CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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September 27, 2024
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HELD AT: 250 Broadway-Committee Rm. 16th, fl.

B E F O R E: Sandy Nurse
Chairperson

COUNCIL MEMBERS:
Shaun Abreu
Diana I. Ayala
Tiffany L. Cabán
Shahana K. Hanif
Christopher Marte
Mercedes Narcisse
Lincoln Restler
Althea V. Stevens

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

Khadira Savage
Freedom Agenda

Lezandre Khadu
Freedom Agenda

Joanne De la Paz
Freedom Agenda

Bipin Sudedi
Chief Medical Officer for NYC Correctional Health Services

Jeanette Merrill
Senior Assistant Vice President of Communication and External Affairs at Correctional Health Services

Francis Torres
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Sherrieann Rembert
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Department of Correction General Counsel

James Saunders
Department of Correction Deputy Commissioner of Health Affairs

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

Valerie Greisokh
Department of Correction Assistant Commissioner for Division of Programs and Community Partnerships

Allie Robertson
Department of Correction Executive Director of Intergovernmental Affairs

Lucas Marquez
Brooklyn Defender Services

Natalie Fiorenzo
New York County Defender Services

Mik Kinkead
Legal Aid Society

Rachel Golden
Golden Psychology

Faris Ilyas
New Pride Agenda

Jewel Baskerville
Legal Aid Society

Jay Edidin
Beyond Rosie's

Kennedy Felder

Nadia Chait
CASES

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

Sarah Zarba
Legal Aid

Tanya Krupat
Osborne Association

Zakya Wakeno
Bronx Defender

Jennifer Parish
Urban Justice Center

Lorenzo Van Ness
NYC Commission on Racial Equity

Rajesh Mehra

Ashley Santiago
Freedom Agenda

Ricky Ford
Katal Center for Health Equity and Justice

Reggie Chatman
Fortune Society

Melissa Vergara

Serrice Simone Holman

Vidal Guzman
Executive Director of America on Trial

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

Sharon Brown
Rose of Sharon Enterprise

Christopher Leon Johnson

Eileen Maher
Vocal New York

Chaplain Dr. Victoria Phillips
Visionary Ministries

Maxima Rodas

SERGEANT AT ARMS: Good morning and welcome to the New York City hybrid hearing on the Committee on Criminal Justice. Please, at this time, silent all electronic devices. If you have any questions, please raise your hand and one of us Sergeant at Arms will kindly assist you. Also, please do not approach the dais. Thank you very much for your kind cooperation. Chair, we are ready to begin.

CHAIRPERSON NURSE: [gavel] Good morning everyone. I'm Council Member Sandy Nurse, Chair of the Council's Committee on Criminal Justice. I'd like to welcome you to today's legislative hearing. I want to recognize my colleagues who are here. We have Council Members Marte, Stevens, Narcisse, Ayala, Cabán on Zoom, Hanif on Zoom, and others will be arriving shortly. Today, we will consider a slate of legislation that seeks to bring much-needed reform and transparency to the Department of Correction and Correctional Health Services. Given the packed agenda, I will simply provide a brief rundown, but I want to acknowledge and commend all my colleagues with legislation on today's agenda for their thoughtful and diligent work. The bills we will

consider today-- let me get my brain functioning-- includes Intro. 151 sponsored by Council Member Cabán to replace outdated terms: inmate, prisoner, and incarcerated individual with person first language such as persons incarcerated and persons in custody throughout the City Charter, the Administrative Code, the Plumbing Code, and the Building Code. Intro 152 also co-sponsored by-- oh my God, let me-- Intro 152, also sponsored by Council Member Cabán to extend the minimum duration of and update other requirements of the TGNCBI Taskforce, the taskforce previously established by Local Law in 2019, to address policies related to the treatment and housing of transgender, gender non-conforming, non-binary, and intersex individuals in DOC custody. Intro. 206 sponsored by Council Member Hanif to require Correction Officers to carry and administer opioid antagonist while on duty and to receive related training. Intro. 412 sponsored by Council Member Restler to ensure emergency contacts and an attorney of record are notified when a person in custody attempts suicide, is hospitalized or is seriously injured. Intro. 420 sponsored by Council Member Rivera to establish a comprehensive program for child visitors at DOC

facilities. Intro. 423, also sponsored by Council Member Rivera, to enhance DOC investigation and notification procedures following the death of an individual in custody and a report on compassionate release. Intro. 625 sponsored by Council Member Powers to refine standards for how DOC must evaluate whether to put someone in gender-aligned housing and create an appeals process to challenge housing decisions for transgender, gender non-conforming, non-binary, and intersex individuals in custody. Proposed Intro. 735A sponsored by Council Member Stevens to require reports on sexual assault and sexual harassment of correctional staff, and ensure they have access to appropriate mental health resources. Intro. 1023 sponsored by Council Member Gutiérrez to require DOC to establish, operate, and maintain an online scheduling system to facilitate visits to people in custody. Intro. 1026 sponsored by Council Member Hudson to enhance jail visitation reporting regarding-- sponsored by Council Member Hudson to enhance jail visitation reporting and require DOC to record interactions in which an individual is informed about a visitor and refused to attend the visit. Intro. 1027, also sponsored by

Council Member Hudson, to ensure people in custody and DOC staff have access to gender-affirming items and medical devices. Intro. 1036, a bill I'm sponsoring to obtain regular reports regarding people in custody who have been ordered to undergo a 730 mental health examination to determine their fitness to stand trial. Intro. 1061, sponsored by Council Member Louis, to update and improve DOC reporting requirements on allegations of sexual assault and harassment of people in custody. It's a lot. Sorry. That took me a minute to get through. All these proposals come in the context of a Department of Correction that remains in turmoil with the looming threat of a federal takeover, because of its failure to remedy the unconstitutional conditions of confinement on Rikers Island. As long as the level of danger posed to people in custody and employees remains unacceptable, the Council has an obligation to use its legislative authority to create a safer jail system and close Rikers Island. As we'll hear from our first panel of witnesses, failure to take urgent and necessary action will only result in more tragedy and heartache. So, I'm going to turn it to Council Members to give brief opening statements. We

have about five folks who want to talk about their bills today. I'm going to turn it over to Council Member Althea Stevens first.

COUNCIL MEMBER STEVENS: Good morning. Thank you, Chair, for hearing Intro 735A which includes Department of Correction's report on the physical violence against and sexual assault and harassment of correctional staff and ensure that staff have access to mental health treatment. This bill is not about just reporting and statistics. This is about accountability, protection, and compassion. The violence and harassment of staff members, especially women, endured cannot be unchecked for any longer, and the sentiment stand for every-- in every industry. It doesn't matter at-- it doesn't matter if you are entry level or an executive. Everyone deserves an environment where they can feel safe and valued and respected as individuals by requiring Department of Corrections report on these incidents and brining transparency to a system that desperately needs it. Additionally, this bill will require that staff will be given mental health resources they need to heal and continue doing their job safe and effectively. I

look forward to hearing form the Administration of how we can work together to implement this legislation to ensure that everyone who is working and who are in custody can feel safe. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Stevens. I want to acknowledge Council Members Louis and Rivera have joined us. I'm going to turn it to Rivera to give opening remarks on her bill.

COUNCIL MEMBER RIVERA: Thank you, Chair Nurse, for the time and also for your leadership on these issues. Since Mayor Adams took office, 33 individuals have died on Rikers Island. Rikers is a terrible place to be and a horrible place to die. Too many New Yorkers are stuck in cycles of homelessness, incarceration and violence, and for too long our criminal legal system has dehumanized people and focused on locking people away instead of taking a more holistic and sustainable approach to public safety. Today I have two bills being heard before the Committee. Again, I want to thank the Chair for the opportunity to deliver brief remarks and again for your leadership and for all the advocates in the room for their work on criminal justice reform.

First, Intro 423 will create procedures for the Department to investigate and report on deaths, require public notification, return personal items of the deceased person within 30 days and report on compassionate release. Following the release of the May 26th Special Report of the Nunez Independent Monitor, the Department of Correction announced it would abruptly end the practice of notifying the public when an individual dies in the agency's custody. The report highlighted five life-altering violent incidents on Rikers Island, including the death of Joshua Baez, who city officials said died of a heart attack, but an autopsy showed he had a fractured skull. We must have appropriate policies in place to ensure accountability and transparency. Second, today we will hear Introduction 420 which will establish a program for child visitors to DOC facilities to improve the visiting experience for children. About one in 14 children in the U.S. will experience having a parent incarceration and this can be damaging and traumatic. We must do all we can to strengthen familial bonds and facilitate a healthy visiting experience for children. People have tried to change this policy since the 90s, and in 2001 a

federal judge dismissed a Consent Decree and the visiting process has since severely deteriorated. For instance, it was recently in the news that corrections officer saved a one-year-old from choking. This happened at 7:40 p.m. Registration for visits ends at noon on Sundays, meaning this child was likely on Rikers Island for at least eight hours, and that doesn't even account for travel time. This also highlights why the Administration must adhere to the law decree in borough-based jails that will bring individuals closer to their family and community-based programming providers. I look forward to continuing work with colleagues to create a safer city for all, and I want to thank the Chair again for the time.

CHAIRPERSON NURSE: Thank you, Council Member River. Council Member Louis, did you have remarks? Okay. I'm going to turn it over to you.

COUNCIL MEMBER LOUIS: Good morning. Thank you, Chair Nurse, for your leadership and commitment to addressing critical issues within our city's correctional system. I'm grateful that Intro 1061 is being heard today in the Committee on Criminal Justice. Intro 1061 addresses serious gaps

in the Department of Corrections reporting on allegations of sexual harassment and abuse. This bill requires the Department to assign unique identifiers to each incident and victim, ensure a clear data dictionary accompanies each report and provides justifications for not referring substantiated allegations to District Attorneys. Our recent audit by the City Council's data team uncovered alarming deficiencies in the current report mandated by Local Law 21 of 2019. The report lacked transparency, often used undefined terms and failed to give clear information on allegations and investigations. This makes it impossible to track the true extend of these incidents, undermines public trust and places our most vulnerable populations, particularly women and LGBTQ+ individuals in custody at continued risk of unreported violence. We cannot allow this lack of accountability to persist. This bill is essential to bringing transparency and justice to those who have been historically overlooked and harmed by systemic failures of the Department of Corrections. I use-- I urge the committee and my colleagues to support this critical measure to ensure that Department of Correction is

held accountable and that the safety of individuals in custody is prioritized. Thank you again, Chair, for your commitment to this issue. Thanks.

CHAIRPERSON NURSE: Thank you, Council Member Louis. We will now hear from Council Member Cabán who is joining us online.

COUNCIL MEMBER CABÁN: thank you, Chair. Also thank you to the advocates and directly-impacted folks who inform, guide and champion the legislation that we're going to be hearing about today. Intro 151 would harness the power of language to serve justice. Words like felon, convict, and criminal reduce individuals to a single experience, ignoring the totality of their complex identities and making their reentry into society more difficult. By promoting a more humane language, we can create space for new possibilities and help make changes in the carceral system that will meaningfully impact people's lives. Numerous studies have been published showing how dehumanizing language alters the way we view and treat people. A 2017 study found a rise in hostile sexist attitudes after exposing people to language that compared women to animals. A 2015 study found that dehumanizing language toward people

of Arab identity strongly predicts support for aggressive actions like torture and retaliatory violence. It is time for us to address the issue of dehumanizing language and restore people's humanity. And Intro 152 is the next step towards implementing more just practices for transgender, gender non-conforming, non-binary, and intersex people in DOC custody. It would amend and extend the taskforce with government and community representatives to identify and address issues faced by transgender, gender non-conforming, non-binary, and intersex people in custody and make recommendations to the City. Currently, many TGNCNBI individuals are placed in housing units based on their sex assigned at birth, exposing them to much greater levels of physical and sexual violence. These individuals often face physical threats and frequent verbal harassment, as well as inadequate access to basic necessities, creating a hostile environment and dangerous environment. Intro 152 of 2024 must be passed to continue monitoring and address the needs of TGNCBI folks in custody. Thank you so much.

CHAIRPERSON NURSE: Thank you, Council Member Cabán. I'm going to read Council Member

Hanif's statement for her. "Good afternoon." This is for Council Member Shahana Hanif. "I regret that I am dealing with a health issue and unable to join in person today." She's thanking me for reading this statement on my behalf-- on her behalf. She also wanted to thank Council Members Rivera, Ossé, Bottcher, and Narcisse and Public Advocate Jumaane Williams for introducing the bill alongside her. "From 2022 to 2023, at least 10 people incarcerated in DOC facilities died of a suspected drug overdose. Intro 206A aims to prevent future drug-related deaths by improving policies to Narcan, a medicine that rapidly reverses and opioid overdose. This bill would require all correction officers to be trained on how to use Narcan. At a previous committee hearing, Commissioner Maginley-Liddie shared that"-- one second. Sorry, there's a issue with the Zoom. Okay, we're back. I also want to recognize Council Member Shaun Abreu has joined us. I'm going to resume Council Member Hanif's opening statement. "Intro 206A aims to prevent future drug-related death by improving policies to Narcan, a medicine that rapidly reverses and opioid overdose. This bill would require all corrections officers to be trained on how

to use Narcan. At a previous committee hearing, Commissioner Maginley-Liddie shared that nine percent of officers remain untrained. The bill would also require the Department to offer training upon request to people who are incarcerated. Additionally, the bill would require corrections officers to carry Narcan on this person. At a previous committee hearing, the former Commissioner Molina noted that this is the operating protocol in other jurisdictions and that he supported this policy in principle. Currently, DOC only stocks Narcan at the A post of housing units which has led to operational issues. The Board of Correction reports of Donny Ubiera's death in custody documents Narcan not being available at the A post which caused a delay in Narcan being administered. Further, the bill would require trained officers to administer Narcan when they observe someone overdosing. In the moments preceding the death of Gilberto Garcia, Elijah Muhammad, and Jose Mejia Martinez in DOC custody, officers observed all three displayed-- all three displaying signs of opioid overdose, but failed to administer Narcan. Lastly, the bill would distribute an opioid overdose prevention kit that includes Narcan, an educational

insert to all people being discharged from custody. Unfortunately, public defender organizations have reported that a number of their clients have overdosed immediately after leaving Rikers Island. I'd like to close by thanking Legal Aid Society, Brooklyn Defender Services, Freedom Agenda, and Vocal New York for their work in helping to inform this legislation which I believe would save lives if enacted into law. I look forward to hearing testimony from the Administration and the public." I think that is all our opening statements. We might hear from Council Member Restler later. So we're going-- the way we're doing the hearing today is we're going to hear from some community members before we go into hearing from the Administration. So without further delay, I'll now introduce our first panel of witnesses. Lezandre Khadu? Oh, okay. Well, I'm just listing them out. Tamara Carter [sp?] and Joanne De la Paz, right? I'm sorry if I butchered any names. Okay, I'm sorry. Not Tamara Carter. We have Khadira Savage. Okay, great. So, thank you all for coming in, and thanks for appearing before us today to share information that I know must be

difficult to speak about and relive, especially in a public setting, but you may begin when you are ready.

