existing conditions, the mortality rate for homeless New Yorkers is significantly higher than that of the general population. The Coalition for the Homeless notes that, as of April 21<sup>st</sup>, the overall New York City mortality rate due to COVID-19 was 117 deaths per 100,000 people.<sup>26</sup> The age-adjusted rate for sheltered homeless New Yorkers is 184 deaths per 100,000 (57% higher than the New York City rate).<sup>27</sup>

There are a wide variety of steps the City can take to provide additional protection to homeless New Yorkers. The Legal Aid Society supports the passage of Intro. 1927-2020, which would require DHS to offer private hotel rooms to all homeless single adults, including homeless youth and unsheltered individuals, to prevent further transmission of the virus and protect this vulnerable population. The City also needs to provide additional personal protective equipment to shelter residents and staff. We support the Mayor’s decision to expand testing to include

---

<sup>26</sup> *Testimony of Coalition for the Homeless and The Legal Aid Society on Int. No. 1927, Requiring Private Rooms for Homeless Single Adults During COVID-19 Pandemic*, available at [https://www.coalitionforthehomeless.org/wp-content/uploads/2020/04/CFH\\_Testimony\\_COVID-19\\_Hotels.pdf](https://www.coalitionforthehomeless.org/wp-content/uploads/2020/04/CFH_Testimony_COVID-19_Hotels.pdf).

<sup>27</sup> *Id.*

individuals living (and working) in homeless shelters, but the testing must be wide-spread, voluntary and not used as a means to deter people from seeking shelter.

### Housing - Addressing Housing Instability and Preventing Homelessness

The COVID-19 pandemic is causing devastating and lasting economic hardship that disproportionately impacts low- and moderate-income renters. New York City is a city of renters with more than two thirds of households renting their homes. The COVID-19 pandemic has amplified New York City's ongoing housing crisis in ways that are impossible to ignore. Housing insecurity is a brutal fact of life for many New Yorkers. Even in a strong economy, a budget overwhelmed by housing costs increases a family's risk of food security, lack of access to proper medical care and eviction. With little room for savings, a reduction in work hours or an unexpected expense cause turmoil and may lead to displacement. Forty-four percent of New York City renters are rent burdened, and four out of ten low-income people in New York are either homeless or severely rent burdened.<sup>28</sup> Black and Latinx households were disproportionately rent burdened before the pandemic.<sup>29</sup> Not surprisingly, before the pandemic, involuntary displacement was not born equally: in New York City, low-income Black and Latinx households were the most impacted by eviction and homelessness.<sup>30</sup> Last year, 63% of Black renters and 60% of Latinx renters reported that they had less than one thousand dollars in

---

<sup>28</sup> Center for Budget and Policy Priorities, *New York Federal Rental Assistance Fact Sheet*, (Dec. 10, 2019), available at: <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#NY>.

<sup>29</sup> Emily Goldstein, Association for Neighborhood and Housing Development, *New York's Renters are Heading Toward a Cliff*, (April 2020), available at <https://anhd.org/blog/new-york-citys-renters-are-heading-towards-cliff>

<sup>30</sup> Oksana Mironova, Community Service Society, *Where Have All the Affordable Rentals Gone?* (May 2019), available at: <https://www.cssny.org/publications/entry/where-have-all-the-affordable-rentals-gone>; NYU Furman Center, *COVID-19 Cases in New York City, a Neighborhood-Level Analysis*, (Apr. 10, 2020), available at: <https://furmancenter.org/thestoop/entry/covid-19-cases-in-new-york-city-a-neighborhood-level-analysis>.



savings<sup>31</sup>. With 733,305 new claims for unemployment insurance filed in New York City, 1.6 million in New York State since March 14, 2020,<sup>32</sup> Black and Latinx renters cannot rely on savings to pay their rental obligation. As we head into our second full month of this crisis, it is not surprising to see the hashtag “Can’t Pay May” all over social media.

Further, our clients without immigration status are facing insurmountable odds as they work predominantly in industries that have shuttered and they cannot access state or federal benefits for workers who have lost their jobs. According to the Migration Policy Institute, 92% of New York State’s population of immigrants without status came from Asia, South and Central America, Mexico, the Caribbean, and Africa,<sup>33</sup> 68% were in the labor force and 78% were renters. Prior to the pandemic, 53% were under 200% of the federal poverty line<sup>34</sup>. While we do not have data to describe the untenable situation that our client without status now face, we are told our clients have lost their employment, cannot access benefits, cannot pay their rents and running out of food.

While the problems of New York City’s renters cannot be solved by New York City alone, it is absolutely essential that our elected officials make clear to our Congressional delegation that they must act or we will be facing hundreds of thousands of new homelessness and a worsening health crisis. We cannot ignore the plight of New York City’s renters and expect to survive this crisis. We see extreme need for robust short term aid for tenants who will get their jobs back when the economy reopens, medium term rental support for those who will need more time to obtain employment, and more long term Section 8 for those because of the

---

<sup>31</sup> Oksana Miranova, The Community Service Society, *Testimony: A Housing Response to Covid-19* April 2020, Available at <https://www.cssny.org/news/entry/testimony-a-housing-response-to-covid-19>

<sup>32</sup> Department of Labor, Division of Research and Statistics, Research Notes, Available at <https://labor.ny.gov/stats/PDFs/Research-Notes-Initial-Claims-WE-4252020.pdf>

<sup>33</sup> Migration Policy Institute, *Profile of Unauthorized Population: New York*, Available at <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/NY>

<sup>34</sup> *Id.*

loss of a bread winner or because of health issues may not be able to pay their rent within two years. We understand that the city budget may not be able to support all of the rental support needed but New York City will have to address the needs of New Yorkers who cannot access federal and state benefits.

The New York City Human Resource Administration also plays a critical role in addressing the dramatic increase in housing instability and risk of homelessness caused by the COVID-19 crisis. It is essential that HRA work with stakeholders to maximize availability of short-term rent arrears and sustainable subsidies for more New Yorkers.

#### Housing and Consumer – Moratorium on Evictions and Seizure of Property and Execution of Money Judgments

Housing insecurity now impacts a far broader range of households than it did earlier this year. Reeling from a sudden loss of income, low and moderate-income renters on the precipice, rent burdened and without savings, have now fallen off of a financial cliff. Stay-at-home orders triggered mass layoffs and shuttered businesses and entire industries. A weekly survey, conducted by public health experts over the course of the pandemic, found that one in three New Yorkers did not pay their rent or mortgage in April.<sup>35</sup> Sixty-two percent of those who were unable to pay their rent stated that they feared eviction.

While New Yorkers are now protected from eviction by Governor Andrew Cuomo's 90-day eviction moratorium, the economic landscape is unlikely to be dramatically altered by the end of the state moratorium on June 20<sup>th</sup>.<sup>36</sup> By June 20<sup>th</sup>, renters will owe months of rental

---

<sup>35</sup> *CUNY New York City COVID-19 Survey Week 5 (April 10-12)*, CUNY Graduate School of Public Health & Health Policy, available at <https://sph.cuny.edu/research/covid-19-tracking-survey/week-5/>.

<sup>36</sup> See, Executive Order 202.8, available at: [https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO\\_202.8.pdf](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO_202.8.pdf)

arrears and fees; many will promptly face eviction proceedings seeking thousands of dollars of debt and dispossession. Far from solving the crisis, the end of this short-term moratorium will be catastrophic for renters who have not received a paycheck in months.

The eviction of any one household is a tragedy – eviction of thousands of rental households is a humanitarian crisis. The loss of a home is not the only consequence of eviction, which can have devastating, long-term negative effects on employment outcomes, school performance and physical and mental health. Mass displacement will undermine recovery efforts for the foreseeable future and traumatize entire communities. Because truly affordable housing is in limited supply in New York City, many renters will have no choice but to double-up with friends or family or enter a shelter system already strained by an intractable homelessness crisis. It is likely that among those evicted will be people sick with COVID-19 or asymptotically and unknowingly carrying the virus. Consequently, we strongly support the passage of Intro. 1912-2020, which will temporarily halt the taking and restitution of property and execution of money judgments by city sheriffs and marshals. This pause in evictions will provide time for Congress to act to provide tenants with the subsidies that will allow them to stay in their homes.

Other jurisdictions have recognized that an effective response to this impending eviction crisis includes an eviction moratorium that extends passed the state of emergency.<sup>37</sup> New York should be leading this issue, and we strongly support the passage of legislation that will allow our communities a chance to remain intact as we recover from the global pandemic.

New Yorkers face financial challenges beyond eviction. The hardship imposed by money judgments include a nine percent post-judgment statutory interest rate; systemic and

---

<sup>37</sup> Covid-19 Housing Policy Scorecard, The Eviction Lab, *available at*: <https://evictionlab.org/covid-policy-scorecard/>.

systematic improper service of process, and failure to apply existing laws when vacatur of judgments are sought; and abusive debt collection practices in connection with financial services and products, such as credit cards, auto loans and leases, rental arrears, student loans, and medical debt. Enforcement of judgments through bank account restraint, levies, and wage garnishment presents a dire situation for the hundreds of thousands of New Yorkers who have been impacted by the economic devastation in the wake of the pandemic. At a time when almost half of all New Yorkers do not have even \$400 in cash to pay for emergency expenses, consumers across the state are now confronted with loss of income due to illness and workplace closures related to the pandemic.<sup>38</sup> Many other jurisdictions and some agencies have temporarily suspended enforcement of judgments, but there remains a tremendous need to cease enforcement for the vast majority of the remaining judgment debtors.<sup>39</sup> The recently introduced Intro. 1912-2020 would provide temporary relief to New Yorkers with limited income and savings from execution of money judgments. Similarly, there must be efforts by New York State to protect already-vulnerable New Yorkers' limited income and savings from debt collection during the current pandemic. Governor Andrew Cuomo must issue a moratorium on the enforcement of money judgment<sup>40</sup> and protect CARES Act stimulus payments from debt collectors,<sup>41</sup> under the authority accorded to him under Section 29-a of Article 2-B of the Executive Law.

---

<sup>38</sup> Cargill, C., Maury, M., & Wimer, C. (June 2019), *Spotlight on Emergency Expenses*, available at [https://robinhoodorg-production.s3.amazonaws.com/uploads/2019/06/EMERGENCY-EXPENSE-REPORT\\_6\\_19\\_FINAL.pdf](https://robinhoodorg-production.s3.amazonaws.com/uploads/2019/06/EMERGENCY-EXPENSE-REPORT_6_19_FINAL.pdf).

<sup>39</sup> *Governor Cuomo and Attorney General James Temporarily Suspend State Debt Collection in Response to Coronavirus*. (March 17, 2020), available at <https://www.governor.ny.gov/news/governor-cuomo-and-attorney-general-james-temporarily-suspend-state-debt-collection-response>; U.S. Department of Education. *Secretary DeVos Directs FSA to Stop Wage Garnishment, Collections Actions for Student Loan Borrowers, Will Refund More Than \$1.8 Billion to Students, Families*, (March 25, 2020), available at <https://content.govdelivery.com/accounts/USED/bulletins/28317e2>.

<sup>40</sup> Executive Order suspending CPLR §§ 5222(a), 5230(b), 5231, 5232, and 5233 to prohibit enforcement of money judgments on consumer debt against natural persons; Modify CPLR § 5004 by tolling post-judgment interest on judgments on consumer debt.

<sup>41</sup> Modify CPLR §§ 5205(a) and 5205(l) to the extent necessary to exempt CARES Act stimulus payments from application to the satisfaction of a money judgment for consumer debt.

An increasing number of judgement debtors have approached the Society in the last few weeks seeking assistance due to frozen bank accounts and garnished wages. For example, a client who was working from home several weeks ago discovered that her debit card was not working due to a restraint on her bank account by Capital One Bank. The client was the sole wage earner in her family until she was let go on March 20, 2020 as a result of her employer's inability to pay employees due to the current pandemic. The bank account contained her last paycheck and retirement funds that her disabled husband cashed, to pay for back due rent. Without access to her bank account she was unable to pay for food, medication, and rent for her family. There are numerous other similarly situated New Yorkers facing ongoing debt collection, and we expect a drastic increase in the immediate aftermath of this crisis.

The Society suggests the following supportive amendments, to Intro. 1912-2020, which will further the bill's goal of reducing the harm of judgment enforcement during the current pandemic. We suggest the bill clarify what constitutes a "reasonable opportunity to show the court having jurisdiction over the matter that such party suffered a substantial loss of income because of COVID-19." There must be clarity about the procedure by which one would show they "suffered a substantial loss of income." It is critical that the process be easily understandable and accessible by the many judgment debtors and renters who will need to prepare for and make this showing without the assistance of an attorney. Over 95% of consumers are unrepresented in debt collection cases, and *pro se* legal assistance programs for consumer debtors, such as the Civil Legal Advice and Resource Office (CLARO) and Volunteer Lawyer for the Day (VLFD), have temporarily closed due to the ongoing public health

emergency.<sup>42</sup> In housing court, while the majority of landlords are represented by attorneys, most tenants appear *pro se*.<sup>43</sup>

Similarly, a ‘reasonable opportunity’ to make such a showing must ensure address verification, as numerous default judgments that are being enforced were obtained by service of process on incorrect addresses.<sup>44</sup> Last, in listing the circumstances under which a judgment debtor or renter would be considered to have “suffered a substantial loss of income” due to COVID-19, it is important that there be a catchall provision for those who faced loss of income due to COVID-19 but are not enumerated in the listed situations.

#### Housing – Tenant Harassment and Intro. 1936-2020

We support and urge the passage of Intro 1936-2020, which amends the definition of harassment in the Housing Maintenance Code to include threats against an individual based on their status as a COVID-19 impacted person, their status as an essential employee, or their receipt of a rental concession or forbearance for any rent owed during the COVID-19 period. Access to safe and stable housing is critically important for New Yorkers at a time when landlords increasingly look to force tenants to leave their homes or otherwise give up their rights under law. Lack of housing would force thousands of tenants to survive on the streets and face increased risks for both contracting COVID-19 and experiencing serious complications from the virus. Homeless New Yorkers cannot isolate at home or practice social distancing in congregate

---

<sup>42</sup> The New York State courts estimated in 2014 that 98% of consumers were unrepresented in debt collection cases. See N.Y. State Chief Judge Jonathan Lippman, *Law Day Remarks: Consumer Credit Reforms 1* (transcript) (Apr. 30, 2014). That percentage has slightly decreased to 96% of consumers in 2017 following an increase in civil legal services funding; According to 2018 data from the New York City Civil Court, out of a total of 100,186 consumer credit filings, attorney answers were filed in only 3,892 actions -- which is a rate of representation of only 3.88%.

<sup>43</sup> New York City Office of Civil Justice, *Universal Access to Legal Services: A Report on Year One of Implementation in New York City*, (2018).

<sup>44</sup> Creditors obtained more than approximately 700,000 default judgments in consumer credit actions filed between 2008 and 2016.

shelters. Those who contract COVID-19 are at a high-risk of serious complications due to high rates of underlying health conditions such as diabetes, heart disease, asthma, and COPD. The Society is concerned about reports of tenants facing increasing harassment related to COVID-19, especially senior tenants. Our experience with harassment includes baseless eviction cases, illegal rent demands, vague nuisance allegations, withholding of repairs and maintenance, and repeated buyout offers. With the recent eviction moratorium issued by Governor Cuomo and other legislative measures to temporarily halt evictions,<sup>45</sup> we have seen landlords resort to harassment to remove tenants facing financial challenges due to the pandemic. The bill provides necessary relief to tenants facing “self-help evictions” and other forms of harassment during a public health emergency. We recommend that the bill include an additional definition of “a person impacted by COVID-19.” We propose including a catchall provision for a person who may have been impacted by COVID-19 for purposes of the legislation but does not fall into the listed categories.

### Employment

This unprecedented public health crisis has essentially brought our economy to a halt, wherein every week we see record breaking unemployment claims.<sup>46</sup> The International Monetary Fund has now projected the global economy will experience its worst recession since

---

<sup>45</sup> See, A10290/S08192, “Tenant Safe Harbor Act” - prohibits landlords from evicting tenants for non-payment of rent that accrued during the current state of emergency and for six months after its eventual end. Available at <https://nyassembly.gov/leg/?bn=A10290&term=2019;S8125A/A10224> - suspends rent payments for 90 days for those who lost their jobs or had to close their businesses because of COVID-19. Renters wouldn’t owe anything after the suspension was over. Landlords would also be able to get mortgage forgiveness if they faced financial hardship. Available at <https://www.nysenate.gov/legislation/bills/2019/s8125>

<sup>46</sup>U.S. Department of Labor, Unemployment Insurance Weekly Claims, April, 16, 2020, <https://www.dol.gov/ui/data.pdf>

the Great Depression.<sup>47</sup> For families with little to no savings to fall back on, this has been, and will continue be, catastrophic as they try to keep food on the table, cover the cost of prescription drugs, or meet other expenses. Further, as state unemployment systems face an unprecedented and overwhelming demand, millions more are expected to lose their sources of income.<sup>48</sup>

For workers the following are critical. Government and employer decisions regarding working conditions must be based on science and worker safety, not the economy. There must be strong, unambiguous, and enforceable workplace safety rules established; and mandated and increased personal protective equipment (PPE) for all workers provided by employers. Low-income workers are employed in industries that are the backbone of the economy: they cook and prepare our food, clean and maintain our hospitals, warehouses, offices and other workspaces, they deliver our packages, they build our buildings, they drive our vehicles, and they take care of our children and the elderly. The vast majority of these workers are people of color, immigrants, or formerly incarcerated individuals who are often pressured to work in unsafe conditions. Because these jobs are so low-paying, low-income workers cannot afford to take any time off and must work to survive. Their lives and the health and safety of their communities are at stake. Over 63% of all essential workers are Black and Latinx and 53% are immigrants; any failure to ensure that employers protect their health and safety will lead to even more disparate COVID-19 related fatalities in communities of color.<sup>49</sup>

Workers must have stronger protections against workplace retaliation, especially when commenting or complaining about workplace safety.

---

<sup>47</sup> Silvia, Amaro, CNBC, “IMF says the world will ‘very likely’ experience worst recession since 1930s”, April 16, 2020, <https://www.cnbc.com/2020/04/14/imf-global-economy-to-contract-by-3percent-due-to-coronavirus.html>

<sup>48</sup> Tony Romn, Washington Post, “Underfunded, understaffed, and under siege: Unemployment offices nationwide are struggling to do their jobs”, April 6, 2020,

<https://www.washingtonpost.com/business/2020/04/06/unemployment-benefits-coronavirus/>

<sup>49</sup> <http://fiscalpolicy.org/wp-content/uploads/2020/04/Essential-Workers-Brief-Final.pdf>



Lastly, there needs to be fast, free and widespread testing, and tracking of the infected workers, along with their contacts, so that the infected and those suspected to be infected are removed from the workplace with pay and no fear of retaliation.