KHADIRA SAVAGE: Good morning, Council Members. Thank you for holding this hearing and allowing me to express my support for Intro 412 and Intro 423. My name is Khadira Savage. I'm a member of Freedom Agenda and a sister of Roy Savage. As I stood in the lobby of Bellevue Hospital earlier this year, I was told in disbelief of what was being said- - sorry. As I stood in the lobby at Bellevue Hospital earlier this year, I was in total disbelief of what was being said to me on the other end of the phone. The Sergeant wants to know why you're still trying to come upstairs if the body is already on its way to the morgue? That's how I found out that my brother was dead. After being held in the lobby for over an hour and told that I would not be let upstairs, because based in their system it showed that my brother had already had his two visits for the day. I explained to the receptionist over and over that my brother was dying and that we were asked by the medical staff to come now. After that, I recall getting an urgent message from my brother's longtime friend and companion who explained that his

condition had worsened overnight. And on March 22nd, 2024, my oldest brother, Roy Savage, was the 31st person of 33 individuals that died while in DOC's custody since Eric Adams took office. Anthony Jordan was the most recent death after he was denied the proper medical care despite his verbal request for help on August 20th of 2024. As next of kin to my brother, I never received a call from DOC or Bellevue to notify me that my brother was in his last days. Just three months prior, I sat with my brother in Upstate Medical Hospital and planned his return to New York City. My brother had been acquitted of his charges and was told by his legal counsel that he would be granted the right to die peacefully with his family in hospice care. We just had to make the transfer down to the City. Thank you. I often question whether or not Roy would still be alive had he stayed upstate. None of us could have prepared for what would happen next. The next month's following my brother's transfer, my family was constantly turned away from visits. My oldest sister was told verbally by officers at Bellevue Hospital on two separate occasions that my brother had contracted COVID and needed to be quarantined. We later

discovered that he never had COVID, and to this day we have never been notified as to why we were denied visits from January to March of 2024. On March 21st, that was the last time I saw my brother alive. He was less than 100 pounds, and he looked like he had not been bathed or cleaned in weeks, a man who was not able to move. Unable to eat solid foods, I observed a full tray on his table full with meat, rice, and vegetables. That made me wonder if they had been bringing him a tray of food every day, and when was the last time he got fed his Ensure. Why wasn't he being-- why wasn't he on feeding tubes if he was no longer able to eat. I requested-- I'm sorry. I requested a Ensure that took over an hour to get and I had to wait another 45 minutes for a nurse to return with a straw. How had he been eating or drinking if they do not have a straw on-hand. I fed my brother that Ensure and watched as he struggled to drink from the straw. He was too weak. As I coached my brother to finish off his Ensure drink, I prayed over him. He couldn't tell me, but I knew my brother had experienced and worse than what I could have ever imagined. There was no doctor to consult with and I was so confused as to why there

was no communication about my brother's health declining so rapidly. The least they could have done was contact me to notify me that my brother's condition had worsened. It was like once we was placed in DOC custody, all communication was cut and by the time anyone saw my brother again, he was unable to speak, eat or move to explain what had happened. In honor of the type of man that my brother was, he would make the best of the worst of any situation and never give up on his faith no matter how bad it got. Roy Savage was that man until the day he died. City Council, passing Intro 423 and 412 is how we transmute [sic] a very ugly situation into something honorable. Every man deserves that right. These bills could be the beginning of reminding DOC and CHS that people in jail are human beings with people who love them. Demanding transparency is how you create solid solutions and hold people accountable, shining a light to what changes need to occur. Let's grant families the right to make decisions and be present for their loved ones. Communicate so that there is an awareness of our family's wellbeing. That is not too much to ask for. It's actually inhumane to have it

any other way. The Close Rikers movement is just the beginning of the work that would need-- that would be needed to put-- sorry. The Close Rikers movement is just the beginning of the work that would need to be put back into our communities as we are forced to deal with these situations and just carry on with life. The domino effect has impacted millions of New York City residents, and it's time to speak up, not just for my brother, but for all the people who did not deserve to die in such horrible conditions. Thank you.

CHAIRPERSON NURSE: Thank you all, and just-- I know most of you all know this who've been here, but using the hand signals. You can begin when you're ready.

LEZANDRE KHADU: Good morning everyone. Good morning, Council Members. Thank you for holding this hearing and allowing me to express my support for Intro 412 and Intro 423. My name is Lezandre Khadu. I'm a member of Freedom Agenda and the mother of Stephan Amani Khadu. My son was 22 years old when he entered the doors of hell, AKA Rikers Island, in the care of Department of Corrections. On December 19th, 2019 was the first time I ever went to visit my

son and saw at firsthand the horrors that were occurring there. I was so surprised that a place like this could function in our city. I remember this filthy place and it was so horrible and it smelled. It broke my heart to know that my one and only son was living there. I was still excited to see my sunshine, though. So I held my head high and focused on the time with him. Having a child on Rikers Island on the care of DOC is the most distressing feeling ever. Not being able to help your child or do anything while they are suffering is the worst feeling. I always felt so helpless when it came to advocating for him. The COVID came into the world-- excuse me-- and turned Rikers Island upside down. No human contact from family and loved ones. When Stephan was moved to the Boat, I never got to see him in person, only tele-visits, but I was okay with that as long as I got to continue to see and hear my son. A couple days had gone by and I hadn't heard from Stephan until I received a call from my daughter one afternoon. She is crying and yelling, "Mom, mom, mom, pop had five seizures and they took him to the hospital." I was on the very of passing out. Why no one didn't call me? How do I rush to

the hospital and bargain with DOC to let them see my son. We rushed to Lincoln Medical Center. On our way there, I asked my daughter was she able to get the name of the officer who called to let her know about her brother. She said, "An officer didn't call, Ma. It was one of his friends who called to let me know." I was in shock. Being at the hospital was not easy either. No one gave us any answers, not from staff or security, nothing, the hospital and definitely not DOC. When I finally approached an officer, I said my name is Lezandre Khadu. I'm the mother of Stephan Khadu. I just would like to see and know my son is okay. The officer said, "She cannot be here. Get her out of here." I pleaded and pleaded with them. Please just let me know that he's okay. They escorted me out the back of the hospital, and as the officer left, she said, "We don't have to tell you anything. He's 22 years old and he is the property of DOC." I lost it. I took off my face mask and I said, "How could you? You are a human being. You are a woman. How could you look me in my face and tell me that?" She would-- she replied, "I'll tell you one thing, he not dead." I left and I cried that whole night. The next day my phone rings,

not DOC, it was a man named Doctor Wolfe [sp?] who let me know he was my son's doctor, and I told him I wanted to know everything as DOC has been keeping me out of the loop. He said, "Your son was brought here from the facility where officers said he had two seizures in the facility and one in the ambulance ride over." He told me my son's bones were stiff for so long because of the seizure back to back. They had became so brittle they started to leak toxics into his blood stream. They'd be keeping him there because they were worried about his kidney failing. I never thought my son, my healthy son, would need emergency dialysis the age of 23. I was heartbroken. I started screaming and yelling. I wanted to see, hold, and nurture my son and I couldn't. I was hoping even the hospital would see the urgency and give me the pass, but it's like they couldn't go over DOC. When I finally got a quick phone call from Stephan, he sounded different and he let me know where he was. I told him I knew that and I'd been trying to see him. He was talking funny. He said it was because of how he bit his tongue during the seizure. While we were on the phone I keep hearing him tell someone-- tell the person near him, "It's

just my mom. I just wanted to tell her I love her and say hi." Before we hung up, I yelled I love you and please don't hurt my son. I cried all night hoping to hear from Stephan. I called the hospital in the morning to just check. All of a sudden they told me, "We can no longer give out information on that patient. I'm so sorry." And hung up the phone. On July 12th, 2021, Stephan was back on the Boat and called me. I felt somewhat a sense of relief as I prayed with him on the phone. When we got off the phone I requested multiple times tele-visits, and every visit was denied. I was confused, but focused on the positive of still getting his phone calls, and I know others were getting to see him at least on the tele-visit. On September 11th, 2021, my son turned 24, spending two birthdays fighting his case from hell. Finally, they had approved a visit for me on 09-18-2021. I was so excited to see my son, especially knowing that he had been down from talking to him in a way I've never seen his spirits. One of our last phone calls Stephan said to me, "Ma, I'm tired of being here. I didn't do anything." And I said, "I know son. You will get through this. God got you." On September 22nd, 2021, between 10 and

11:00 a.m., I heard my daughter screaming and yelling, "No, no, no, no. Mom, mom, mom, mom." I jumped up from my bed and I opened my room door. She looked at me and she said, "Ma, ma, your son is dead." I passed out. I awoken to everyone screaming and crying. I couldn't breathe because no one told me anything, his mother, the person who made him. I need my people in office to do what is right and pass these bills. I need y'all to pass these bills. These bills got to get passed, because another family and a mother can't go through what I went through. Hearing my daughter scream like that broke my soul. Anytime I hear that cry, I can't come to terms because I know it's another mother that's losing a child. Like I said, the right thing they need to do, these people in office-- the right thing to do is pass these bills and close torture island down, decarcerate, and put the money back into my community. Thank you, Council.

CHAIRPERSON NURSE: Thank you. I want to acknowledge the Public Advocate-- and there is a seat up here if you need, and you can start whenever you're ready.

JOANNE DE LA PAZ: good morning, Council Members. Thank you for holding this hearing. My name is Joanne De la Paz. I'm a member of Freedom Agenda, and I'm here today to ask you to pass intro 412 as soon as possible to keep family members informed when serious injuries happen in DOC custody. My son was incarcerated in Rikers Island in 2022 when he was stabbed seven times. They took him to medical and then out. They took him-- no, they took him to medical and then put him back in the same house almost right away, and he was stabbed eight more times. The second time actually happened while I was on the phone with him. All I heard was chaos in the background. I didn't know what happened until another one of his friends who was inside with him called me and said, "They took him out of there bleeding, and he couldn't breathe." I was so scared. I rushed over to Rikers Island with my family, and we demanded to know where my son was. The guard I spoke to was very disrespectful. He told us whatever happened to him happened. He said, "If he was dead, you would have known." We kept arguing and finally he said, "You should go check Bellevue." We got to Bellevue, DOC wouldn't let me see my son. I gave him

his name-- I gave them his name and his ID number, but they said they didn't have him under-- they had him under some other name, because he said he was gang affiliated. Later I found out that while I was out there arguing with these officers, my son was inside getting-- he was inside, blood taken-- was getting blood taken out of his lungs. I'm sorry. His lungs was punctured after his stab wound, and then he needed a blood transfusion. I went home that day and still haven't gotten to see my son. The next day I called, spoke to someone in charge, I finally-- and they finally get to tell me I could come and see my son. That person actually apologized how we were treated the day before. When I got there my son was the only person in the housing area, about 30 guards around him. He was there two days and then sent back to Rikers. He spent about six months at Rikers and he never got evaluated, never got a follow-up appointment. My son got home a couple of weeks ago, and this is-- and this week was the first time he got evaluated. After that surgery, aside of the physical trauma, he came home with mental scars and PTSD. No one should be sent to this place as violent as Rikers, and Rikers need to be shut down. I am going

to keep fighting for that, but there are also smaller changes that the City Council can make right now to make sure what when people are hurt badly as my son in jail, family members at least informed, so we be here for them. Support from families is important. When people are incarcerated, DOC shouldn't e allowed to hide this truth from us. Thank you.

CHAIRPERSON NURSE: Thank you all. I really appreciate you coming and sharing your stories. I know that's hard, and it's hard to hear, you know, because this is unacceptable, and you shouldn't have to go through this. You should have timely information and communication about what's happening with your loved ones, just as if somebody was kid in school and something was happening at the school, or if any of us here on the side of the table, something happen to us, our emergency contacts would be contacted. So, thank you for that, and it does have an impact on our work and how we're legislating. I want to open it for any-- I know that we have Council Member Restler has joined us. I know the Public Advocate's going to make a statement shortly, but if there's-- I didn't want to disrupt

the flow, so if anybody-- any members have any questions. So, I'm going to-- Abreu and then Ayala.

COUNCIL MEMBER ABREU: I just want to say that my heart breaks for you and your families. Your testimonies today were very powerful. I just want you to know there's a council here that's listening to you, a city that cares about you. I'm going to do everything that I can to support our Chair, Sandy Nurse, in getting these bills through. I may not be on them. I'm not sure I'm on them. I'm going to get on them right away. Seriously, I just want you to know that we're with you.

CHAIRPERSON NURSE: Thank you, Council Member Abreu. Council Member Ayala?

COUNCIL MEMBER AYALA: Good morning. First of all, I wanted to thank you for sharing your stories with us today, and I wanted to add my story in solidarity, because my baby brother spent most of his life in and out of Rikers Island. he suffered from severe mental illness and substance use disorder, and last year while he was incarcerated he was stabbed twice, and I never received a phone call altering me, and I'm the Deputy Speaker of the New York City Council and nobody called me to tell me

that my baby brother had been stabbed twice. I had to initiate those calls to Corrections. And so I say that to say that if it's happening to you. It's happening to me. It's no something that, you know, should be dismissed because it only reinforces just how many cases, right, are facing similar situations and families are not being notified and inmates are not being treated with the dignity that any human being deserves. And so thank you for sharing those experiences, and I want you to know that. You know, one of the benefits of having a Council that's made up of primarily people of color and women is that we are part of the impacted community, and so I want you to know that you're not alone in wanting to seek justice for your loved ones. So thank you.