### Public Benefits

The New York City Human Resources Administration (HRA) should play an essential role in ensuring that the most basic needs of low-income and newly unemployed New Yorkers are met by providing access to cash for basic living expenses, food assistance, and access to grants that make housing affordable for so many. Because the public health and economic crisis has disproportionately affected communities of color, increasing the quality and accessibility of HRA's services to its Black and brown clients is critical to the City's overall effort to address the disparate impact of COVID-19. Moreover, many New Yorkers who need access to subsistence level benefits need new ways of accessing HRA services because they or a family member have an underlying medical condition which puts them at heightened risk of the coronavirus. Such underlying conditions, which it has been documented disparately impact people of color, make it very dangerous for such households to visit HRA offices in-person for appointments and to submit documents. Therefore, for HRA to help address the inequities that exacerbated this crisis, it is critical that the agency find new ways of doing business that do not further jeopardize the lives and livelihoods of the very people they are seeking to help.

In addition to the more specific recommendations below, we have two general recommendations. First, that the Council demand that HRA reveal data documenting the increase in demand for its services as well as its performance in meeting the demand, including response time for meeting emergency needs and other critical services. Second, that the City and

HRA should continue to pressure the New York State Office of Temporary and Disability Assistance (OTDA), the United States Department of Health and Human Services (HHS), and the United States Department of Agriculture (USDA) to keep policies adopted to protect New Yorkers during the COVID-19 crisis in place for as long as possible, including maximizing Supplemental Nutrition Assistance Program (SNAP) benefits, waiving interviews of clients, etc. In some cases, this means pressuring OTDA to seek relief/waivers from the federal government).

Our more specific suggestions focus on the critical ways in which HRA can improve access to an ever-expanding group of low-income New Yorkers that qualify for cash assistance and SNAP benefits, and prioritize service to the most vulnerable New Yorkers with the greatest needs – in particular people who are homebound, homeless, and immigrants who lack eligibility for existing benefits.

#### Special Care for the Most Vulnerable

The needs of people who are homebound are addressed when HRA becomes more accessible by providing assistance via telephone and technology. Their needs are not necessarily best addressed by more home visits because of the health risks of in person contact. (LAS is class counsel on the *Lovely H. v. Eggleston* case and can speak to more specific asks for homebound New Yorkers). The City should continue to ensure that more benefits and services are available to New Yorkers without regard to immigration status (like the food assistance, health care, and shelter policies already in place), but the needs of immigrant families who do not qualify for traditional benefits are becoming even greater, including access to rental assistance and assistance with purchasing food for recently unemployed immigrant families. The City needs to ensure that serving the needs of under-served immigrants is always paramount.

### Ensuring Access

HRA has sped up the roll out of cash assistance applications through its online portal ACCESS HRA to attempt to meet the sudden need that resulted from the City and State stay-at-home orders, but this is not enough. HRA is unable to keep up with the heightened demand for assistance and is not issuing immediate needs benefits to those who have emergency needs. With the City's help, HRA needs to focus on ensuring that ACCESS HRA has the capacity to handle the increased demand, and provide other means of accessing benefits that do not require technological literacy including phone lines where New Yorkers can be assisted with filing applications by phone, the ability to pick up paper applications (that can be mailed, faxed, or dropped off) at locations New Yorkers will continue to visit for food assistance such as public schools serving "Grab & Go meals", and asking New Yorkers who are homebound who ask the City for home delivery of food from "Get Food NYC" if they need help applying for SNAP, and immediately connect them with CBOs to help them apply. Many disabled New Yorkers are unable to use ACCESS HRA and will be unable to apply on their own.

HRA should suspend the need for all in-person appointments and ensure that recertifications can be done online or by telephone. Lastly, the City should make an immediate investment in 311 and HRA phone systems used for addressing client concerns and meeting program requirements so that clients no longer need to wait on hold for hours, have their calls dropped, and face busy signals, long-standing problems that the crisis has only made worse. While this capacity is ramping up: ensure adequate staff to answer lines, implement a call-back option, give callers a sense of the expected hold time.

### Meeting Immediate Needs

When people have no cash they are facing an immediate emergency – often lacking food and the ability to purchase essential items like diapers, cleaning supplies, and supplies for attending to basic hygiene needs. We are hearing of long waits for the short-term grants (immediate needs grants) clients seek to cover their critical needs from the date of application through the 45-day waiting period before benefits are issued . It would be much safer for New Yorkers and more efficient for the agency to automatically issue benefits during the 45-day waiting period before State reimbursement kicks in. There is no statutory or regulatory bar to the City electing to fill this gap right now.

### Suspension of Resource and Income Limits

Given the severity of the economic collapse, there should be expanded access to HRA benefits for newly unemployed workers by supporting the elimination of resource limits (and the expansion of resource exclusions), and income limits. The City should support elimination of \$2,000 resource limit (\$3,000 for households with a member 60 or older) or raising the resource limit for cash assistance, so families do not need to spend all of their savings to qualify for temporary assistance; support expansion of resources exclusion to include retirement savings, like 401(k) savings and tax refunds; raise income limits by supporting the elimination of the 185% of the FPG poverty threshold (applicants for cash assistance who exceed 185% of the FPG for their family size are not eligible for even a reduced cash grant or the application of earned income disregards) and increase in the earned income disregards, so that New Yorkers who are working can keep more of their earnings without losing eligibility for cash assistance.

### Maintaining Access to Dispute Resolution Processes

Finally, the City should support efforts by the State to introduce alternative ways of participating in fair hearings (telephonically or via video) without sacrificing due process rights. For their part, the City needs to continue to minimize the need for fair hearings by resolving favorable to appellants pre hearing; and ensuring other preventative dispute resolution processes are available remotely that prevent fair hearing requests, including conciliation, re-engagement appointments, MDRs and other conferences, and for advocates, the “Advocate Inquiry” process.

### Ensuring Racial Equity in New York’s COVID-19 Recovery – Summary of Recommendations

We ask that City Council strongly considers the following requests:

- The NYPD must significantly reduce the number of officers patrolling in communities of color and transform its culture to not see all Black and Latinx people as “criminals.” During this crisis, the NYPD leadership has shown a deep callousness towards communities of color. Police officers are still arresting and harassing Black and Latinx people during the global pandemic, placing community members at risk for contracting COVID-19, and putting the health of officers at risk. The NYPD has shown a reckless inability to adapt in response to COVID-19. Their failure to adapt has put the health and wellbeing of communities of color at risk and demonstrates a deeper more pernicious incapability to recognize the humanity of Black and Latinx people. Communities of color have demanded for less police in their communities, the NYPD budget to be reduced, and money to instead be poured into Black and Latinx led community based public safety initiatives. Their requests have been ignored, and they have suffered needlessly during this crisis because of our city’s failure to act. This must change now.
- New York City must continue to significantly reduce the number of people who are incarcerated in the city jails. Jails are a breeding ground for violence, disease, and death, COVID-19 only highlights that. When this crisis is over, jails will continue to be dangerous for the people who are incarcerated and the people who work there.
- New York City cannot arrest its way out of a pandemic, we must immediately stop criminalizing and fining people for failing to social distance. The NYPD are specifically only targeting people of color for these violations. Communities of color are already at an economic disadvantage, and by criminalizing a public health concern, we are only increasing the economic challenges in these communities and failing to provide

meaningful public health interventions to prevent further viral spread. Efforts should be made to drastically reduce custodial arrests by increasing the use of verbal warnings, non-criminal citations, and appearance tickets for low-level offenses.

- New York City must immediately stop all enforcement of the anti-masking law, New York Penal Law § 240.35(4), and City Council must push the State to repeal this law immediately. Any enforcement of this law will have an immediate chilling effect in communities of color, who are already hard hit by COVID-19. Black and Latinx people must feel safe to follow the advice of public health officials by wearing any available masks, including homemade or improvised masks, without fearing police harassment or arrest. In addition, the City should also ensure that masks are available to low-income communities of color with clear instruction on how to use the masks to keep themselves safe.
- All officers should be provided with personal protective gear and be required to wear it while on duty, and the NYPD should enact clear policies relating to the cleaning of all precincts, cruisers, holding cells and NYPD workspaces.
- The NYPD should refrain from conducting sweeps of homeless encampments, which can cause people to disperse throughout the community and break connections with service providers.
- The City Council should take action to ensure that those who pay bail or who are granted release from custody are in fact released in a timely fashion. There were significant delays in the release of clients even when they were granted writs of habeas corpus or were on the Mayor's release list. These delays demonstrate disorganized and insensitive jail procedures and may have serious consequences for our client's health and well-being. The City Council should hold a virtual hearing to get clarity from DOC about its procedures and what modifications, if any, it has made or can make in response to the COVID-19 crisis.
- The City Council must also take steps to ensure that more vulnerable people are released from City jails. While we appreciate the initial step to release 70% of the city-sentenced population, the City Council should call upon the City's District Attorneys and DOC to testify about what additional steps they are taking to reduce incarceration and their plans for the foreseeable future in light of the anticipated second wave of the pandemic.
- The City Council should hold a hearing to require DOC and the Board of Correction to testify about the conditions in the City jails, the services that remain available to people housed there, what efforts it has taken to stop the spread of the virus, and how it expects to change its practices in light of the anticipated indefinite presence of the virus.
- ACS should continue to prioritize supporting children in their homes instead of returning to their overreliance on court interventions and removal proceedings, which are traumatic for many children.

- ACS must continue to provide families with access to technology that can facilitate video and telephonic communications among young people in foster care and their families and incarcerated young people and their families.
- Youth detention should not return to the high pre-COVID-19 rates. With a total of seventeen young people held in detention throughout New York City, it is apparent that many Black and Latinx young people had been unnecessarily detained and exposed to harmful trauma. We owe it to them to change the way we address juvenile justice and reduce our reliance on detention.
- DOE must continue to provide all students with access to technology. Prior to the crisis many poor Black and brown students lacked access to technology and internet at home, which placed them at an extreme disadvantage in comparison to their peers. All students must have equal access to the internet and technology to ensure educational equity for students of color and students from low-income families.
- DOE must make its Regional Enrichment Centers available to students in temporary housing and students in foster care. The Regional Enrichment Centers are based in schools and are staffed by educators who supervise students in groups no larger than nine. The educators assist youth in accessing the remote learning provided by their home schools, and provide enrichment activities including art, music, physical education, and social-emotional support.
- The DOE must act now to improve and expand the quality and comprehensiveness of each school's remote teaching and learning capacity. The DOE should set standards for remote learning that include, at a minimum, an opportunity for youth to receive direct instruction, feedback and support from their teachers and service providers.
- For students with underlying mental health issues, the DOE must continue to provide a robust remote learning, tailored to their specific special needs. This crisis has shown that many students who were perceived as refusing to attend school can be successful students when given the opportunity to learn remotely.
- Given the move to distance learning the City is not providing the exact services listed on student's special education learning plans. DOE must gear up to provide additional special education instruction now and moving forward.
- DOE must withdraw all suspension charges that were pending at the time schools closed. These students have already been excluded from their school communities for months and have suffered enough. Withdrawing all outstanding charges will allow students to make a fresh start and regain a sense of community with their peers whenever schools reopen.
- The City Council should pass Intro. 1927-2020 which would require DHS to offer private hotel rooms to all homeless single adults, including homeless youth and unsheltered

individuals, to prevent further transmission of the virus and protect this vulnerable population.

- The City should provide additional personal protective equipment to shelter residents and staff. We support the Mayor's decision to expand testing to include individuals living (and working) in homeless shelters, but the testing must be wide-spread, voluntary and not used as a means to deter people from seeking shelter.
- The City must make the case to our Congressional delegation to act now to steer revenue into New York for robust short term aid for tenants who will get their jobs back when the economy reopens, medium term rental support for those who will need more time to obtain employment, and more long term Section 8 and housing subsidies for those because of the loss of a bread winner or because of health issues may not be able to pay their rent within two years.
- We understand that the city budget may not be able to support all of the rental support needed but New York City will have to address the needs of New Yorkers who cannot access federal and state benefits, such as some immigrants.
- It is essential that HRA work with stakeholders to maximize availability of short-term rent arrears and sustainable subsidies for more New Yorkers.
- We strongly encourage the passage of Intro. 1912-2020 and we ask for City Council to strongly consider more protections which will temporarily halt the taking and restitution of property and execution of money judgments by city sheriffs and marshals. This pause in evictions will provide time for Congress to act to provide tenants with the subsidies that will allow them to stay in their homes.
- The City must encourage Governor Andrew Cuomo to issue a moratorium on the enforcement of money judgments<sup>50</sup> and protect CARES Act stimulus payments from debt collectors,<sup>51</sup> under the authority accorded to him under Section 29-a of Article 2-B of the Executive Law.
- We strongly encourage the passage of Intro 1936-2020, which amends the definition of harassment in the Housing Maintenance Code to include threats against an individual based on their status as a COVID-19 impacted person, their status as an essential employee, or their receipt of a rental concession or forbearance for any rent owed during the COVID-19 period.

---

<sup>50</sup> Executive Order suspending CPLR §§ 5222(a), 5230(b), 5231, 5232, and 5233 to prohibit enforcement of money judgments on consumer debt against natural persons; Modify CPLR § 5004 by tolling post-judgment interest on judgments on consumer debt.

<sup>51</sup> Modify CPLR §§ 5205(a) and 5205(l) to the extent necessary to exempt CARES Act stimulus payments from application to the satisfaction of a money judgment for consumer debt.



- Employers must provide PPE for all essential workers, hazard pay, and paid sick leave for employees who contract COVID-19 or have comorbidities that put them at higher risk of COVID-19 related death.
- Workers must have stronger protections against workplace retaliation, especially when commenting or complaining about workplace safety.
- There needs to be fast, free and widespread testing, and tracking of the infected workers, along with their contacts so that the infected and those suspected to be infected are removed from the workplace with pay and no fear of retaliation.
- The Council must demand that HRA reveal data documenting the increase in demand for its services as well as its performance in meeting the demand, including response time for meeting emergency needs and other critical services
- The City and HRA should continue to pressure the New York State Office of Temporary and Disability Assistance (OTDA), the United States Department of Health and Human Services (HHS), and the United States Department of Agriculture (USDA) to maintain their COVID-19 related policies to protect New Yorkers for as long as possible, including increasing Supplemental Nutrition Assistance Program (SNAP) benefits, and streamlining the process to access those benefits.
- HRA must be modernized to expand its capacity to provide telephonic and virtual assistance for its clients. HRA should suspend the need for all in-person appointments and ensure that recertifications can be done online or by telephone.
- The City must ensure that ACCESS HRA, the online cash assistance application portal has the capacity to handle the increased demand, and provide other means of accessing benefits that do not require technological literacy including phone lines where New Yorkers can be assisted with filing applications by phone, the ability to pick up paper applications (that can be mailed, faxed, or dropped off) at locations New Yorkers will continue to visit for food assistance and asking New Yorkers who are homebound if they need assistance to apply.
- HRA staffing must be beefed up to ensure that people who are in financial crisis are not waiting several days for assistance or guidance. Benefits must be automatically issued during the 45-day pre-State reimbursement period.
- The City should make an immediate investment in 311 and HRA phone systems used for addressing client concerns and meeting program requirements so that clients no longer need to wait on hold for hours, have their calls dropped, and face busy signals, long-standing problems that the crisis has only made worse.
- The City should continue to ensure that more benefits and services are available to New Yorkers without regard to immigration status.

- The City should support elimination of \$2,000 resource limit (\$3,000 for households with a member 60 or older) or raising the resource limit for cash assistance, support expansion of resources exclusion, and increase the earned income disregard.
- Fair hearings should be available via video or telephonically for all New Yorkers. Moreover, the City should make every attempt to avoid fair hearings by resolving in appellants favor pre hearing, and provide remote dispute resolution processes.

## **Conclusion**

As New York City begins to look forward to recovering from COVID-19 and this global pandemic, we ask City Council to take charge in fighting to ensure that communities of color receive resources to ensure that people of color will never be this vulnerable again. So many of the reforms and recommendations highlighted here have long been the subject of advocacy by The Legal Aid Society. The pandemic has exacerbated and highlighted the problems and deficiencies with the status quo. Jails and prisons have always been deadly places and this pandemic only highlighted that fact. Homelessness has always threatened the health and safety of poor New Yorkers. Access to hazard pay, safe working conditions, universal healthcare, and a viable social safety net should be policies enacted because people deserve them and not just because of an extreme global disaster.

Communities of color came into this crisis at an extreme disadvantage. If we hope to achieve racial equity in New York, we must pour resources and services into these communities, not police or jails.

# EXHIBT A

John K. Carroll  
*President*

Richard J. Davis  
*Chairperson of the Board*

Janet E. Sabel  
*Attorney-in-Chief  
Chief Executive Officer*

Justine M. Luongo  
*Attorney-in-Charge  
Criminal Practice*

April 8, 2020

Hon. Bill de Blasio  
Mayor, City of New York  
City Hall  
New York, NY 10007

Police Commissioner Dermot Shea  
New York City Police Department  
1 Police Plaza  
New York, NY 10038

Dear Mayor De Blasio and Commissioner Shea,

As COVID-19 continues to disrupt everyday life in New York City, we are deeply concerned that our New York City government officials have not modified or reassessed how the NYPD interacts with already vulnerable communities. In every aspect of life, we are expected to act responsibly in order to flatten the curve. As part of a coordinated COVID-19 response by Mayor De Blasio, government and businesses are drastically modifying practices to limit physical contact, and yet that practice has not been implemented by NYPD. In cities across our country, elected officials are directing police to use discretion, make only “necessary contacts” and to slow down arrests<sup>1</sup>. Mayor De Blasio has made no such similar request of the NYPD. In fact, Police Commissioner Shea

---

<sup>1</sup>Michael Tanenbaum, *Philadelphia police alter low-level arrest policies during coronavirus crisis*, Philly Voice (Mar 17, 2020) <https://www.phillyvoice.com/philadelphia-police-coronavirus-arrests-policy-non-violent-warrant-jails-outlaw-krasner/>

Jessica Anderson, *Baltimore Police officers to use discretion for low-level arrests to limit coronavirus exposure*, The Baltimore Sun (Mar 19, 2020) <https://www.baltimoresun.com/coronavirus/bs-md-police-coronavirus-policy-20200319-7iz2zuwmnbdz5pnrkbiq2r4dre-story.html>

Steve Schering, *Departments adjusting police services, taking precautions against COVID-19 virus*, The Chicago Tribune (Mar 25, 2020) <https://www.chicagotribune.com/suburbs/river-forest/ct-rfl-police-services-covid-19-tl-0402-20200325-piubjy4kwreq3kt66pwhmqcmyy-story.html>

has promised no slow-down of arrests despite a decrease in crime and a rapid increase of confirmed COVID-19 cases amongst the NYPD<sup>2</sup>.