CHAIRPERSON NURSE: Thank you, Deputy Speaker Ayala. Council Member Narcisse?

COUNCIL MEMBER NARCISSE: Good morning and thank you for sharing your stories, and all we want is for us as human beings to treat each other fairly, honestly, and respectfully. That's what we ask for. You're not asking for a lot right now. You're asking that your family-- is somewhere suffering, and they want their family to be with

them. That's all we ask for. It's not much. So, I think as us sitting here as Council Members, we are responsible to make sure that-- your voice is not being heard-- for us to make sure that you know you're important to us. You're part of the city and you deserve that respect. That's all you ask. You ask to see your son. You ask to see your brother, and we are here to make sure. Like my colleague just said, I think-- [inaudible] yes. It's to support you and to make sure we hold people accountable that's serving us, and I'm sure they doing their part and we doing our part, and I thank you for sharing the story, because you make our job easier to let people know is that we ask-- we're not asking for much. We just asking for people to be respectful and understand those are human being that you're taking care of. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Narcisse. I want to thank you all for being here, for sharing your story again. Really appreciate it, and as Chair you have my commitment to work towards moving these bills forward, and working with DOC and DHS to figure out how to operationalize it, because in my mind there's just no reason why

this can't be done. So, thank you for being with us, and we're going to conclude the panel portion of today's hearing. And next we're going to hear from our-- thank you. Thank you so much. And next we're going to hear from our Public Advocate Jumaane Williams. Council Member Restler, did you have a statement? Okay, okay. Alright, go ahead Jumaane, Public Advocate.

PUBLIC ADVOCATE WILLIAMS: Thank you, Madam Chair. Jumaane works. Before I do my prepared testimony, I just want to add myself to my colleagues and talking about the panel, and I want to thank them for sharing their stories. When I first started this I had no children. I now have two, and so those stories hit different. Hearing a parent say how her soul was broken is a very, very tough thing to hear, because one child told her another child was dead. It's a very tough story, so I just want to add my name on the record of thanking them for sharing that trauma. Hopefully we can do something to prevent it from happening to others, and thank you to Council Member Ayala for sharing hers, and my prayers continue to go with her and her family. Good morning. My name is Jumaane Williams, Public

Advocate for the City of New York. I thank Chair Nurse and members of the Committee on Criminal Justice for holding this hearing. Last month, Anthony Jordan became the 33rd person to die in DOC custody. Mr. Jordan was reportedly found dead in his housing unit after being sent back there by jail medical staff the day before. The news of his death came on the heels of the death of Charizma Jones, a 23-year-old whose attorneys alleged that she was ignored by jail medical staff while experiencing a serious illness. Each person lost is a tragedy and devastating for their loved ones and communities. We as a city have a responsibility to care for those in our custody, and when a person dies or is seriously injured, we have a duty to investigate the circumstances of the death or the injury and notify relevant agencies and the public. Despite this, last year, DOC stated they will no longer announce in-custody deaths to the public. What happens behind the walls of the jails on Rikers Island should concern all New Yorkers, and transparency is even more crucial given this Administration's efforts to shirk [sic] it. That is why I'm co-sponsoring Intro 423 which was introduced by Council Member Rivera and

is being heard today. This bill would establish procedures for DOC, CHS, and BOC following in-custody death, and would require DOC to notify the office of Chief Medical Examiner, the deceased defense attorney, BOC, and the public. Further provision of the bill would require DOC to provide updates on the status of any staff misconduct cases related to the circumstances that contribute to an individual's death, report and compassionate release and establish a Jail Death Review Board to examine systemic issues that contributed to deaths in custody, and I have to say I don't believe we have to make a law to do something that should be done automatically just at any human level. In March of this year, an analysis published by Gothamist found that of the 1,256 lawsuits filed under the Adult Survivors Act, 719 or almost 60 percent were filed against the New York City Department of Corrections. Not only do the suits detail allegations including harassment, sexual assault, and rape, but also that DOC knew about the abuse and failed to act, thereby tacitly encouraging the violence to continue. Sexual violence is not limited to the people incarcerated on Rikers Island. For years, officers, primarily women officers, but

men as well, have exported they experienced high levels of sexual harassment and assault while at work. Earlier this year, New York One reported that data shows there have been at least 87 sexual assaults on officers [inaudible] in city jails since 2021. No one should ever have to go to work fearing that they may be attacked or harassed. The cultural of violence with impunity on Rikers Island is making everyone, as we continue to say, on both sides of the bars unsafe. Currently DOC does not publicly report data on sexual violence and harassment against officers and other DOC and CHS staff. Consequently, today we are also hearing bill I'm co-sponsoring, Intro 735, introduced by Council Member Stevens. This legislation would require DOC to report annually on alleged incidents of physical violence against and sexual harassment of DOC and CHS staff perpetrated by fellow staff members or by detained individuals that occurred in the previous year. This bill also requires that DOC use the data to update its policies addressing physical violence against and sexual harassment of staff. Crucially, this bill requires the Commissioner to ensure that staff have access to mental health treatment resources and to publicize

availability of such resources to staff. Finally, we're hearing Intro 206, introduced by Council Member Hanif and co-sponsored by myself. This legislation will require DOC to train officers on the proper use of opioid antagonists annually as well as incarcerated people who request it. officers would need to carry opioid antagonists at all times while on duty and must administer it in accordance with their training to prevent more tragic death. In October of 2022, Gilberto Garcia died of an overdose on Rikers Island. In a lawsuit filed by his family against the City in August, Garcia's brother Gilson [sp?] who was also incarcerated in the cell next to his brother alleges that officers were so slow to respond to Garcia's distress, that he administered Narcan and CPR himself, even though he was not trained to use either. Drug use and overdoses in the jail have increased since January 2021, and ensuring that every officer is trained in overdose prevention is essential. Thank you.

CHAIRPERSON NURSE: Thank you. I will now turn to Council Member Restler to give some remarks on his legislation.

COUNCIL MEMBER RESTLER: Thank you so much, Chair Nurse. Greatly appreciate you holding this hearing today, and I really want to just begin by echoing the sentiments of our distinguished public advocate at least for now. You know, just expressing my love and condolences to our Deputy Speaker and support and just really appreciated her comments and the comments of the previous panel. We have a really terrific set of bills today, some introduced by pervious Chairs of this committee that I know have been pushing these bills up the hill for some time. So appreciate our chair helping to get them over the finish line. I'm proud to be the lead sponsor on Intro 412 and want to thank 19 of my colleagues who have co-sponsored this legislation. you know, as we heard from the previous panel, families are-- you know, the only thing that matches the terror of being sent to Rikers Island is having a family member, a loved one send to Rikers Island, and not knowing how they're doing and having no information, no insight. We know that violence has skyrocketed. It's been a decade since a federal monitor was imposed on Rikers Island, and in that time we've seen use of force resulting in serious injury is up 526 percent.

Stabbings and slashings are up 396 percent. Self-harm incidents are up. We know that violence is endemic to the place. We know that people there are suffering, and yet, there's no mechanism to force the Department of Corrections and other agencies to actually tell family members what the heck is going on. And so Intro 412 would require that CHS, not DOC, CHS, Correctional Health Services, the healthcare workers on the island would be required to notify family members about serious medical injuries, hospitalizations, or suicide attempts within one hour. We know DOC hides the ball. We don't trust their data. We don't trust them to be reliable partners or communicators, and that is why this legislation rightly mandates CHS to do the job. I really hope-- you know, based on our rough estimates, we believe there are about 1,500 serious injuries to people in custody in 2023. Every one of those families deserves to know what is happening with their loved ones, and this legislation would do just that. We obviously need to stop the violence. We need to close Rikers Island. people are incarcerated deserve dignity and they deserve far better than the dumpster fire, the humanitarian disaster, the moral

stain that is Rikers Island, but in the interim and forever we need to ensure that there's good communication between people who are in the inside and people on the outside about the status and health and conditions of the people who are there. So I really appreciate the opportunity for the hearing today and want to just thank Chair Nurse again for hearing this bill.

PUBLIC ADVOCATE WILLIAMS: Madam Chair, I just would like to ask to add my name to Intro 412.

CHAIRPERSON NURSE: Great. We'll make note of that. Okay. So, we're going to start the portion of the hearing where we're going to hear from the Administration. So, I'm going to call Administration officials to join us at the dais, and we will swear you in. Okay, thank you. I'm going to read off who we have here. I don't know everybody. I recognize some of you but I don't know everyone. So we're going to have our Committee Counsel swear in the Administration witness. From Correctional Health Services I have on this list, Doctor Bipin Subedi, Chief Medical Officer for New York City Health and Correctional Health Services, Jeanette Merrill, Senior Assistant Vice President of Communications and

External Affairs for CHS-- thank you-- Francis Torres, First Deputy Commissioner, Sherriean Rembert, Bureau Chief, Chief of Staff, James Conroy, General Counsel, James Saunders, Deputy Commissioner of Health Affairs, Valerie Greisokh-- I'm so sorry, they don't write it, you know, with the phonetics-- Assistant Commissioner for the Division of Programs and Community Partnerships, Allie Robertson, Executive Director of Intergovernmental Affairs. And I'm going to pass it over to our Committee Counsel.

COMMITTEE COUNSEL: Thank you. If you could all please raise your right hands. Do you affirm to tell the truth, the whole truth and nothing but the truth before this committee and respond honestly to Council Member questions? Noting for the record that all witnesses answered affirmatively. You may begin your testimony.

FIRST DEPUTY COMMISSIONER TORRES: Good morning Chair Nurse and members of the Committee on Criminal Justice. I am Francis Torres, First Deputy Commissioner of the New York City Department of Correction. My colleagues and I are here to discuss several legislative introductions being proposed by the members of the City Council. The DOC continues

to be an agency in reform, striving to be an effective change that will advance our mandate of creating a safer and more humane jail system for everyone who works and live here. They deserve no less. There's several bills on the agenda today related to procedures surrounding death and serious incidents in the jails. Any loss of life in our jails is a tragedy, and our condolences and thoughts go out to the families and loved ones who have gone through this experience. When an individual in custody passes away or experiences a serious incident or illness with a potentially fatal prognosis, we immediately deploy our chaplaincy [sic] services staff to make a personal notification to the next of kin that has been identified by the individual when they entered our custody. Our chaplains deliver the terrible news with compassion and stay with the family member or loved one if the family desires to process the loss, pray and help them cope. We believe it is imperative to make these notifications in-person, and to make them first to the next of kin so that they do not have to hear about the loss of their loved one from a press release or otherwise in the absence of support. in addition, DOC chaplains,

social workers and counselors will respond to a housing area or other affected area following a loss of life to engage with the people in custody who may have witnessed the event and provide support and trauma-informed care. DOC staff will also make referrals to CHS mental health staff for further treatment and follow-up. DOC staff also follows up with staff assigned to the person in custody housing area who are impacted by the loss. In addition to the notifications to the next of kin, following a death in custody, DOC immediately notifies proper authorities and oversight bodies as well as the individuals' attorney of record and begins the process of investigation. Records are turned over to the Board of Corrections and other oversight bodies as soon as they are available. Serious incidents, including deaths in custody, are reviewed jointly with Health + Hospitals Correctional Health Services so that both agencies can collaboratively address any deficiencies identified and plan for corrective action and prevent efforts moving forward. If DOC staff misconduct is identified in relation to an incident, the Department takes corrective action including training and education and issues

discipline when warranted, up to and including termination. Incidents may also be subject to further investigation by other oversight and investigative bodies which may include criminal charges. The Department fully cooperates with independent investigative bodies such as District Attorneys, the Department of Investigation, and the State Attorney General in these matters. Turning to the proposed legislation. Intro 423 would establish procedures following the death of an individual in custody, including public notifications and reporting related to the incident as well as reports related to staff misconduct and compassionate releases. The Department has significant concerns with this bill. Intro 423 creates several mandatory timeframes for making notifications and requires public reporting on details of a death in custody that do not align with on-the-ground realities, best practices, or due process. First, the timeframes for notification do not allow the Department enough time in all cases to contact the next of kin and make a compassionate notification. Second, the public reporting required of the Board following a death in custody would require the publication of protected health

information without taking into consideration the wishes of the deceased or their families, and in violation of health privacy laws. Further, Intro 423 would require the Board to publish specific details related to incidents prior to the completion of investigations by other investigative bodies. These would interfere with ongoing investigations and may adversely affect the outcome of proceedings related to those investigations. The requirement for the Board to publish the names of DOC and CHS staff that it determines where "involved in the circumstances that contributed to" deaths may put individuals who work in the jails at great risk of harm from retaliation and would deprive those employees of their due process rights and other legal protections. This would undeniably affect morale and contribute to even greater challenges in recruiting and maintaining staff to this vital work for our city. Finally, the Department isn't able to track or subsequently report on individuals released from custody due to medical conditions or what are known as compassionate releases. This is because the Department does not advocate for the release of individuals in custody on medical grounds. In addition, individuals may be

released at the discretion of a judge for a variety of reasons included on the bases of a medical condition, and DOC is not informed of the basis for release as ordered by a judge. Individuals who are discharged following a request for release based on a medical condition are typically released on their own recognizance and recorded as such. Intro 206 would require uniformed members of service to carry opioid antagonists, commonly referred to as Narcan, on their person. The Department supports this legislation and looks forward to working with the Council to ensure the requirements outlined in the bill are aligned with operations. For example, reporting related to medical events such as suspected overdose are more appropriately tracked by our partners at CHS. Now, I will turn to proposed legislation concerning the treatment and housing of transgender, gender non-conforming, non-binary, and intersex individuals in the Department's care. DOC's committed to ensuring that TGNBI individuals are treated with dignity and respect and housed safely and appropriately while in City jails. We are a national leader in this area, and are proud that jurisdictions across the country look to us as a model for safe and progressive

policies related to the housing and treatment of TGNBI individuals. Gender identity is self-reported by individuals in custody typically during intake, and the Department does not require or receive any information related to the person's medical history to affirm an individual's self-report. The Department houses between 30 to 50 TGNBI individuals at any given time, a majority of whom identify as transgender women. Individuals are housed in a facility consistent with their gender identity absent overriding [sic] security or management concerns. Living in gender affirming housing with others who have shared experiences provides support, community and affirmation and makes incarceration less traumatic. Moreover, as history shows, TGNBI individuals face a greater risk of assault, discrimination and humiliation if placed in a housing unit that is misaligned with their gender. Simply stated, we recognize that sex assigned at birth cannot determine placement. In addition, the Department operates a Special Considerations Unit to provide TGNBI individuals the opportunity to live with others with shared experiences. However, it is important to recognize that many TGNBI individuals

prefer to reside in the general population in the Rose M. Singer Center, and others prefer to be housed in a men's facility. Their preference should be given great weight. TGNBI individuals are not a monolith. Each individual has unique needs and challenges, and they defer anywhere they feel safest. Self-identified gender is a very important factor to consider in any housing placement, but it cannot be conclusive. As in flexible policy placement based on self-identified gender would present safety concerns for transgender men who could be subject to sexual harassment, abuse, and violence if placed with cisgender men who typically prefer to be placed in our men's facility. In short, there is no one-size-fits-all approach to housing determinations, and our placement policy must reflect that reality. DOC has serious concerns with Intro 625 which I would establish certain requirements and procedures related to housing of TGNBI individuals in the Department's custody. As drafted, the bill will create an untenably high burden for making house determinations in the case an individual identifies as TGNBI. It would allow for only one reason to deny an individual's preferred housing placement which the

bill describes as a current danger of gender-based violence against others. Notably, there is not a charge or conviction associated with this term, nor is it associated with a particular gender. The Department is not in a position to determine whether an individual is personally going to commit a violent act, nor their motivation for that act. It is not possible to make a determination based on this criteria, especially one that meets the burden of clear and convincing evidence. This standard is not present in any other housing determination for general population housing. Taken together what this would mean is that all people coming into custody will effectively be able to be transferred to a different facility at-will at any time simply by stating that they identify as TGNBI. It is not possible to run a jail this way. It is not safe, especially so for women and TGNBI individuals. DOC's committed to treating all persons in custody equitably regardless of gender, and has enacted ground-breaking policies that out-pace other jurisdictions based on this principle. That said, it is incumbent on the Department to ensure a safe and humane environment for all persons in our care.