Currently, we are still seeing clients accused of low-level crimes going through the system. It is highly irresponsible for the NYPD to put themselves and other individuals at risk of exposure to COVID-19 by making arrests during this pandemic. We are already seeing the negative impact this is having on the police force. The number of confirmed COVID-19 cases amongst the NYPD has risen exponentially<sup>4</sup>. There are now over 1400 confirmed cases amongst uniformed officers<sup>3</sup>, reflecting a rate of infection eight times the general population. It's not yet clear if members of the public who came into contact with COVID-19 positive officers have been identified and informed. Individuals who are released go home to their families, their elderly loved ones, and their children unknowingly compromising the health and wellbeing of members of their communities. Most importantly, we do not know if officers passed it to the people they arrested and sent to Rikers Island, thus contributing to a growing humanitarian crisis<sup>4</sup>. The situation at Rikers Island has been described by Dr. Ross MacDonald, Chief Medical Officer of Correctional Health Services, as a "public health disaster unfolding before our eyes." We must immediately halt the flow of people to be incarcerated at our local jails if we are to successfully address the crisis at Rikers Island.

We *do* know that officers exhibiting symptoms are not socially isolating. Officers are clustered together while on patrol, not adhering to the very same public health directives they are now tasked with enforcing. They are back out on patrol as vectors of the virus, exposing the community, fellow officers and first responders<sup>5</sup>. The NYPD must modify their protocols and policies to change this, otherwise, they are endangering the public, themselves and the emergency personnel they work alongside.

We *do* know that many low-income communities of color where people have the most consistent interactions with the police are also the communities with the most confirmed cases of

---

<sup>2</sup> Ashley Southall, *Virus's Toll on N.Y. Police: 1 in 6 Officers is Out Sick*, NY Times (Apr 3, 2020)

<https://www.nytimes.com/2020/04/03/nyregion/coronavirus-nypd.html>

<sup>3</sup>William Feuer, *More than 1,000 New York City police officers have the coronavirus as 911 calls hit records*, CNBC News (Apr 1, 2020) <https://www.cnbc.com/2020/04/01/more-than-1000-new-york-city-police-officers-are-infected-with-coronavirus.html>

<sup>4</sup> See The Legal Aid Society, COVID-19 Infection Tracking in NYC Jails, <https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/> (last visited April 2, 2020), for more information on the alarming rates of infection in NYC jails, where the current infection rate is more than 7.5 times that of New York City; see also Meagan Flynn, Top doctor at Rikers Island calls the jail a 'public health disaster unfolding before our eyes', Wash. Post (March 31, 2020 7:00 AM), <https://www.washingtonpost.com/nation/2020/03/31/rikers-island-coronavirus-spread/>, <https://www.washingtonpost.com/nation/2020/03/31/rikers-island-coronavirus-spread/>

<sup>5</sup>Diana Falzone, *"We're Getting Screwed Big Time": Coronavirus Is Ripping Through Ranks of the NYPD*, Vanity Fair (Mar 25, 2020) <https://www.vanityfair.com/news/2020/03/coronavirus-is-ripping-through-the-ranks-of-the-nypd/amp>

COVID-19.<sup>6</sup> Moreover, we know that due to historical environmental racism<sup>7</sup>, housing injustice<sup>8</sup> and racial biased inadequate healthcare<sup>9</sup>, most communities of color in this city have increased rates of asthma, diabetes, heart disease, and other comorbidities that increase the risk of mortality if individuals contract COVID-19. As April 6, 2020, a disproportionate number of COVID-19 confirmed related cases and deaths were people of color<sup>10</sup>

NYPD has a responsibility to the public and to their officers to enact policies that reflect the advice of public health experts. Interactions for low level or quality-of-life offenses should be severely limited, yet over a third of all custodial arrests for the last two weeks of March were for petty misdemeanors and non-violent felonies. At arraignments in most of those cases, people were released from court back to the community. Highlighting, how the NYPD has not changed its protocols even in light of this rapidly spreading virus, where the infection rate amongst NYPD personnel is eight times that of New York City, and ten times higher than the rest of New York State<sup>3</sup>.

Indeed, a recent weekend arraignment involved individuals arrested after allegedly failing to comply with an order to disperse and comply with social distancing. They were arrested for obstructing governmental administration and spent hours being booked, transported, and awaiting arraignment. Two of those individuals were in custody from arrest to arraignment for over 24 hours. These cases are entirely counterproductive to public health measures<sup>11</sup>. An arraignment in Brooklyn last night was for a man charged with aggravated unlicensed operation of a motor vehicle, where this individual spent over 24 hours in the system before seeing a judge and released on his own recognizance. These are just examples of the kinds of custodial arrests that could have been avoided

This should be concerning for everyone in our City's leadership. Officers continue to make low-level arrests that fill city courts and jails, increasing the density and making it more difficult to social distance and isolate. Holding cells are unsanitary and cramped, increasing the likelihood of

---

<sup>6</sup> Percent of patients testing positive for COVID-19 by Zipcode in New York City as of April 2, 2020, NYC Dept. of Health (last accessed April 3, 2020) <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-data-map.pdf>

<sup>7</sup>Hazar Kilani, 'Asthma alley': why minorities bear burden of pollution inequity caused by white people, The Guardian (April 4, 2019) <https://www.theguardian.com/us-news/2019/apr/04/new-york-south-bronx-minorities-pollution-inequity>

<sup>8</sup>Kathleen Culliton, *These Moldy, Pest-Infested NYC Neighborhoods See Asthma Spike*, Patch (Jan 22, 2019) <https://patch.com/new-york/brooklyn/these-moldy-pest-infested-nyc-neighborhoods-see-asthma-spike> ("Asthma rates spike in central Brooklyn and Bronx neighborhoods where a large number buildings suffer from infestations that residents usually discover only after moving in.")

<sup>9</sup>Austin Frakt, *Race and Medicine: The Harm That Comes From Mistrust* (Jan 13, 2020) <https://www.nytimes.com/2020/01/13/upshot/race-and-medicine-the-harm-that-comes-from-mistrust.html>

<sup>10</sup> Death Rate by Race/Ethnicity Group, NYC Health (last accessed April 8, 2020) <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-deaths-race-ethnicity-04082020-1.pdf>

<sup>11</sup> Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, Center for Disease Control and Prevention (last accessed April 3, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

community spread<sup>12</sup>. Arrestees are detained in crowded rooms with limited access to soap and sanitizer, in blatant disregard for CDC guidelines. Additionally, officers are arresting people, putting them through the system, and possibly exposing them to COVID-19 for allegedly failing to appropriately socially distance themselves from others. This is illogical at best, and violently negligent at worst. The more people that are involved in these kinds of processes, the more at risk we put our entire community. In a letter to the International Association of Chiefs of Police and the National Conference of Mayors, groups including the Heritage Foundation are urging police to limit unnecessary contact with the public to mitigate the spread of coronavirus among officers and protect their families<sup>13</sup>. If we do not permit social distancing, every person in the system from arrestee to officers to staff are put in danger of being exposed to the virus. It is imperative that we reduce density everywhere possible, including jails and courts.

We are asking for Mayor De Blasio and Commissioner Shea to please enact the following policies<sup>14</sup>:

1. Create a large community wide education campaign to help inform the public of COVID-19 and educate them on the emergency executive orders around social distancing and how to avoid contracting COVID-19. Many low-income communities are not adequately aware of this public health crisis.<sup>15</sup>
2. Provide more street closures in low-income communities of color to allow for easier public social distancing spaces.
3. Drastically reduce custodial arrests by increasing the use of verbal warnings, non-criminal citations, and appearance tickets for all low-level offenses. Because of the grave risks of COVID-19 exposure for people in custodial settings, the use of custodial arrest to enforce these restrictions is not an appropriate public health measure and should almost never be the outcome of these enforcement efforts.
4. Significantly reduce the number of officers on duty. Consistently, we are seeing large groups of officers clustered together while on patrol, that is dangerous for them and dangerous for the community members they interact with. While we are seeing a record low criminal activity throughout the city, this is the time to reduce the number of officers on patrol and to keep them

---

<sup>12</sup> Clio Chang, *I was Arrested and Arraigned. It was Coronavirus that Scared Me*, Vice News (Mar 27, 2020) [https://www.vice.com/en\\_us/article/7kzazz/i-was-arrested-and-arraigned-it-was-coronavirus-that-scared-me](https://www.vice.com/en_us/article/7kzazz/i-was-arrested-and-arraigned-it-was-coronavirus-that-scared-me)

<sup>13</sup> Erik Larson, *Police Group Urged to Focus on Helping Needy not Parking Tickets*, Bloomberg News (April 7, 2020) <https://www.bloomberg.com/news/articles/2020-04-07/police-group-urged-to-focus-on-helping-needy-not-parking-tickets>

<sup>14</sup> Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, Centers for Disease Control and Prevention (last accessed April 3, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

<sup>15</sup> Video by The New Yorker, *Is New York City's Public Housing System Ready for the Coronavirus?* New Yorker Magazine online (March 27, 2020) <https://www.newyorker.com/culture/video-dept/is-new-york-citys-public-housing-system-ready-for-the-coronavirus>

and their families safe from contracting and spreading COVID-19. It is entirely appropriate for NYPD to reconsider personnel assignments under the circumstances and the threat of increasing personnel shortages due to illness.

5. Provide every officer on duty with personal protective gear. We agree with the Police Benevolent Association's assertion that the City and NYPD has failed to provide adequate personal protective equipment. It is imperative that essential workers are equipped with personal protective equipment for the safety of themselves and members of the public they come in contact with.
6. Enact clear policies relating to the cleaning and regular disinfecting of cruisers, precincts, holding cells, and workspaces for all of the NYPD.
7. Refrain from conducting sweeps of homeless encampments unless individual housing units are available. Clearing encampments can cause people to disperse throughout the community and break connections with service providers, This increases the potential for infectious disease spread<sup>16</sup>.
8. Ban criminalization of the failure to social distance. Many low-income people are already living on the financial margins of society, by arresting them or issuing a criminal fine to them, our City is pushing them even deeper into the cycle of poverty and criminalization.

We welcome the opportunity to discuss further the appropriate protocol modifications that should be enacted. The urgency of these changes cannot be overstated as New York City remains the epicenter of this pandemic. We hope to hear from you within the following week to address the grave concerns we have. Thank you.

Respectfully submitted,

---

<sup>16</sup> Responding to Coronavirus Disease 2019 (COVID-19) among People Experiencing Unsheltered Homelessness, Center for Disease Control and Prevention (last accessed April 3, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/unsheltered-homelessness.html>



# EXHIBIT B

**From:** Luongo, Tina  
**Sent:** Tuesday, April 7, 2020 10:11 PM  
**To:** 'Cynthia.Brann@doc.nyc.gov'; 'EGlazer@cityhall.nyc.gov';  
'Heidi.Grossman@doc.nyc.gov'; 'Sommer, Susan'  
**Cc:** Rosenblatt, Terri; Stoughton, Corey; Werlwas, Mary Lynne  
**Subject:** Ongoing Release Issues  
**Attachments:** Letter to MOCJ and DOC re release delays.pdf

Good Evening-

The attached letter details ongoing delays our clients face during discharge after cut slips are issued by the Court. As always, we are available to discuss the implementation of immediate solutions.

Best,  
Tina

John K. Carroll  
*President*

Janet E. Sabel  
*Attorney-in-Chief*  
*Chief Executive Officer*

Justine M. Luongo  
*Attorney-in-Charge*  
*Criminal Practice*

**By E-Mail**

Cynthia Brann, Commissioner  
New York City Department of Correction  
75-20 Astoria Boulevard  
East Elmhurst, NY 11370

Heidi Grossman, Esq.  
General Counsel  
New York City Department of Correction  
75-20 Astoria Boulevard  
East Elmhurst, NY 11370

Elizabeth Glazer, Esq.  
Director of the Mayor's Office of Criminal Justice  
City Hall  
New York, NY 10007

Dear Commissioner Brann, Ms. Grossman, and Ms. Glazer:

We write about urgent problems regarding significant delays in our clients' release from New York City Department of Correction (DOC) custody. These delays impact some of our most medically vulnerable clients who have been granted writs of habeas corpus or who are on the Mayor's release list. Continued detention on Rikers Island – as we have seen with the tragic passing of Michael Tyson, who was jailed because of a technical parole violation – likely will result in more deaths.

We request, as explained below, that DOC immediately take the following actions:

1. Honor all release orders, regardless of their wording.
2. Immediately designate an e-mail and fax number to receive release orders, and agree to process orders delivered from courts in that manner.
3. Disclose the procedures for movement of people detained at Rikers Island, including for movement to video court and processing for release, and let us know what, if any, of those procedures have been modified to respond to the COVID-19 crisis.

Attorneys at The Legal Aid Society have been tracking data related to release delays since the beginning of the COVID-19 crisis and have found that, with distressing regularity, our clients are being held at Rikers Island well beyond their ordered release dates. These delays, we

have found, are mostly due to jail procedures that show disorganization, lack of transparency, and deliberate indifference to our clients' lives.

The release delays fall into three main categories, which we ask you to immediately address: (1) rigid adherence to opaque and continually-shifting paperwork requirements; (2) refusal to adapt to the crisis by using e-mail, or even fax, to communicate urgent release determinations; and (3) confusing and inconsistent policies related to release determinations, putting our attorneys in an impossible position of trying to conform to requirements that we often do not know exist.

**Rigid Adherence to Unannounced Paperwork Requirements:** Our attorneys, prosecutors, and judges have been working in many cases to negotiate release agreements for vulnerable clients. Yet once these agreements are reached and approved by the Courts, our clients remain in custody because of "paperwork errors" claimed by DOC. In one absurd turn of events after another, DOC staff frequently tell our clients that they cannot go home because a judge's official court order does not comply with an unpublished DOC rule.

For example, our client A.B. is medically vulnerable and serving a short misdemeanor sentence on Rikers Island. On April 2, 2020, after Mr. B. was placed on the Mayor's list for release, the Bronx District Attorney's Office agreed to his re-sentencing to an amount of time that would secure his immediate release. But Mr. B.'s release was delayed by *five days* because, according to the Rikers Island General Office (GO), his paperwork did not contain the words "revoked" next to his original sentence. The Corrections Officer in the GO agreed that the intent of the paperwork sent from the court was that Mr. B. should be released, but said that he could not be freed until the court put these specific words on the paper. This requirement was not announced by DOC, despite knowing that many re-sentencings would be coming given this crisis. No one contacted anyone at Legal Aid to alert them of the issue once Mr. B.'s paperwork came in; instead, Mr. B. was simply left to be imprisoned until his attorneys, on their own, discovered the issue and followed up.

Like our other clients, Mr. B. remained imprisoned under hazardous and potentially lethal conditions, because DOC is rigidly, arbitrarily and nonsensically requiring "magic words" on release paperwork *even when it is clear that the Court ordered release.*

In another instance, a judge in Queens granted a writ of habeas corpus to our client, R.H. in Queens that lifted both his bail and his parole warrant. The judge's order indicated that both State and City DOC were named in the writ, that Mr. H. was a "parolee" who must be released, and that Mr. H. was at a "high risk" of death if he remains at Rikers. Despite *all* of the Court's clear language that Mr. H. should be released, DOC still would not let him go, claiming the order is invalid because it did not contain sufficiently precise language lifting the warrant.

DOC should change this practice immediately by honoring *all* release orders, regardless of wording. If the wording truly is unclear to DOC, legal counsel should immediately contact the court for clarification; not simply let our clients languish until an attorney realizes their client was not released and calls DOC.

**Justice in Every Borough.**

**Refusal To Accept Release Orders by E-mail or Fax:** We have been informed by DOC officials and the courts that, when the court issues a release order for any reason, DOC, with limited exceptions, insists on *physically receiving by hand* all release orders. In other words, even though all courts are virtual and our clients' appearances are regularly waived or held virtually via Skype, DOC will not use any technology to facilitate release of our clients, including e-mail or even fax.

As an example, once our client A.B, mentioned above, finally was able to get his sentence and commitment order amended to conform to DOC's required language. But he *still* was not immediately released because the new paperwork must be hand-delivered to the jail.

Another client, T.T., had his paperwork incorrectly marked as requiring an examination of surety before release. Even though the court, prosecutor, and defense attorney all agreed, and informed DOC, that the paperwork was marked in error and no surety was required, DOC *still* required a physical piece of paper be transported from Bronx court to Rikers Island. This caused our client to be held for more than 24 hours after he paid his bail.

DOC's refusal to accept e-mailed or fax orders has delayed the release of several clients by dozens of hours, up to a full day. In a crisis situation, where infections are travelling quickly, and symptoms reaching crisis even faster, DOC must adapt to these times. We request that DOC immediately begin receiving release orders at a designated e-mail address and/or a fax number during the COVID-19 crisis.

**Lack of Transparency About Procedures:** In the past week, our attorneys and clients have received conflicting and often shifting information about DOC procedures for when clients are scheduled for court, ordered to be released, or placed on lists of individuals qualified for work release. For example, we have been told that clients will not be released after 4pm, but also have had clients released after that time; we have been given conflicting information about when clients need to be medically cleared for transfer to appear on video for remote court sessions; we have been given many different explanations of the procedure for release once ordered by a court or bail is paid. Most distressingly, we have been refused any concrete information about how the DOC makes work release determinations – even for those people who have release orders from the Mayor.

For example, our client A.M. had his release delayed for more than 24 hours due to conflicting information about when medical clearance was required for Mr. M. to be moved to video court. If his attorney had clear guidance about when clearance was required, she would have been able to schedule the appearance to accommodate his examination.

Another client, S.S., was placed on the Mayor's list for release. DOC, however, refused to release him, claiming he did not qualify for work release. When Mr. S.'s attorney asked for more information about the reason he did not qualify, she was given this vague – and, frankly dystopian – answer: "Participation in the work release program is at the discretion of the Commissioner of the Department of Correction, pursuant to New York Correction Law Section 151 et seq."