Intro 127 requires CHS staff to offer gender-affirming items and medical devices to all people enter DOC. At present, all TGNBI individuals in custody have access to toiletry and clothing items that align with their gender identity and gender expression regardless of where they are housed. Thin includes chest binders which allow individuals to appear more traditionally masculine if they choose. In addition, we work closely with Correctional Health Services to ensure that TGNBI individuals can access gender-affirming healthcare, including medical devices. DOC's concerned with the requirement for medical staff to offer items to individuals in custody that are not related to a medical issue, especially if the person has not made such a request. Any item that is added to the Department's list of permissible items must be reviewed for safety and security concerns and should be made accessible through procedures established by DOC. The Department is exploring additional items that can safely be added to the list of permissible item. Finally, Intro 152 would extend the duration of the existing taskforce related to the treatment and housing of transgender, gender non-conforming, non-

binary, and intersex individuals. The Department regularly participates in this taskforce and has worked with members to implement recommendations from the taskforce and welcomes further collation with advocates and with those with lived experience in this space. The Law Department is reviewing the legislation closely, and look forward to working with the council on some aspects of the bill. The New York City Department of Correction has a zero tolerance policy regarding sexual abuse and sexual harassment. When the identified victim is a person in custody, the Department is guided by the Federal Prison Rape Elimination Act, PREA, which provides standards for prevention, detection and response to sexual abuse and harassment in correctional facilities. We recognize that reporting an incident of sexual assault can be incredibly difficult and the Department provides many different pathways for people in custody to report an allegation. The Department's PREA Compliance Unit conducts in-person orientation with all new admissions. This allows individuals to ask the PREA Facility Compliance Unit staff questions during the orientation or privately at its conclusion. During the orientation, staff

inform people in custody of the many ways to report an allegation. People in custody and report an allegation to the Department by speaking with facility staff from any unit whether uniformed or non-uniformed or PREA staff who tour the facilities regularly, or by calling a confidential hotline. They can also make reports to the Board and the Department of Investigations and by calling 311 or the Safe Horizon hotline confidentially. In addition, sexual abuse reporting hotlines are stenciled throughout facility corridors and housings areas so they cannot be removed or defaced. Reporting methods are also outlined on posters throughout the facilities. All DOC staff, as well as contractors and volunteers who work with people in custody are required to take a training designed to identify and eliminate sexual harassment and abuse, which directs participants to take all reports seriously and forward reports immediately to the Department's PREA Investigation Unit so they can be investigated. Once a report has been received, the PREA Investigation Unit responds usually within 24 hours to take initial statements and ensure victims are separated from their alleged perpetrators, offer

counseling, medical and mental health support, and collect evidence. The Department takes every allegation of sexual misconduct and harassment seriously and investigates each complaint thoroughly. It is the Department's goal to achieve full compliance with all PREA standards as well as provide a safe environment for all staff and persons in custody. When the identified victim is a staff member, separate process is undertaken that is not within the purview of PREA guidelines and is managed by the Department's Correction Intelligence Bureau, CIB. Following a report, CIB interviews the victim as soon as possible, usually within 24 to 48 hours, collects witness statements and other potential evidence to support a charge and arrest. Once the arrest is effectuated, all pertinent documents are forwarded to the Bronx District Attorney for review and handling. The Bronx DA ultimately determines if a matter will be pursued, and if so, the DA will manage any further investigation. We recognize that assaults on staff including sexual assault or harassment perpetrated by individuals in custody or other staff are no less sensitive or traumatic. Support and resources are provided for as long as it

as needed by the Department's Correction Assistance Response for Employees, CARE Unit, including counseling, spiritual guidance, and referrals to professional providers. Intro 735A would require the Department to report on allegations of physical violence including sexual abuse as well as sexual harassment perpetrated against DOC and CHS staff. While we support the intention of Intro 735A, it appears to be modeled on existing mandated reports related to PREA allegations and investigations. Because the process of investigating these matters are quite different and are handled by different agencies, the Department is not able to report on cases of assault against staff in this manner. Further, the bill would require DOC to publicly share numerous and specific details about very sensitive events without the consent of the victims. We are concerned that reporting of this nature will discourage victims of sexual assault from reporting. We look forward to working with the Council to address these concerns. Finally, there are a number of bills on the agenda today intending to support improvements to the visitation process. DOC recognizes the importance of maintaining and

strengthening family bonds during incarceration. We have created robust, nationally-recognized programs to support these goals in consultation with nonprofit organizations and other city partners and we are committed to building on these programs. The Department supports the intent of these bills and looks forward to working with the Council on the legislation to better align with agency operations in a way that will meet its goals. There are a number of bills under consideration today, all on important topics. The Department is committed to building safe and humane jails for both staff and people in our care. Our work is dynamic and challenging, and there is no one-size-fits-all approach to anything we do. We recognize that processes surrounding vulnerable populations and tragic and sensitive events should be transparent and compassionate and ensure procedural justice. We are eager to work with the Council to ensure we achieve our mutual goals. My colleagues and I are available to answer your questions.

CHAIRPERSON NURSE: Thank you, Deputy Commissioner.

CHIEF MEDICAL OFFICER SUBEDI: Good morning Chair Nurse and members of the Committee on

Criminal Justice. I am Bipin Subedi, Chief Medical Officer for New York City Health + Hospitals Correctional Health Services, also known as CHS. I'm here with my colleague Jeanette Merrill, CHS's Senior Assistant Vice President of Communications and External Affairs. We appreciate the opportunity to participate in today's hearing on the proposed legislation. My testimony will focus on providing information on the impact that three of these bills would have on our service provision operations, including concerns we have about how some of these proposals could adversely affect patient care and staff safety. I'm going to start by discussing Intro 423 in relation to procedures following the death of an individual in custody of the Department of Correction and report on compassionate release. CHS strongly opposes several specific aspects of Intro 423 which would require the New York City Board of Correction or BOC to issue a public report on its investigations into the death of individuals in custody of the New York City Department of Correction and to include the names of CHS employees who the board determining were "involved in the circumstances that contributed to" the deaths. This bill would

also require CHS and DOC to conduct a joint investigation of each death of an individual in custody of the Department including the review of all medical records and to submit a joint report of the findings to BOC. It would also establish a Jail Death Review Board with CHS participation in order to identify systemic issues that contributed to such deaths. Finally, the bill would require a public report on individuals who have been released from custody due to a medical condition. We have serious concerns about the bill's requirement that BOC publish the name of CHS employees involved in the circumstances that contributed to a death. Publicly naming healthcare staff following an adverse clinical event contradicts the approach recommended by national professional organizations such as the American Medical Association and the American Nurses Association. These groups cautioned against an unnecessarily punitive approach precisely because it promotes a culture that deters disclosure and frank introspective and exhaustive discussions of the events surrounding adverse clinical events. They also recognizes that there's a range of accepted clinical practice within which clinical judgement is

exercised, and that the context in which healthcare is delivered should be considered in reviews. Reviews are best conducted by individuals who have had the clinical expertise and nuanced understanding of CHS workflows and the actual clinical and environmental circumstances at the time care was rendered. Retrospective reviews, especially if conducted by non-clinicians unfamiliar with this unique context can result in second guessing after the fact. Given this, publicly naming CHS staff may not only risk mistakenly attributing and adverse event to a clinician but could also serve to minimize and distract from the complexity of care delivery in the jail environment, including the impact of jail operations on individual health. This would adversely affect CHS morale, retention, and recruitment and would interfere with our ability to investigate, identify, and remediate root causes in order to prevent recurrences. CHS was established as a new division of New York City Health + Hospitals in part to bring greater transparency and accountability to the provision of healthcare in New York City jails after decades of contracted healthcare providers, most recently, Corizon [sp?], a for-profit

correctional healthcare company. As a new division of our municipal healthcare system, CHS adopted and expanded a clinical review process for each death structured around well-established and universally-accepted quality assurance principle and protocols in healthcare. This multi-step rigorous approach we begins immediately after every patient death includes video and record review, discussion with relevant staff members and a focused case review with CHS clinical leadership. The review process identifies area for improvement and, wherever appropriate, corrective action plans to improve care quality even when not directly related to the cause of death. This process proceeds the additional supplemental death reviews conducted by the New York City Health + Hospitals Board, the New York City Board of Correction, and the State Commission of Correction, otherwise known as SCOC. When applicable, CHS's human resources and clinical leadership ensures staff involved in an adverse clinical [sic] event receive counseling, training, and education, and when warranted, discipline. This occurs in consultation with CHS's healthcare unions, the New York State Nurse Association, DC37, 1199, and Doctor's Council

to ensure our doctors, nurses, and other healthcare staff receive appropriate professional development as well as legal protections. Our staff are also accountable to applicable state licensing boards. In accordance with applicable laws, CHS does provide BOC and other authorized agencies and oversight boards, including SCOC, the medical records of a person who dies in DOC custody and works with BOC as they review the case and write their public report. CHS also provides with patient consent complete and select medical records to defense attorneys on request. CHS established a productive working relationship with DOC in conducting thorough reviews on the draft reports. This includes sharing information providing feedback, correcting errors, and ultimately responding to the recommendations. Additionally, CHS and DOC jointly hold a joint assessment and review, otherwise known as a JAR, following all in-custody deaths. CHS established the JAR process in 2016 to specifically examine the systems and environmental aspects unique to carceral settings within which care is provided. The form enables CHS and DOC leadership to share relevant findings and insights from each agency's independent review of a significant adverse

event and to together identify systemic risk reduction remedies that could reduce the likelihood of recurrence of such an event. This includes the sharing of limited clinical information when relevant to discussing operational factors that may have contributed to a death. The current JAR process was recently evaluated and supported by a court appointed monitor related to the Nunez settlement. We believe that the work of the JAR coupled with that of BOC's current death review and report meets the intent of the proposed Jail Death Review Board. Regarding compassionate release, CHS's clinical court advocacy team provides defense counsel with patient consent clinical letters for most medically complex patients. Attorneys may use these letters which describe the individual's medical conditions and treatments when advocating for their clients to the courts. When applicable, CHS will explicitly indicate when a patient has a serious medical condition that would benefit from clinical intervention that are not available in the jail setting. As noted in a July 2023 special report by the Nunez Independent Monitor, release is not automatic. And individual determination must be made by the court. If the

court determines release is appropriate, the Department is notified via court order and that individual is being released on their own recognizance. However, the order does not specify a medical reason for release. Therefore, neither CHS nor DOC could issue a report on compassionate release that identifies individuals who have been released from custody due to a medical condition. As Intro 423 would require as the court may weigh several factors, including those that are not clinical, in deciding to release an individual from custody. I'll next talk about Intro 412 in relation to notifying emergency contacts and attorney of record when an individual in custody attempts suicide, is hospitalized or seriously injured. CHS opposes aspects of Intro 412 which would require CHS to request authorization from every person in custody to notify the individual's attorney of record and emergency contacts within one hour should the individual attempt suicide, become hospitalized, or be seriously injured. The bill would also require CHS to ascertain the individual's attorney of record for this purpose upon request from the incarcerated individual. CHS recognizes the importance and value

of communicating effectively with patients and, as permitted, external parties about the healthcare we provide. CHS's Patient Relations Department manages concerns and inquiries from patients, family members and attorneys relating to CHS's health services and with patient consent can communicate directly with a patient's loved ones about the individual's care. In addition, CHS's clinical court advocacy team serves as a resource for defense bar and with patient consent, facilitates communication amongst healthcare staff, attorneys and patients. Regarding hospitalization, hospital staff are best situated to notify the family members of people in custody following hospitalization, as hospital staff, not CHS staff determine admission and serve as the treating physicians. CHS understands that our patient's relationships with their attorneys, family members and other loved ones are unique and dynamic and we believe that any clinical communication about suicide attempts and serious injuries deserves an individualized and tailored approach. Accordingly, CHS clinicians will speak with a patient's loved ones about the complicated, often sensitive, factors and circumstances that may have led or surround

significant medical event, but these conversations are and should remain individualized, deliberate, in-depth discussions between a loved one and a friendly provider, not a universal real-time notification. And lastly, I'll talk about Intro 1036. This is in relation to requiring the Department of Correction to provide reports regarding people in custody who are ordered to undergo a mental health evaluation. CHS supports, with modifications, Intro 1036 which would require quarterly reports to individuals in DOC custody who are ordered to undergo fitness to proceed evaluations, also known as 730 examinations, as well as information about these examinations, including the timeliness of these reports. In order to create one unified system and to improve the quality and timeliness of evaluations, CHS consolidated assumed management for the four forensic psychiatric evaluation court clinics located in Manhattan, the Bronx, Brooklyn, and Queens. Under criminal procedure law 730, these clinics conduct court-ordered psychiatric evaluations of adult criminal defendants in order to assess confidence to stand trial and support presentencing investigations. CHS's forensic examiners, the other written reports, offer

forensic psychiatric opinions regarding whether the defendant is an incapacitated person, meaning a defendant who as a result of mental disease or defect, lacks capacity to understand the proceedings against or to assist in his own defense. However, only a judge can legally determine if the individual is ultimately competent, that is, not fit to stand trial. CHS currently collects and analyzes much of the information required by Intro 1036 and while we would propose minor amendments to some of the metrics outlined in the bill, we support making information public through regular reporting. We thank the Council for the opportunity to speak today about the important issues addressed in legislation and are available to answer any questions you may have.