**Justice in Every Borough.**

We ask that DOC immediately disclose the following information: (1) all guidelines for determining work release eligibility; (2) all procedures for moving detained people to video court; and (3) all procedures for effecting the release of someone following a court-directed release, resentencing or upon payment of bail. We also ask that DOC disclose what, if any, of these procedures have been modified in response to the COVID-19 emergency.

I am certain you recognize that a crisis of this proportion requires extraordinary measures to keep the people who work, and who are at Rikers Island, safe. We have now seen the devastating consequences of denying and delaying release. We hope that you will take swift action in responding to our request.

Sincerely,

Tina Luongo  
Attorney-in-Charge  
Criminal Defense Practice

## Testifying for Committee on Oversight and Investigation

4/30/2020

My name is Md Taher. I am a community health worker (CHW) at NYU Center for the Study of Asian American Health. I closely work with the Bangladeshi community in New York City to provide linguistically and culturally tailored health education and counseling for the community members. I have been working for the community since 2010 at all five boroughs. I am at the field and have seen over the years how the Bangladeshi community has struggled to access complex healthcare system and mitigating basic healthcare needs. At the wake of COVID-19, Bangladeshi community has been affected severely. Only in NYC, about 215 Bangladeshis died from COVID-19. This number could be higher as many died at home with related symptoms. Families have been hard hit financially and emotionally.

Bangladeshi community is one of fastest growing Asian American sub groups in the United States and at NYC. At NYC, according to 2010 Census, 64,000 Bangladeshis live and close to more than 30% are low English proficient and live below the poverty line. From our own research, we found that about 25-30 percent Bangladeshis have diabetes, hypertension and other cardiovascular diseases. According to Centers for Disease Control and Prevention (CDC), these underlying health conditions make individuals more vulnerable to complications of COVID-19. So, it is not surprising to see the high mortality attributed to COVID-19. This community has been particularly hit hard by COVID-19 due to high poverty rate, high rates of lack of English proficiency, crowded living conditions, and work conditions. Many work in the taxi industry, food and restaurant industry, delis and grocery stores. They were susceptible to getting infected by COVID-19.

There is a myth that Asian Americans are healthier and financially doing better than many other minority groups. This is the result of an aggregated data. But there are variations within the Asian American groups. Bangladeshis are part of the Asian American group, but this community has a lot poorer health profile and socio economic status as discussed above. A better linguistically appropriate timely outreach effort could have avoided the disaster of COVID-19 in the community. NYC's Bengali translated COVID-19 messages to time to come out. By the time these were disseminated, the infections were already high. It is very important for the city to work with the Asian and Bangladeshi community-based organizations who provide critical linguistically and culturally appropriate support.

As a community health worker and mourner of my community members' deaths, I urge NYC's elected officials to continue to support the community-based organizations and work closely with them to serve the underserved communities like Bangladeshi community. NYC's discretionary budgets are very important for the CBOs to serve the communities. Hence, I request the elected officials not to cut them from budget. They are very important and I see it in the field.



**Testimony before the New York City Council Committee on Oversight  
Ritchie J. Torres, Chair  
April 30, 2020**

My name is Yin Kong, I am the director of Think!Chinatown, a non-profit based in Manhattan's Chinatown, advocating to support what we love about Chinatown. - [www.thinkchinatown.org](http://www.thinkchinatown.org)

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](http://Think!Chinatown), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of



applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.

- c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.

3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

*The Think!Chinatown team is working on a white paper re: lessons learned from 9/11 relief funds and case studies for special impact zones for disaster relief. We are also compiling Chinese language resources for covid impact relief programs (including SBA) - [www.thinkchinatown.org/covidhelp](http://www.thinkchinatown.org/covidhelp)*

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Yin Kong,**  
Director, Think!Chinatown  
Resident, Chinatown  
[yin@thinkchinatown.org](mailto:yin@thinkchinatown.org)

# Written Testimony for the New York City Council

## April 2020

My name is Allin Resposo,

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one

member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Allin Resposo**

# Written Testimony for the New York City Council

## April 2020

My name is **Jan Lee**

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one

member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Jan Lee**

**The Chinatown Core Block Association, Chinatown NYC**



Written Testimony for the New York City Council  
April 2020

My name is Amy Chin. I am a lifelong New Yorker and longtime member of the New York Chinatown community and resident of Council District 3.

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of

businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you,

**Amy Chin**

# Written Testimony for the New York City Council

## April 30 2020

My name is Rochelle Hoi-Yiu Kwan .

**I urge this committee to ensure equity is at the heart of each covid-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally give advantages to investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to raise a red flag about how the small business community in my neighborhood has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** This is **due to xenophobic fears but also due to cultural norms** in our neighborhood that led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went into "On Pause" mode in a more intense manner and on an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of the Lunar New Year parade (Feb 15), restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. **Both SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Because of the cash-based business practices common in Chinatown, the paper trail to document full profit loss is not readily available.
  - b. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - c. Informal payroll practices are common in small family-owned businesses, (where maybe the whole family is helping out their family owned business, but only one

member is paid out as owner) excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.
2. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experience high rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
3. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

4. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for my neighborhood.

**Rochelle Hoi-Yiu Kwan**

## Written Testimony for the New York City Council April 2020

Hearing: Thu, Apr 30 @ 1:00 pm - Committee on Oversight and Investigations

Subject: Targeted Support Needed in Chinatown Due to Disproportionate Impact of Covid-19 and Failures of SBS & SBA Programs

My name is Cassandra Xia.

**I urge this committee to ensure that equity is at the heart of each COVID-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally favor investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### **COVID-19 Relief Recommendations**

While all New Yorkers are hurting at this difficult time, I'd like to elaborate on how the small business community has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** **Xenophobic fears** and cultural norms in our neighborhood led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went "On Pause" in a more intense manner and at an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of Feb 15 when the Lunar New Year parade took place, restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and

were prepared to assist our community of business owners, funding for these programs had already run out.

- b. Informal payroll practices are common in small family-owned businesses, where maybe the whole family is helping out their family owned business, but only one member is paid out as owner. This, on top of common cash-based business practices, excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.
  - a. Existing covid relief programs have not adequately addressed the issue of rent burden. For instance, the PPP loan size is based on past payroll expenses, and it doesn't take other business costs (such as rent) into account. This stipulation works against small business owners in Chinatown who experiences relatively higher rent and lower payroll burdens. This limits the loan amounts available to Chinatown small business owners.
  - b. Chinatown is one of the "[Neighborhoods With the Most Rent Stabilized/Controlled Units](#)"; therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
2. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.

3. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.
4. **Protecting the wholesale produce network that is the life blood of our neighborhood's economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for the small business community.

**Cassandra Xia**

B.A. / M.A. in Political Science

Columbia University

+1 929-263-7070 | [cassandra.xia@columbia.edu](mailto:cassandra.xia@columbia.edu)



## Written Testimony for the New York City Council

Hearing: Thu, Apr 30 @ 1:00 pm - Committee on Oversight and Investigations

Subject: Targeted Support Needed in Chinatown Due to Disproportionate Impact of Covid-19 and Failures of SBS & SBA Programs

My name is Jasper Yang.

**I urge this committee to ensure that equity is at the heart of each COVID-relief initiative. So far, programs have been missing the mark for small businesses in Chinatown.** With such sweeping changes sure to come, we fear generalized relief programs may unintentionally favor investors with access to big capital, resulting in an acceleration of displacement in Chinatown. I learned about this issue from [Think!Chinatown](#), and would like to contribute my support of the following topics, as it relates to COVID-19 relief for small businesses, particularly those in Chinatown.

### COVID-19 Relief Recommendations

While all New Yorkers are hurting at this difficult time, I'd like to elaborate on how the small business community has been disproportionately impacted by the pandemic, and how existing relief efforts have insufficiently addressed their needs at this critical time.

1. We are all aware that the **economic downturn began as early as January in Chinatown.** **Xenophobic fears** and cultural norms in our neighborhood led to more stringent social distancing practices earlier on in the pandemic. The neighborhood went "On Pause" in a more intense manner and at an earlier timeline compared to other neighborhoods in NYC. By late January, Chinatown residents had already begun cancelling plans for large Lunar New Year gatherings despite the importance of the holiday. On the weekend of Feb 15 when the Lunar New Year parade took place, restaurants were mostly empty on what is supposed to be the busiest day of the year in Chinatown.
2. Both **SBS & SBA grant and loan programs were not inclusive of immigrant-owned businesses.**
  - a. Language support on the application and on outreach for the programs were sorely lacking. Grassroots efforts worked hard to fill in these gaps with translations of applications and documents, but by the time we organized and were prepared to assist our community of business owners, funding for these programs had already run out.
  - b. Informal payroll practices are common in small family-owned businesses, where maybe the whole family is helping out their family owned business, but only one member is paid out as owner. This, on top of common cash-based business practices, excluded many businesses from being able to apply for the payroll protection program.

Despite the intention of employment retention, SBS and SBA programs have been missing the mark in Chinatown, therefore the business community needs targeted support. Here are some places where we think the City Council can invest:

1. **Design programs to specifically target commercial rent relief.** Rent burden is the number one concern for most business owners in Chinatown. While real estate values/property tax/rent have

been rising across the City, what really compounds this issue for small business owners in Chinatown is that Asian-owned businesses are most likely to be in the service sector with lower wages (found in this [Asian American Federation](#) study). Chinatown business owners take on these thin margins and tough business conditions because self-employment is a means of survival when you are shut out of the mainstream job market due to language skills or citizenship status.