CHAIRPERSON NURSE: Thank you so much. Is anyone else planning on testifying? Alright, that was very, very thorough. I'm going to mostly open it up to the sponsors of the bills to ask their questions, but I did have one question for you, Deputy Commissioner. In terms of kind of reporting of death and serious incidents in custody, you mentioned you deploy your chaplaincy services for in-person notification. I had a question about the

number of deployable chaplains, I imagine are the ones doing it, the number of the deployable people that you have on staff at any given time, and is an in-person point of contact necessary given that capacity? Are there times when you do not do in-person, but communicate otherwise?

FIRST DEPUTY COMMISSIONER TORRES: Thank you so much for that question, Chair Nurse. Currently, the chaplaincy services unit consists of 18 chaplains, part-time and full-time. Their tours are arranged in a way that we have chaplaincy coverage seven days a week. During an emergency and a death notification, as we review the form completed by the person in custody up in admissions, we take a look at specific factors. Number one, the emergency contact for that person in custody and their religion. It is always our goal to match the person's religious background to that of the chaplain that will be assigned to make the in-person notification.

CHAIRPERSON NURSE: And the second part of my question is, is it always an in-person touch, or is there other methods that you're using.

FIRST DEPUTY COMMISSIONER TORRES: Our primary gold is to make that in-person notification.

There have been instances in the past that due to the family members being out of state, we've had to resort to making a telephone notification, which is always very difficult for us to do, because we want the chaplain to be there to just not simply make the notification, but also to provide support and any other additional services that may need throughout that time.

CHAIRPERSON NURSE: Okay, thank you for that clarification. I'm going to turn it over to Council Member Restler.

COUNCIL MEMBER RESTLER: Thank you so much, and thank you to both DOC and CHS for joining us here today, and thinks again to Chair Nurse. And I just was remission my earlier comments. I just wanted to especially thank Freedom Agenda and their team for working with us in crafting this legislation and for just being the most fierce and thoughtful and effective advocates for-- on behalf of people who are incarcerated in New York City. Really appreciate your work. So I'll direct my questions to Doctor Subedi, if you don't mind. In the past year, approximately how many individuals have been

transferred into CHS care with a serious medical injury?

CHIEF MEDICAL OFFICER SUBEDI: I think we can look that up, but I think it's about 1,400.

COUNCIL MEMBER RESTLER: 1,400.

CHIEF MEDICAL OFFICER SUBEDI: for 2023, I believe, right?

COUNCIL MEMBER RESTLER: My numbers were approximately 1,500, but I'll trust you. In how many of those cases did you notify the emergency contacts for the individuals within one hour, 24 hours?

CHIEF MEDICAL OFFICER SUBEDI: So, I don't have that information on me. I think it's important to clarify that the serious injury label encompasses a range of clinical situations. So the majority of serious injuries involves lacerations or fractures. So included in that number could be individuals who had a laceration requiring like a suture or any kind of bondage, or someone who may broke like a phalanx [sic]. So, in those situations, individuals we expect would be, you know-- we engage the individual in discussion about their treatment, and if a patient wanted us to contact their family member, we would. We don't have that data tracked.

COUNCIL MEMBER RESTLER: So, we don't know how many times somebody has suffered a serious, very devastating injury and whether CHS contacted the emergency contact or not? We have no insight whatsoever?

CHIEF MEDICAL OFFICER SUBEDI: Well, again, by the Board of Correction, which is the data we use that you're referring to publicly, and when you're talking about a devastating serious injury, that is an injurious situation that's generally at a higher level which involves an individual being incapacitated--

COUNCIL MEMBER RESTLER: [interposing] Right, but do you have data for when--

CHIEF MEDICAL OFFICER SUBEDI: [interposing] We do not.

COUNCIL MEMBER RESTLER: Okay, so you-- the answer to my question is no, we don't have the data.

ASSISTANT VICE PRESIDENT MERRILL: We have data on hospitalization, if that's what you're inquiring about. So, last calendar year--

COUNCIL MEMBER RESTLER: [interposing] Alright, we'll let's go with the data on hospitalization.

ASSISTANT VICE PRESIDENT MERRILL: Sure, yeah.

COUNCIL MEMBER RESTLER: When people-- that-- and so what sums it up, the 1,400-- was of your 1,400 is that number?

ASSISTANT VICE PRESIDENT MERRILL: We don't have that matching, but last calendar year there were 631 hospitalizations.

COUNCIL MEMBER RESTLER: Okay, and the 631 incidences where somebody was hospitalized as a result of devastating injury that they've occurred in Rikers Island as a result of use of force by corrections officer or another detainee, how many times was the emergency contact contacted within one hour?

ASSISTANT VICE PRESIDENT MERRILL: So, generally, those notifications, we're talking about hospital-based injuries, would be by hospital staff, because those would be the treating physicians and would be best positioned to communicate with family as Doctor Subedi outlined.

COUNCIL MEMBER RESTLER: Okay. How many times-- but you said you had data on the contact rates, do you not?

ASSISTANT VICE PRESIDENT MERRILL: Contact-- for hospitalize--

COUNCIL MEMBER RESTLER: [interposing] For the emergency contacts where people were hospitalized, how often were there emergency contacts contacted?

ASSISTANT VICE PRESIDENT MERRILL: So, again, that would be hospital staff who would be making those notifications.

COUNCIL MEMBER RESTLER: So, you don't have that data either?

ASSISTANT VICE PRESIDENT MERRILL: We aren't hospital staff.

COUNCIL MEMBER RESTLER: I understand that, but you have no information on whether the emergency contacts were ever contacted. That's my point. These no data here at all. You have zero data, zero information, zero answers to any of these questions about when the emergency contacts were actually contacted. We can go through the different

categories that they could be fit into, but the bottom line is you have no data and no answers.

ASSISTANT VICE PRESIDENT MERRILL: I--

COUNCIL MEMBER RESTLER: [interposing] On whether the emergency contact was ever reached. That's what I'm asking, and in what time frame. You have no--

ASSISTANT VICE PRESIDENT MERRILL: [interposing] Well, hospital staff may have more of that information.

COUNCIL MEMBER RESTLER: May, but you're coming to this hearing to respond to the bill, and you have no information or data to respond to the question. You're saying the hospital staff may have reached out, they may have the data. That's the answer, right? That's the best case scenario. You have no data otherwise, no information otherwise, no insight otherwise into whether family members were ever reached, emergency contacts were every reached when a devastating injury occurred to somebody on Rikers Island?

ASSISTANT VICE PRESIDENT MERRILL: So, I think operationally like understanding that the hospital staff would be best positioned to speak to

the family. So those notifications absolutely could have happened, but CHS would not be making those notifications.

COUNCIL MEMBER RESTLER: So, in your testimony, you-- as far as-- if I internalized it correctly, Doctor Subedi, you're saying that CHS does not have the capacity to contact emergency contacts when a serious injury occurs.

CHIEF MEDICAL OFFICER SUBEDI: Well, I think we have to consider capacity--

COUNCIL MEMBER RESTLER: [interposing] it wasn't mentioned--

CHIEF MEDICAL OFFICER SUBEDI: when operationalizing this.

COUNCIL MEMBER RESTLER: was it?

CHIEF MEDICAL OFFICER SUBEDI: It was not.

COUNCIL MEMBER RESTLER: Okay.

CHIEF MEDICAL OFFICER SUBEDI: But I think it is something to consider what operationalizing legislation like that.

COUNCIL MEMBER RESTLER: The only opposition you identify in your testimony is that you

think a tailored approach is needed when somebody has committed-- attempted suicide. Is that fair?

CHIEF MEDICAL OFFICER SUBEDI: Well, I think a tailored approach is needed when engaging with a loved one in general after speaking with the patient--

COUNCIL MEMBER RESTLER: Okay, but let's put aside attempted suicides for a moment, because that's a relatively modest number relative to the 1,400 times someone's experiencing serious injury. You want to give me a number on attempted suicides last year?

CHIEF MEDICAL OFFICER SUBEDI: It would be in the ballpark of about 10 to 12, I think, off top of my head.

COUNCIL MEMBER RESTLER: Okay. So we'll put aside the 10 to 12 out of 1,400. Fair?

CHIEF MEDICAL OFFICER SUBEDI: Uh-hm.

COUNCIL MEMBER RESTLER: One-tenth of one percent. For the other 99.9 percent of the time, now that we're just clear on the conversation that we're having about the bill. CHS does have the capacity to contact the emergency contacts after an incident of serious injury occurs?

CHIEF MEDICAL OFFICER SUBEDI: So, I would have concerns about the capacity in that situation. Like we said, there's a range of injuries we're talking about when we use the serious injury label. That could be more minor injuries that require let's say a suture. A patient may not want us to contact a family member in that situation. There could also be a lot of time since the consent was originally signed to when we're seeing the patient for the serious injury. So we want to review with them that they still want us to speak to that family member or next of kin. So there's a lot of time that would potentially be required for this in situations where patients may not be asking for it--

COUNCIL MEMBER RESTLER: [interposing] I don't-- you're a doctor in CHS. I'm not expecting you to be an expert in the admin code, but I will read it to you just so you have it. Physical injury-- the admin code defines-- this is Section 9-130-- defines a serious injury as a physical injury that creates a substantial risk of death or disfigurement. It's a loss of impairment of a bodily organ, fracture or break to a bone other than fingers and toes or is an injury defined as serious by a physician. Is this

consistent with your all's definition of a serious injury?

CHIEF MEDICAL OFFICER SUBEDI: Our definition comes from the Board of Correction, so--

COUNCIL MEMBER RESTLER: [interposing] Okay, well I'm-- we work in the law. So, we're working with the admin code here, and that's the law that we're modifying, as Jeanette knows well. So, I struggle with this. I mean, I'll just be honest. I struggle with your testimony that refers to one-tenth of one percent of the types of incidents being a reason for opposition to the bill, not commenting on 99.9 percent of the types of incidents that this bill would cover, first off. Second off, I don't understand why you would use a definition of serious injury that's not consistent with what we would be doing in the law and what would apply here. And further-- what we've defined here, it's morally necessary to contact the emergency contacts of loved ones and let them know when disfigurement has occurred, when the impairment of a bodily organ has occurred. These are necessary, like-- this is necessary information for a loved one, for the emergency contact to have. So, I'm hearing that

there are operational concerns, but I'm not hearing that CHS does not have the capacity to do it. Based on the definition that we've given, do you think that CHS could fulfill these responsibilities if they were mandated to do so?

ASSISTANT VICE PRESIDENT MERRILL: I think we need to review based on your definition of serious injury, just--

COUNCIL MEMBER RESTLER: [interposing] Just to be clear, not my definition, admin code.

ASSISTANT VICE PRESIDENT MERRILL: Right. Our data--

COUNCIL MEMBER RESTLER: [interposing] This is not like Lincoln's personal thoughts.

ASSISTANT VICE PRESIDENT MERRILL: Sure, but it's how we analyze our data, how we report to the Board of Correction. It is different than what you've cited, so in terms of capacity-- you know, we said 1,400 serious injuries last calendar year, based on your definition, I don't know what our analysis would look like. So I think we would need to take some time with that. As Doctor Subedi said, though, not every injury that we've outlined would necessarily necessitate contacting a family member.

COUNCIL MEMBER RESTLER: Okay.

ASSISTANT VICE PRESIDENT MERRILL: And that's what speaks to the individualized approach which I think it what we were trying to convey. I don't want to suggest that communication does not happen with families. We do have a great relation--

COUNCIL MEMBER RESTLER: [interposing] We just don't have any data of it.

ASSISTANT VICE PRESIDENT MERRILL: We have a Patient Relations Department which manage more than 13,000 inquiries last year--

COUNCIL MEMBER RESTLER: [interposing] I understand, but you were really clear in my earlier questions that you have no data whatsoever to answer our question--

ASSISTANT VICE PRESIDENT MERRILL: [interposing] I take issue with your stating that.

COUNCIL MEMBER RESTLER: around the emergency contacts.

ASSISTANT VICE PRESIDENT MERRILL: We do have data. It doesn't align exactly with your--

COUNCIL MEMBER RESTLER: [interposing] You haven't been able to provide any data in this conversation. So we've been asking questions on the

record. We've gotten no data. I'm saying you've no data, because I'm hearing no data. You're saying you do have data, but it doesn't really matter if it's not before us.

ASSISTANT VICE PRESIDENT MERRILL: We can't speak to hospital data is what I was trying to clarify.

COUNCIL MEMBER RESTLER: I get that, but I'm asking you what information CHS has. I think we're talking in circles, and I think that the record will show that no data has been provided. So lastly, and then I promise to shut up, Chair Nurse. I really appreciate the chance to just go a little over. Our bill-- under our bill, if you read it, CHS would request authorization to notify emergency contacts during the initial health evaluation. Do you foresee any issues with that process? I think that it would address some of the concerns you have about the tailored approach that might be needed to make sure that emergency contacts are appropriately engaged in a timely fashion. Do you thank that would work operationally.

ASSISTANT VICE PRESIDENT MERRILL: So, we would have concerns about the operations of that. We

do currently during the medical intake process seek consents from patients. We have a master attorney consent which enables us to speak with defense bar. We also through Council Member Rivera's bill, the population review bill, we have a CJI, Center for Justice Innovation, consent and then as an ad-hoc basis, we also have other HIPAA consents. But we're not seeking consent specifically to ask a patient, you know, if you try to commit suicide, if you are seriously injured-- that is very specific, and also the consents on file allow us to share information and communicate with family, but it's not setting up a proactive system, and it doesn't really lend itself to I think the real-time notification system that I think the bill envisioned.

CHIEF MEDICAL OFFICER SUBEDI: Can I add to that? And I think I just want to add that people are in custody for a varying length of time. So someone could have signed a consent when they first came in. It could be months and years since that passed. They may have established new relationships and, you know, identified additional people they'd want notified instead. So it really wouldn't obviate us from having to reexamine that ask them again at

the time of notification. And I think that's important because also the nature of the injury, whether we're talking about suicide or if there's a physical injury that, you know, patients may or may not want some information going to some family members or next of kin. So I think all of that needs to be considered when thinking about operationalizing this.

COUNCIL MEMBER RESTLER: Totally understood, but I think that if you were to incorporate into the screening process for new detainees asking those questions, getting affirmation, getting indication that that is indeed what they want, the you have clarity and guidance. And I understand that things can change over time, but if a person's not able to inform their family members and they have given an authorization and directed the healthcare workers to do so, I don't see why that's complicated. I think family members deserve to know when somebody is in serious harm's way and when somebody has suffered a devastating injury, and you know, it sounds like there are operational solutions to the challenges you've articulated. I appreciate for the one-tenth of one

percent that a more tailored approach may be needed, but I hope that we could find a path forward for the 99.9 percent of the cases that have been identified. Thanks so much, Chair.

CHAIRPERSON NURSE: Thank you. I just had a-- wanted to clarify one point. So in terms of what you were saying-- I recognize what you're saying. People might be in there for a long time, and maybe the nature of the relationships may have changed with people on their emergency-- who were their emergency contacts. Is there at any point during an evaluation process where a simple reaffirmation through questioning can just say yes, this is still the person I would like to have contacted?

CHIEF MEDICAL OFFICER SUBEDI: I don't think it's kind of routinely built in the same way we obtain consents initially when someone comes in. I do think it's not just a matter of the individuals someone identifies to be-- to speak to, but also that, you know, really depends on the clinical situations. You know, taking suicide attempts, for example, the family member or exchange with that family member or emergency contact could have been

evolved in the circumstances that led to that suicide attempt. So, that's all the information we want to have, we want to discuss with the patient in real-time and to make decisions from there. So, I think we want to just consider all the factors and all the circumstances that may come up in reality.

CHAIRPERSON NURSE: Okay. In light of this hearing, and maybe that you're saying this isn't routinely incorporated or it's not a protocol. Is that something that you would want to look at? That-- suicide being one particular area, but serious injury or minor injuries. It seems to me that someone treating a patient would just double-check in the intake process of a health evaluation. Hey, is this still the person we should contact should anything else go wrong here. Like, are we still good to communicate to these folks? I'm just curious if this would be something you'd be able to operationalize in a routine basis as a policy and a protocol.

CHIEF MEDICAL OFFICER SUBEDI: Yes, it's definitely something we can look into. I think we'd have to discuss it with our staff and our leadership.

CHAIRPERSON NURSE: I'm going to request that the-- if you could in the follow-up provide the data that Council Member Restler is asking for, or an analysis of the data through the lens in which he is asking for. I'm going to pass it to Council Member Stevens.

COUNCIL MEMBER STEVENS: Good afternoon. Well, it's afternoon now. Well, I just have a question specifically pertaining to my bill which is 735A, and I'm a little bit concerned and confused because this wasn't a bill that I took lightly, and also this is a bill that corrections officers came to us with and pursued us to have. And so I'm really confused. I understand you're saying this intent, but you're already doing this work. And so I'm trying to understand then what's the disconnect between your officers and what you're saying now, because again, I did not take this lightly. I've met with correction officers. I met with the union. Like, this was something that they brought to me and was really adamant about, had feedback at, and so now to be like, oh, we're already doing this. I'm very confused, and what's the disconnect between what you're saying and what your officers are saying?

CHIEF OF STAFF REMBERT: Good morning, Sherrieann Rembert, Bureau Chief, Chief of Staff. So, we support the bill. We just would like to work with Council to do some modifications. As stated in the testimony, the Department have zero tolerance policy towards all forms of sexual harassment or assault against any person who works or visits or is confined in our facilities. It's incredibly important to me and the Department that we create a safe environment for our staff. There are very different pathways that we use. Our investigation--

COUNCIL MEMBER STEVENS: [interposing] So, you're saying you support the bill. Could you talk about the modifications? Because I know you guys have some like-- I'm writing stuff down, but I'm just-- I'm just trying to get to it. Because like even here saying you guys are already doing that-- so what's-- you said you're already reporting. It says this process of investigations has already been done. So what is the process that you're already currently doing?

CHIEF OF STAFF REMBERT: Correct. Thank you for the question. We have many different various ways that we report. DOC report it to their captain.

The captain it report it to the tour commander. The tour commander report to CIB to investigate. Let me just start off by saying, our Correction Intelligence Bureau is the-- do preliminary investigations to support the Bronx DA to prosecute. When we speak about CHS partners, they report it to their supervisor. The supervisors then report it to their investigators, their Associate Director of Investigation and Safety. And when they talk about volunteers and providers, they report it the same-- they report it up to us, and we report it out to CIB, to conduct the investigation.

COUNCIL MEMBER STEVENS: So, then what's the issue with the bill?

CHIEF OF STAFF REMBERT: Well, we like to do a follow-up and do some modification work closely with the City Council. It's some-- there's basic modifications as far as--

COUNCIL MEMBER STEVENS: [interposing] Like what?

CHIEF OF STAFF REMBERT: Like the tracking, we want to align with the tracking system. That's one thing.

COUNCIL MEMBER STEVENS: So, we're talking about like, like what are the modifications and when you say tracking-- because I know it says here that like sharing numbers publicly-- like, I don't think we're looking for names or anything. But sharing numbers, how would that deter people from wanting to report if they were sexually assaulted? Because that's what it says here. It says sharing numbers and specific details about are very sensitive and without consent of victims. Like, but you're saying it's being reported. So I'm really confused. This is in the testimony.

ASSISTANT VICE PRESIDENT MERRILL: I think maybe step in just form the CHS perspective, too, which I think some of our concerns are aligned. Even though it doesn't name specific staff, I think the information, the level of detail that would be provided in terms of gender identity, ethnicity, race, location, that information could potentially be used to identify a staff member, just given all the level of detail. So we wouldn't want, you know, staff to be deterred from reporting if they thought-- particularly around sexual offenses-- if they thought someone could identify--

COUNCIL MEMBER STEVENS: [interposing] I mean, most people I just heard from reporting for a number of reasons, right? And so you know, I think again, this was something that was brought to us because they had a lot of concerns, and so it's interesting to me now. It's like, oh, this is going to deter them. I'm like, so then let's find a solution. Because even the part of the bill is also about like mental health and treatment, referrals and stuff like that. so, you know, I think that like even to say, you know, we support the intent, but-- that to me is a disconnect from what your-- the corrections officers. again, I've met with them, and they seen it and they gave feedback, and so I'm not sure why-- you know, you guys, your feedback before we got here because I've been open to it. So I'm just really confused. That's just my concern. And it just kind of just seems like-- it's like-- and this often happens with a lot of-- anything that we try to pass. It's like oh, we like this, but we don't really want to do it, because that's what it kind of feels like that. And so especially with all these bills where we're just trying to make things safer for everyone. We're trying to make it safe for the

folks who are there working along with the people who are there serving their time. And so I think that that is what this is about, trying to make a safe environment for everyone and making sure that everyone who's there is safe. I don't have any more questions. And if there aware things that you want to have feedback in, you-- I've had this bill for almost a year, and you guys could have definitely reached out to do that, and so it's really just interesting that the corrections officers who are working there are the ones reaching out, and now you're saying that it's going to be issue. So that's a problem for me. Thank you.

CHAIRPERSON NURSE: Thank you, Council Member Stevens. We're going to turn it to Deputy Speaker Ayala.

COUNCIL MEMBER AYALA: Honestly, Council Member Restler asked the question, but I'm not sure if you guys were listening to the panel, the first panel that was here and my addition to their testimony regarding an incident that happened to my brother while he was in care, and on two occasions he was stabbed at Rikers, and I heard about it from him when he finally was able to call me. And so I

really-- I find that really troubling. It's not an isolated case. It's not only-- I mean, it happened to him twice in the same year within a few months of each other, and we hear this time and time again from families. So you know, I really-- I guess my question would be what-- after hearing all of these stories after repeated lawsuits, after repeated complains, had the DOC learned to do better, to ensure that these things are not happening and that family members are in fact notified. I mean, you know, I understand that these are folks that are incarcerated for whatever reason. They're still somebody's children, somebody's family members. The fact that we are relying primarily on the hospital staff to make that call, but don't necessarily have information or data to support whether or not, you know, they are in fact making those calls, whether they have the appropriate next of kin contact to me is concerning. You know? So you-- I really want to know what has the DOC learned in the last few years and what changes have you made to ensure that these things are not continuing to happen, because my brother's case was just last year. It was just last year.

ASSISTANT VICE PRESIDENT MERRILL: Sure. So thank you for sharing that, and we did hear the testimony of family members and agree it is devastating to hear those stories. I think in cases like the ones you've described and others, Patients Relations, CHS Patient Relations can be a good resource. I think we certainly can do a better job of promoting it, although a number of your offices have directed constituents to Patient Relations, and they can help sign a consent form, provide a person in custody, the patient, is interested in having that happen. So, I agree that communication should absolutely take place. People deserve to know what's happening with their loved ones. So I think making that resource more available so people understand that, yeah, the communication pathway does exist.

COUNCIL MEMBER AYALA: I mean, but you do recognize that there is a disconnect, right, between the-- from the time the person has an injury or, you know, passes away and the time that a family member is not notified, you're seeing that connection firsthand. You're at the facilities. You guys are charged and tasked with creating policies to ensure, you know, that these things are happening. And so

if-- and I've heard it multiple times, you know, not only today but at other hearings where families are saying the same things time and time again. Are you going back and saying, okay, well, there's a problem here? Are we talking with Health + Hospitals? Are we identifying a system so that we know for a fact that they're making those calls, that we know for a fact? Because I think if you're putting the onus on like the individual or even on the family members-- I don't even-- I didn't-- I was not aware of that service. Half of Rikers is made up of individuals with serious mental health issues and my brother having been one of those, I know for a fact that he wasn't thinking about that. I am certain that my name was in there, because he, you know, had a bad habit of using my name for everything, and so I get calls repeatedly from everybody that he knows and has come in contact with about him, but I never got that call. And you know, he was lucky. I'll tell you, he-- there was a fight and somebody broke a broom stick and stabbed him with a broom stick and he didn't have anything to do with the fight. He was just a bystander. And another time he was sitting minding his business, and these are things that I-- you know,

I called, and you know,-- higher ups looked at the video footage, and he's sitting there minding his business at the dining room hall, and somebody came and stabbed him in the back. Never heard from any of you, and you know, again, this was just a few months ago last year. so, I am-- I don't have any faith that anything has changed, and I don't hear from the testimony an acknowledgement that look, you know, these things are happening. They have happened. This is what we're doing to change that.

CHIEF MEDICAL OFFICER SUBEDI: So, I think in addition to what Ms. Merrill said about, you know, ensuring that family members aware of the Patient Relations pathways seems to be an important intervention. I think going back to hospitalization, a lot of the families, or some of the families that spoke today discussed, you know, frustration, difficulty getting a hold of the hospital staff. What we've done in response to that is try to be a very close connection to hospital staff, not only for coordination of care, but also to provide information about next of kin. And if through Patient Relations or through other means we're informed from family members that they're having difficulty reaching

hospital staff, then we will assist in that process. So that is something that we've been operationalizing, and you know, trying to make sure is happening.

COUNCIL MEMBER AYALA: Is it a policy that the hospital has to notify the family? Is that a written policy somewhere? Or is this just an assumption that you're making that they are making that call?

CHIEF MEDICAL OFFICER SUBEDI: I think it depends on the clinical situation and whether or not a patient is able to express their wishes and also what type of consent is on file. So it depends on the situation at hand, but in general, if a patient would like the hospital to speak to a family member, yes, that is part of the hospital procedure to support that.

COUNCIL MEMBER AYALA: Alright. I don't think I'm getting-- okay, thank you.

CHAIRPERSON NURSE: Thank you, Deputy Speaker. I think it will be helpful to hear not just from CHS but DOC, and I hope it's okay to use your brother's example, but if her brother was there, somebody came up and stabbed him in the back, the

response-- the immediate response is coming from officers on the floor. So what-- what restricts or limits that information flowing? Like, how does that information flow up, and why does it have to be CHS? Why can't DOC-- like, why-- what operationally is happening step by step that creates this missed window of communication?

FIRST DEPUTY COMMISSIONER TORRES: Thank you so much for your question. In taking your example, when we have an incident of such level, we immediately have supervising staff assess and also include and ensure a medical response by our CHS response. There are internal notifications that are made in situations like this. The tour commander becomes the primary supervisor responsible for managing this situation. As it stands for us, we rely on CHS to do the medical assessment, and in making the medical assessment share with us whether this is a situation that will be handled internally at our clinic, or if this person has to be produced via EMS to any of our outposts.

CHAIRPERSON NURSE: Can I pause right there?

FIRST DEPUTY COMMISSIONER TORRES: Sure.

CHAIRPERSON NURSE: The tour commander becomes-- the supervisor, the tour supervisor is then managing the situation, and you're making a determination if it needs to go to EMS/CHS situation or not. But the fact that the incident in itself happened is the thing that I think is being asked of, that even-- whether or not it required-- maybe it was just a little and it didn't. But that they were stabbed would just be the notification for a family member. Hey, I just found out my brother was stabbed. Now I'm going to follow up and chase down information because now I have that information. So, I guess I'm just-- like, what happens there with that supervisor? Where-- who else gets that information besides that supervisor within DOC?