- a. Existing covid relief programs such as Payroll Protection Program (“PPP”) have not adequately addressed the issue of rent burden.
    - i. For instance, the PPP loan size is based on past payroll expenses, and it doesn’t take other business costs (such as rent) into account, however essential. This stipulation works against small business owners in places like Chinatown who experiences relatively higher rent and lower payroll burdens. The limited loan from PPP likely do not make enough of a difference to justify the application hassle.
    - ii. The forgiveness clause in PPP can also deter small businesses operating in high-rent environment from applying and getting relief. Though intended as one of the best features of the program, the forgiveness clause actually dictates that no more than 25% of the forgivable loan amount can be attributable to non-payroll cost. In reality, business owners in Chinatown may be responsible for rental expenses in proportion much larger than 25%. To make things worse, the clause stipulates that the amount forgiven is further reduced if a business trim its number of employees (or their wages) by more than 25% versus pre-COVID baseline. This likely causes even more hesitation for businesses owners in hardest hit regions such as Chinatown: since many businesses were required to remain partially close, owners worry whether they can maintain sufficient employees to have their loans forgiven
    - iii. These thoughts of hesitation above are supported by a survey of 5800 small businesses documented in an [NBER working paper](#). About 17% of owners don’t think they will take out PPP loan even after being informed of the benefits. They cite reasons including i) too much hassle ii) don’t think the loans will be forgiven
  - b. Chinatown is one of the ["Neighborhoods With the Most Rent Stabilized/Controlled Units"](#); therefore, commercial property takes up the burden in any increase of property tax or water/sewer fees. Landlords have less flexibility to lower Commercial rents on street level storefronts without relief from the City.
2. **Protect Mom & Pop Legacy Businesses/Culturally Significant Businesses.** These are the businesses that built Chinatown into the culturally rich neighborhood it is. We need targeted incentives such as rent vouchers, or special property tax breaks for landlords who rent to a legacy business. We need a clear strategy to ensure these vulnerable institutions can stay in place.
  3. **Provide clear, timely, and *in-language* information about fines and regulations.** There is so much uncertainty around fines and regulations: whether fines may escalate or be forgiven, details on new health safety regulations for dining in. Business owners need access to this information in order to make best decisions on how and when to reopen their businesses.
  4. **Protecting the wholesale produce network that is the life blood of our neighborhood’s economy.** In Chinatown, the wider goal of employment retention needs to include protection of the infrastructure needed to sustain the ecology of businesses in the neighborhood. While this network of produce wholesalers in Chinatown is not visible in a way that Hunts Point is, these wholesalers create an entire ecology of businesses parallel to mainstream produce industry. They source from

small and medium sized immigrant-run farms that specialize in Asian vegetables along the East Coast. The 40-plus grocers and hundred-plus restaurants in Chinatown are dependent on this infrastructure along with the many Asian restaurants and grocers across the City. A failure of this infrastructure will lead to many downstream effects such as closures of retailers and restaurants, resulting in the loss of many (official and unofficial) jobs.

In order to survive, Chinatown small businesses need stability. Threats to their survival have surged not only in the wake of this pandemic, but also in the shadow of plans for large developments in the neighborhood, such as the Borough-based mega-jail and the Two Bridges high-rises. **Protecting our immigrant-owned businesses at this critical time is essential to keeping New York's cultural vibrancy strong.** After all, immigrant neighborhoods like Chinatown makes NYC the city that it is.

Thank you for the opportunity to testify and relay the concerns I have for the small business community.

**Jasper Yang**

Academic Researcher  
Stern School of Business  
New York University  
+1 929-263-6870 | by380@stern.nyu.edu



Testimony  
New York City Council  
Committee on Oversight and Investigations  
Thursday, April 30, 2020

Submitted by Beatriz Diaz Taveras  
Executive Director  
Catholic Charities Community Services

Good afternoon to Chairman Torres and the members of the New York City Council Committee on Oversight and Investigations. I am Beatriz Diaz Taveras, Executive Director of Catholic Charities Community Services. Thank you for the opportunity to provide testimony today regarding the steps Catholic Charities continues to take in responding to the disparate impact that COVID-19 is having on communities of color.

For over 60 years, Catholic Charities Community Services, Archdiocese of New York (CCCS) has provided comprehensive, professional human services to vulnerable, low-income City residents in the poorest communities of Manhattan, the Bronx, and Staten Island. Its network of services enables a participant in any of our programs to access a continuum of services which include: case management services to help people resolve financial, emotional and family issues; long-term disaster case management services; eviction and homelessness prevention; emergency food; immigration legal services; refugee resettlement; ESOL services; specialized assistance for the blind; after-school programs at summer camps and community centers; and supportive housing programs for adults with severe and persistent mental illness. Through its programs, CCCS serves more than 100,000 individuals each year without regard to race, ethnicity, gender or religion.

**The Challenge:**

The impact of COVID-19 on the communities we serve, particularly immigrants and communities of color, has been and will be harsh, disproportionate, and lasting. Even before the pandemic, clients reported high levels of anxiety, distress, uncertainty, instability in family life, economic insecurity, lack of income, and food insecurity. This combination has effectively acted as a pre-existing condition, intensifying the health, social, economic, and financial challenges that, with each day, have become increasingly dire.

Compounding the challenges facing these communities is that their members are more likely to have “essential” jobs that put them on the front lines of the war against the virus. Holding positions as healthcare professionals, grocery store clerks, delivery truck drivers or day laborers increases their likelihood of contracting the virus due to inability to practice social distancing and an overall dearth of PPE. Breadwinners often face a stark choice between risking health and losing the ability to pay rent and utilities. In the Bronx, where COVID-19 deaths are highest and the unemployment rate sits at 5.7%, individuals and families increasingly rely on pantries for food and household goods. Immigrant families face

additional obstacles, as questions of status preclude them from most federal financial assistance. Fear and a lack of knowledge of how to navigate the healthcare system add to these challenges and dissuade these families from accessing potentially life-saving care.

Intertwined with economic and safety concerns are the educational difficulties disproportionately experienced by communities of color. Technology shortages have left students without the devices or connectivity to participate in remote learning, and multi-language learners have had difficulty navigating remote learning because of language barriers. With the status of enriching summer programming, including the Summer Youth Employment Program (SYEP), unclear, struggling students are at risk of falling further behind.

### **Catholic Charities Responds:**

Catholic Charities is grateful for the City's partnership in responding to the deluge of case management needs brought on by COVID-19. In collaboration with City agencies, we have migrated our CCCS Helpline and the Immigration Assistance Hotline to a telephonic model that connects case managers and New Yorkers in need of services or referrals, including eviction prevention, mental health services, applying for government benefits, and emergency food. Food pantries throughout the Bronx, Manhattan and Staten Island have switched to a grab-and-go model, distributing 8,325 bags containing 99,900 meals through a combination of existing food pantries (57,120) and special requests and pop-up pantries (42,780). Eviction prevention sites in the Bronx and Harlem have implemented a hybrid office-remote work model to continue providing services to those at risk of becoming homeless.

Complementing case management efforts, our Immigration and Refugee Services and Day Laborer Outreach and Services divisions have mobilized quickly to respond to the needs of vulnerable immigrant families. Within a few weeks of the pandemic's strike, our Immigration and Refugee Services Staff reached out to our client base and identified over 950 families and 3,000 individuals who had lost work and run out of financial resources. A rapid response was organized that over the course of the past three weeks has supported 426 households with the most basic of these needs. Staff visit *paradas* three times per week sharing information on social distancing and proper hand washing and sanitizing, provide daily wellness calls monitor health and economic status, hear concerns and testimonies, and provide short- and long-term planning.

The Alianza Division of CCCS is at the forefront of providing youth and community resources to the Washington Heights, Highbridge and Harlem communities. Staff have engaged 2,600 students and families in wellness calls, distributed 3,100 bags of food, and provided 110 tablets to students lacking access to remote learning. Multi-lingual students receive in-depth support from staff, including trouble-shooting computer/internet issues and providing academic assistance, to ensure they do not fall behind.

### **Conclusion:**

New York City' wealth of diversity of nationality, ethnicity, culture, and race makes it strong and unique, even as the COVID-19 crisis disproportionately impacts its communities of color. Catholic Charities is proud to partner with the City and other nonprofits to help these communities meet the challenges of this pandemic, and looks forward to continuing these partnerships in helping usher a period of sustained and equitable recovery in which all New Yorkers have access to the services they need.

**May 3, 2020**

**From: Egeria Bennett  
Northeast Bronx  
Community Bd.12**

**I'm submitting this testimony on behalf of the members of the Northeast Bronx Community, and myself. I've resided in this community for the last 50 years; I work for the city and I'm on the local community board. I am appealing to you, do not cut discretionary funding from the vulnerable, underserved members of this and any community.**

**Non-profits are an extension of the work you are 'required' to do for your constituents; housing is one of them and, a sense of well-being. The not-for-profit organization is a significant helpmate to government. They provide housing, housing support, medical support, meals, and services that alleviate mental health issues while providing mental health support where needed.**

**COVID19 has brought havoc to our communities but has raised a hellish situation in these vulnerable communities. The data that's being collected shows the numbers that have been impacted by this disease. Now, more than any other time, is not the time to take away the viable support needed by the people. Do not, mistakenly, cut the discretionary funding needed by these organizations to continue the important work that they are doing for YOU and your constituents.**

**Thank You**