FIRST DEPUTY COMMISSIONER TORRES: So, within DOC, there is a timeframe that the tour commander, upon assessing the entire situation, within 15 minutes has to call our central or probations desk to basically make it known of the type of incident that we have received. Based on that, we continue to maintain that direct conversation with CHS as to what is happening to this person in custody.

CHAIRPERSON NURSE: And what does central operation desk-- I'm sorry, I'm not-- I'll catch up. But what does that central operations desk do with that information once they've had it.

FIRST DEPUTY COMMISSIONER TORRES: I'm going to give you our Bureau Chief who is an expert on how to break it down simplistically.

CHIEF OF STAFF REMBERT: Second [sic] time. Central operations desk referred to SCOD, just give notifications to the many stakeholders that we need to make the assessment, make sure that we--

CHAIRPERSON NURSE: [interposing] Who are those stakeholders?

CHIEF OF STAFF REMBERT: Well, one of the stakeholders are our internal stakeholders such as at the time the Commissioner will know, I will know, First Deputy Commissioner will know. It's a DL [sic], blackberry [sic] for everyone to know that a stabbing did occur.

CHAIRPERSON NURSE: And that happens within 15 minutes from it going to the tour commander?

FIRST DEPUTY COMMISSIONER TORRES: The tour commander has 15 minutes to do--

CHAIRPERSON NURSE: 50? 1-5 or 5-0, sorry?

FIRST DEPUTY COMMISSIONER TORRES: 1-5

CHIEF OF STAFF REMBERT: 1-5.

CHAIRPERSON NURSE: Okay, so 15 minutes it goes to COD. That gets communicated to the internal stakeholders. So, with all of those people in the know, is there any opportunity here to insert a staff role or a responsibility to pull up the emergency contact information for that person in custody and communicate to the family member?

CHIEF OF STAFF REMBERT: Chair Nurse, we'll follow up on that. We'll see where we can operationalize this if possible.

CHAIRPERSON NURSE: I think that's what some of the intentions are. So I appreciate you illustrating it out, because sometimes we don't understand what's happening operationally when things are happening. But it sounds like if information is flowing in 15 minutes to a number of people, including the highest person in the agency, that there would be an opportunity to include in that chain of stakeholders or in that cadre of

stakeholders, someone who can communicate to a family member.

CHIEF OF STAFF REMBERT: Well, have internal conversation--

CHAIRPERSON NURSE: [interposing] Through a phone call. It doesn't have to always necessary-- I understand the intentions of an in-person touch with a chaplain, but it doesn't seem that it would need to be that. It could just be a phone call.

CHIEF OF STAFF REMBERT: We'll have internal conversations within a specified stakeholders and follow up with you, ma'am.

CHAIRPERSON NURSE: Okay, thank you. I'm going to pass it to Council Member Rivera.

COUNCIL MEMBER RIVERA: Hi everyone. Thank you for your testimony. You know, we hear your concerns. They're always valid. We would love it, you know, at times you could come in and be on the record as to what changes you think could be made to the bill that could actually result in legislation you would support. The testimony we heard today was compelling. It was tragic, and we would like to get to a place where we could implement reforms where this doesn't happen again. So, your testimony-- and

First Deputy Commissioner Torres, you know, you said here that chaplains are deployed, that records are turned over, but when a person dies in your custody, can you describe the process followed to notify their next of kin, including which staff members carry out these duties? They can't just be-- you know, if you contact the chaplains, how? What happens if that's not appropriate? What's next? What training do they receive, these staff members? And second, in terms of records, when a person dies in your custody, what's the current policy regarding the handling of their belongings, and the current policy regarding release of video footage to next of kin?

FIRST DEPUTY COMMISSIONER TORRES: Thank you very much. I will start and then turn it over to our Deputy Commissioner of Health Affairs. I'll focus on the devastating notification after a death in custody. I do publicly want to express our condolences to the family members and the loved ones who had the courage this morning to offer testimony. Upon being notified that a person in custody has passed away, we immediately work closely with the command to pull the next of kin notification. The next of kin is in essence the emergency contact

person that the person coming up on that mission has identified on their form. It usually, if completed thoroughly by the person in custody, should have the address and a telephone number. Once we gather that information, almost simultaneously while the facility's pulling that information for us, we contact the Chaplaincy Services Unit, and we immediately turn around and say to them you need to have a chaplain on standby. We will confirm their religion as soon as the form has been pulled. Once we have obtained the information, if the person in custody indeed provided that information, we also verify their religion. If the person has identified their religion, we deploy a staff member, chaplain that is, that matches that religious or that faith. If the person in custody did not provide a religion, then we usually rely on a Protestant chaplain. Certain things happen simultaneously, and that is that we also alert our transportation division to get ready two staff members who are in plain clothes that will provide an escort to the next of kin in order for our chaplain to be transported to make that in-person notification. That in-person notification is for multiple reasons. If I have a loved one in

custody, I certainly don't a phone call. I want somebody to come--

COUNCIL MEMBER RIVERA: [interposing] And we understand that. I think that's very, very sensitive. And just for sake of time-- so you range to transport the appropriate chaplain according to documentation as soon as possible. Is that always the case? Is it sometimes a different staff member? Do those chaplains receive training inside the DOC, or do you rely on their expertise in training outside of Department of Correction?

FIRST DEPUTY COMMISSIONER TORRES: Outside when they were hired. And yes, you're correct, we transport them.

COUNCIL MEMBER RIVERA: Is it always a chaplain? Is it sometime someone else?

FIRST DEPUTY COMMISSIONER TORRES: No, ma'am. It's always a chaplain.

COUNCIL MEMBER RIVERA: Okay, and you typically deploy them--

FIRST DEPUTY COMMISSIONER TORRES: [interposing] To make that in-person notification it is always a chaplain.

COUNCIL MEMBER RIVERA: Okay. Let's get to the current policy regarding the handling of their belongings and the release of video footage to the next of kin. What is the policy on those issues?

FIRST DEPUTY COMMISSIONER TORRES: I'm going to bring DC Saunders to actually--

COUNCIL MEMBER RIVERA: Okay, thank you.

FIRST DEPUTY COMMISSIONER TORRES: Forgive the playing musical chairs.

COUNCIL MEMBER RIVERA: That's okay. We have extra chairs here if anybody--

DEPUTY COMMISSIONER SAUNDERS: Good afternoon. My name is James Saunders, Deputy Commissioner of Health Affairs. With respect to your question, so per DOC policy, all personal property including cash and other valuables belonging to the deceased person in custody is delivered to the public administrator of the county in which the deceased last resided. If the deceased person in custody did not reside in the City of New York, then all personal property is delivered to the public administrator of the county in which the death occurred.

COUNCIL MEMBER RIVERA: And the video footage?

DEPUTY COMMISSIONER SAUNDERS: Video footage with respect to FOIL, in the terms of releasing to--

COUNCIL MEMBER RIVERA: [interposing] Next of kin.

DEPUTY COMMISSIONER SAUNDERS: Can it be FOIL'd, I believe it can be FOIL'd under current law. You know, it is--

COUNCIL MEMBER RIVERA: [interposing] so, the next of kin would have to FOIL the video footage.

DEPUTY COMMISSIONER SAUNDERS: FOIL'able [sic], but it would also be subject to redaction to protect the privacy of other individuals who may appear in that footage.

COUNCIL MEMBER RIVERA: Okay, so the next of kin would have to FOIL the video footage of their family.

DEPUTY COMMISSIONER SAUNDERS: They would have to submit an official FOIL request.

COUNCIL MEMBER RIVERA: Okay. I had a question about compassionate release since you mentioned it. I would just like to know the policy of it. I don't know if we have time for that. But the one other question I just wanted to ask is on a

bill that-- I realize there were many pieces of legislation on the agenda today. I'd like a little more information on visiting policies to expedite the processing of children who are visiting. What percent of visitors to the island ultimately do not get to see their loved ones? And is the Department working on improving the time it takes for a visit to take place, specifically with children as well? So, anything you could add on compassionate release very briefly and then on child visiting, and I want to thank the Chair for the time.

ASSISTANT VICE PRESIDENT MERRILL: maybe we can start briefly on compassionate release. So I think the term is colloquially used, but it's really specific to prison generally. A sentenced individual, they may be released on compassionate grounds. For our purposes where most people in custody are there, you know, pre-trial, it's really a conversation that's happening between judges and defense counsel, and as mentioned in Doctor Subedi's testimony, judges aren't necessarily giving a rationale for why a person would be released. It would just be ROR'd. They're not indicated that it is, you know, for medical reasons. That's not to say

that we don't advocate for patients who have serious medical complex needs. We do write clinical condition letters for attorneys that they can use when advocating with the judges, but in terms of, you know, of reports for why someone is released on medical grounds, neither agency would have that information.

COUNCIL MEMBER RIVERA: Okay, thank you. I realize some things are related to prison, but clearly we should make everything relevant to the agencies within which we work. So, thank you.

EXECUTIVE DIRECTOR ROBERTSON: Afternoon, Council Member. My name's Allie Robertson. I'm the Executive Director of Intergovernmental Affairs. Can you just remind-- do you mind repeating your question on visits to make sure I address them. Thank you.

COUNCIL MEMBER RIVERA: sure. My question is what are current wait time for visitors to the island between the time of registration and finally getting to see their loved one and the policies in place to expedite the processing of children visitors? What percent of visitors to the island ultimately do not get to see their loved ones?

And are you working on improving the time it takes for a visit to take place?

EXECUTIVE DIRECTOR ROBERTSON: Sure. Well, thank you for all those very important questions about visits. I'll speak to as many as I can, and then we might-- I might bring up a colleague as well. So, specific to wait times, we are actually looking forward to implementing an online scheduling system. We were actually considering that prior to the introduction of the bill, so we're happy to work with the council towards that, recognizing that it will hopefully reduce wait times. We actually had an internal-- one of our operations research team members did a deep dive into wait times around visits. And the figure I have on my now, and I'm happy to get back to you with a more specific figure, but he found an average of four and a half hours for the entire process, from arrival to then, right, the visit taking place and then to departure from the island. So, I know you asked specifically like to the time of the visit, but that is our average for the overall at this point. I don't have a more specific figure for children. We can certainly try and drill down on that for you and get back to you.

Specific to visit denials, so we're actually proud of the fact that each-- we kind of run this. We do quarterly reporting for the council already on visits, and we track total visitors to the island, and around 20-- between 20 and-- 20,000 and 25,000 visitors come to the island each quarter. So, fairly large numbers of visitors that we work very hard to process, and usually what we find is around five percent of that figure is the visit cannot happen or the visit is denied for a number of reasons. That figure is pretty consistent quarter after quarter.

COUNCIL MEMBER RIVERA: Alright, thank you. I look forward to specifically relating to child visitors. I mean, clearly, you must have concerns in terms of the mental wellbeing of children who are visiting and how long it takes. So thank you for coming up to the dais. Thank you to all of you. Look forward to working on these bills and getting them passed, and a special thank you to the Chair once again.

CHAIRPERSON NURSE: Thank you, Council Member Rivera. We just have a handful of questions that we want to make sure to get on the record, and then we're going to start opening it up for

testimony. I want to turn to sexual assault. I know that we've talked about your grievance system. We brought up the sexual assault allegations that have come up, I think 700. So, I just want to continue in that thread of conversation as we're conducting our hearings for the rest of the year, because it is such a pretty astounding volume of lawsuits alleging sexual abuse and sexual violence. So, we know that many of these lawsuits involve allegations that date back several years against former staff members, and the news outlet Gothamist recently reported that at least five current DOC employees have been accused of rape and sexual assault, and three still work at Rose M. Singer Center. So I wanted to just kind of get on the record, has DOC conducted an internal investigation against all officers who have been named in lawsuits that allege sexual assault, and if not, does DOC plan to investigate these claims?

FIRST DEPUTY COMMISSIONER TORRES: Thank you for the question, Madam Chair. I'm bringing Deputy Commissioner General Counsel James Conroy to respond to respond to your question.

CHAIRPERSON NURSE: Thank you.

DEPUTY COMMISSIONER CONROY: Good afternoon, Council Member. As you know, the ASA lawsuits are active litigation, and those incidents that you specifically referenced are the subject of investigation, not only internally but externally, so we can't speak of them specifically. However, I will say that this Commissioner and this Administration takes any of these allegations extraordinarily seriously and steps have been taken to ensure that those specific individuals are not in those same situations that gave rise to these allegations.

CHAIRPERSON NURSE: So, just to confirm, yes or no. Yes, you are all doing an active investigation on everyone that has been named?

DEPUTY COMMISSIONER CONROY: We are cooperating, yes, with all investigation.

CHAIRPERSON NURSE: Do any individuals named in the Adult Survivors Act lawsuit still work at Rose M. Singer Center?

DEPUTY COMMISSIONER CONROY: They do not.

CHAIRPERSON NURSE: Okay. Does DOC have a process to reassign officers who have been accused of sexual misconduct so they do not work in the Rose M. Singer Center?

DEPUTY COMMISSIONER CONROY: That is part of the internal assessment of all these cases, yes. Not specifically to that facility, but with respect to any allegation and victim.

CHAIRPERSON NURSE: Just to clarify, so if there is someone-- if an allegation is made through your grievance process and like tomorrow or today, when that filters up the chain, do you all have a process where you reassign them away from the women's facility?

DEPUTY COMMISSIONER CONROY: There's a preliminary investigation and all factors are taken into consideration. So I would not categorize it as automatic, but yes, there is a process.

CHAIRPERSON NURSE: Okay, and how-- what is the time period from when the right individuals within DOC learn of this, and the reassignment or evaluation of the need to reassign is made?

DEPUTY COMMISSIONER CONROY: I think that's subjective. I don't have stats on to the exact time frames, but the notifications obviously are made, as we talked about, with any incidents very quickly, and then again, each incident then-- and

circumstance is subjective to, you know, what's going on.

CHAIRPERSON NURSE: Okay. Do we have an average timeframe, like protocol?

DEPUTY COMMISSIONER CONROY: I don't. We could follow up with you, Chair.

CHAIRPERSON NURSE: Okay, that would be great. Yeah, just like a broken down simplified-- it hits here, it goes to these people. They make a decision. They have this amount of period. I think in our grievance-- in the grievance hearing, I know what we talked about and we have the transcripts where you all do have some time marks where people have to be responded to, so I do recall that, but I know when it's sexual assault it's a different group of people who deal with it, and so I know it will be helpful to know those timelines.

DEPUTY COMMISSIONER CONROY: We'll take that back and get back to you, Chair. Thank you.

CHAIRPERSON NURSE: I have a few more questions. I don't know if they're relevant for your-- sir. So, pursuant to guidelines established in the PREA Act, or PREA, and adopted as BOC minimum standards, the Department is supposed to complete a

semiannual report to evaluate sexual abuse and sexual harassment allegations made within the past six months. The report that covers the first six months of 2024 was supposed to be released on August 15th. Can you confirm is that report was released, and if not, when will it be?

DEPUTY COMMISSIONER CONROY: It was not released yet. We've taken it back to ensure accuracy and thoroughness. We anticipate within the next week or two it should be publicized and released.

CHAIRPERSON NURSE: Next week or two, okay.

DEPUTY COMMISSIONER CONROY: Yes.

CHAIRPERSON NURSE: Federal and local law requires that allegations of sexual abuse and harassment be fully investigated and closed within 90 days of when a complaint is filed. According to an analysis conducted by Gothamist in 2023, more than 45 percent of investigations did not meet this legal mandate. How are you all accounting for that low rate? For that high rate of not--

DEPUTY COMMISSIONER CONROY: [interposing] We've looked at the processes internally and made efforts to improve that based on

the quality of the investigations and the oversight. I will give a preview. We think that rate has gone down to 23 percent which should be reflected in the upcoming report.

CHAIRPERSON NURSE: And is this-- would you say in terms of some of the things you might have internally identified, is it a capacity issue? You know, is it resources? What might help us get down to a lower rate?

DEPUTY COMMISSIONER CONROY: Again, I don't-- sorry, I'm relatively new also to the agency, so we will internalize that and have better answers.

CHAIRPERSON NURSE: Okay. And then it would be helpful in your follow-up to get an understanding of timeline where you will, you know,-- you've done review. I know you also have done a review of your grievance process and audit. It would be really helpful to know when we expect to see or hear from you all some initial recommendations, some operational changes that you have made, or additional resources that you may be requiring to meet some of these investigations and get them done in a timely manner.

DEPUTY COMMISSIONER CONROY: Thank you.

FIRST DEPUTY COMMISSIONER TORRES: Sorry, we'll be more than happy to send you that information.

CHAIRPERSON NURSE: That would be great. Okay, so one more. We know that when you spoke that you all mentioned you were developing an application for tablets so that folks could file a grievance in custody. Do you have an update of when that app might be completed?

FIRST DEPUTY COMMISSIONER TORRES: thank you so much. Yes, actually, it has been completed.

CHAIRPERSON NURSE: Great.

FIRST DEPUTY COMMISSIONER TORRES: And it has been entered into the tablet. So it's accessible to our persons in custody.

CHAIRPERSON NURSE: Okay. And in the follow-up could you just share a little bit more about that, you know, what it looks like, what are the questions?

FIRST DEPUTY COMMISSIONER TORRES: Sure, we'll be more than happy to do so.

CHAIRPERSON NURSE: Okay, great. Okay. I'm going to ask about Intro 1027 on behalf of Council Member Hudson. It establishes a process for

people in custody to obtain wigs, hair extensions, chest binders, tucking undergarments, prosthetics or other similar items or medical devices that are used by individuals to affirm their self-determined gender identity. What is the current process that would enable a person in custody to utilize a medical device?

CHIEF MEDICAL OFFICER SUBEDI: Sure, so I can take that. So, on admission, CHS asks every patient about their gender identity and with that information then provides education how to access services both within CHS and DOC. In CHS that includes medical treatment such as-- therapies, I should say. So, hormone therapy, as well as access to any medical devices if needed, and then we, you know, treat and prescribe as you would any other intervention that we manage. In addition, we also provide the contact information for our gender-related services team. So, we not only can make a referral but also give the patient the contact information to reach out if they would like supports. And then the gender-related services team also proactively reaches out to patients who are receiving

treatment to coordinate and ensure that they receive care.

CHAIRPERSON NURSE: Okay. Just like quickly reviewing the testimony, because there was so much said that I couldn't remember exactly what your-- what the objections to that bill were. Would you mind, remind me what your feedback to Intro 1027 is? In a concise way, just like the top lines.

ASSISTANT COMMISSIONER GREISOKH: Good afternoon, Speaker Nurse. I'm Valerie Greisokh, Assistant Commissioner within the Division of Programs and Community Partnerships. We are fully committed to ensuring that TGNBI individuals in our care are treated with dignity and respect and that they receive the services and items that are gender-affirming. So, currently, we make sure that any TGNBI individuals in our care has access to a gender-affirming toiletries, clothing that are aligned to their gender identity. We also work closely with CHS to make sure they have access to medical devices when needed. We are committed to growing that list of gender-affirming items, but we have to ensure that we do so safely. And so for any time that becomes permissible within our facility, we review those

items for security. There are certain times, for example, that are mentioned in the legislation like wigs that are currently not permitted for any individual in our care. So while we support the intent of the legislation, we would have to work out some of the specifics.

CHAIRPERSON NURSE: if someone has a-- this might be a silly question. But if someone, for example, has a loss of hair due to cancer treatment, are they allowed to utilize a wig?

ASSISTANT COMMISSIONER GREISOKH: So, currently, no individual in our care is allowed to have a wig. That's not something that's commonly available in correctional institution for different reasons. One, it could be used for contraband. It could be used to alter someone's appearance, which could potentially facilitate an example. So a wig is not something that's permissible to anyone in our care, and it's not commonly available in correctional institutions, but I do want to emphasize that we've grown this list considerably, a list of gender-affirming items in recent years. We recently introduced chest binders for individuals who'd like to present more traditionally masculine, and we

continue to explore additional items as long as we can ensure that they don't present any safety concerns.

CHAIRPERSON NURSE: Okay. We'd love to get that full list. I'm sure it's available somewhere online, but if you could just add it for us in the follow-up, that would be great.

ASSISTANT COMMISSIONER GREISOKH: Absolutely.

CHAIRPERSON NURSE: Okay, I have a couple questions related to visiting Rikers Island. Just want to check-- I know Council Member Rivera asked a number of questions. could you re-- in case you've said it, can you just restate for the record the average or typical wait time for a visitor from arriving at the central visit house to actually starting their visit with the person in custody they're visiting?

ASSISTANT COMMISSIONER GREISOKH: Four and a half hours, the total visit time.

CHAIRPERSON NURSE: On average.

ASSISTANT COMMISSIONER GREISOKH: Yes.

CHAIRPERSON NURSE: Has DOC done a study or analysis of visitor wait times per facility and visiting day?

EXECUTIVE DIRECTOR ROBERTSON: Good afternoon, Council Member-- or Chair Nurse. As I mentioned earlier, our operations research team did do a deep dive into the wait times. This figure, four and a half hours is on top of my-- I believe that is a department-wide average. Happy to take another look at that and see if it was sort of broken down by facility at any point and get back to you.

CHAIRPERSON NURSE: Okay. Yeah, I think that would be helpful. I don't have any additional questions. These are all the questions we had and what Council Members who weren't available gave us. Appreciate you all answering and for the lengthy testimony that we got, and we'll follow up shortly.

FIRST DEPUTY COMMISSIONER TORRES: Madam Chair, if you allow me to, only because I didn't have the opportunity to respond to Council Member Stevens.

CHAIRPERSON NURSE: Okay.

FIRST DEPUTY COMMISSIONER TORRES: Do know that when it comes to Intro 735A, we are in support of the intent. It's just that we are worried

about how it is currently written. As a department we have zero tolerance for sexual harassment and sexual oppression, but the way in which it is written right now or proposed, rather, it requires for specific details about the sexual assault incidents that would necessarily disclose identifying information about that very sensitive event or events, and that is where we would like an opportunity to work closely with the council.

CHAIRPERSON NURSE: I'm absolutely positive Council Member Stevens would love to figure out how to make this workable, because I don't think we're asking for, you know, the ability to pinpoint down people, but we do want to understand the volume of what's happening, because I know that maybe you personally and an institution might say they personally are committed to zero tolerance, but the systemic nature of what we're seeing shows that there is clear breakdown in how things are operationalized, the communication, the reporting even, the lateness in reporting chronically. So, as an institution having something written on paper doesn't matter at this level. So, I think we need to have the data. So, thank you so much. So, we're going to transition

into public testimony. We'll just give a couple minutes for shuffling around. If you haven't signed up to testify and you want to, please see one of the Sergeants and you can fill out a slip. Thank you, Tasha [sic]. Alright-- alright, so we got some folks in the room and some folks on Zoom. I'm going to call the first panel and then alert the next panel of folks so that you're kind of ready. Lucas Marquez, Natalie Fiorenzo, and Mik Kinkead, Rachel Golden, Faris Ilyas. You are all kind of the first round of folks. So, if Lucas Marquez or Natlia [sic] Fiorenzo are in-person, could come to the dais. Okay. Oh, okay, sorry. If you are in the overflow room, we do have quite a number of seats that have opened up in this room and you can try to come over. We have about 15 seats on this end. Okay, thank you. Alright, you can begin when you're ready.

LUCAS MARQUEZ: Thank you. My name is Lucas Marquez--

CHAIRPERSON NURSE: It's not on. Check for the red light.

LUCAS MARQUEZ: Great, thanks. My name is Lucas Marquez from Brooklyn Defender Services, and I also serve on the TGNCNBI Taskforce. I would like

to thank the City Council for having this hearing today. I will be speaking in support of Intro's 152, 625, and 1027. For years, impacted people have been raising alarm of the dangers for trans people in NYC jails. The taskforce issued a report in 2022 with detailed recommendations and an eagerness to work with DOC and CHS. In January 2023, we testified before the City Council on the importance of gender-aligned housing in city jails and detailed client's stories of trans women who were harassed, assaulted, and brutalized as women held in men's jails. Yet, today, we continue to speak with transgender women that we represent who are denied or transferred out of gender-aligned housing and are struggling to navigate the Department's opaque and arbitrary housing process. Intro 625 is necessary and crucial to ensure the safety and humanity of trans people in custody to ensure an individualized determination happens in each case, and to bring the Department in compliance with New York State and New York City Human Rights Law. Critically, to ensure the Department implements Intro 625 and 1027 as intended to protect trans non-binary intersex people, the taskforce must have additional mandate and additional

support as outlined in Intro 125. Finally, as the rights and humanity of trans and non-binary people are being attacked for political points across the country, it is even more crucial to pass these bills. Thank you.

NATALIE FIORENZO: Hi, good afternoon. My name is Natalie Fiorenzo. I'm a Corrections Specialist at New York County Defender Services, as well as a member of the TGNCNBI Taskforce. I'm grateful to be speaking at the hearing today regarding an abundance of proposed legislation that would target the needs of our clients in DOC custody. Written testimony from NYCDS will discuss our position on each bill, but I would like to highlight a few specifically today. intro 625 is a powerfully, thoughtfully drafted bill that in conjunction with Intro 152 will make life-saving changes to the experience of TGNCNBI persons in custody. I reported to this exact committee over a year ago that 100 percent of my TGNCNBI clients that are not housed in a gender-aligned facility experienced physical violence, sexual violence or both. I'm here to say unfortunately that that has not changed. When someone from such a vulnerable population says that they are

no safe, they are not safe. It is high time that their own considerations and needs be taken into account above the cryptic, unfounded security concerns of DOC staff. As has been mentioned in front of this council before, moving a cisgender woman to a male facility due to her charges or an incident in custody is unfathomable. The fact that this punishment exists for transgender women is transphobic and illegal per the New York City and State's own Human Rights Law. With the passage of 152, this taskforce hopes to have a stronger ability to collect data and information from a very reluctant Department of Correction and effectuate legislation like 625 for the TGNCNBI population at Rikers. I have some briefer comments on other pieces of proposed legislation here today. On Intro 206 I testified about the need for detainees to carry naloxone in front of the board in January of this year. As was mentioned earlier today, detainees are often our first responders, springing into action before an officer does. Overdoses were the leading cause of death in jails in 2022 and 2023, and this bill undoubtedly will save lives. For intro 1023 and 1026, they both target the family visit experience.

The current procedure to visit a loved one on Rikers is dehumanizing, exhausting, and frankly dangerous, as it forces families to wait outside for hours unprotected from heat and cold. I'd be interested to know if the 4.5 hour figure begins when someone enters the line, or when they're actually processed for their visit, because I think that that would probably double if it's when they arrive on the island. These bills are a great start but missing some crucial components that NYCDS would welcome the opportunity to discuss further with the council. And lastly, Intro 1036. Rikers Island is the largest mental health institution in New York City and one of the largest in the world, but it shouldn't be. They are not equipped and they are not trained to operate as a hospital. For our clients who are found unfit, the current wait time to be transferred to a forensic hospital and receive the care they need is four to six months. The decompensation that happens in that four to six months would shock each and every one of you. Thank you for Council Member Nurse to shine a light on that with Intro 1036, and that is more than my time. So, thank you.

CHAIRPERSON NURSE: thank you. Thank you for your testimony. We're going to call up the next folks. I'm going to ask for the clock to be three minutes and then I'm going to hold to that, just because we have over 30 people signed up to testify. So, I'm going to ask you to please respect the clock for three minutes. Sometimes it can help by-- you don't have to state everything about your organization. A lot of that written stuff we do keep and we do read. So, we have a Zoom panel next. So, thank you all. Mik Kinkead, sorry.

MIK KINKEAD: Hi, thank you so much. I'm going to try and stick to the three minutes. I appreciate the extension of time, and I appreciate the opportunity to testify today. I am submitting fairly significantly written testimony with many data sets, personal stories and citations to policy, and I really hope that everyone is able to read that because it goes into detail as to why 625, 152, and 1027 are so crucial. So, Legal Aid fully supports Intro 625. This bill would ensure TGNCNBI people are housed as safely as possible while in custody, given the presumption that human rights do not stop upon arrest. New York City is very happy to highlight

these rights every June in order to attract tourists and to capitalize on our liberation struggles, but then denies us our humanity upon arrest. Intro 625 will presume gender-aligned housing which can be overcome by stating it does not feel safe. So what DOC said earlier is incorrect, or the Department can overcome by stating a current danger of committing a gender-based violence against someone else. Advocates have been coming to the City Council for years to tell you stories of harm. I have even more stories in my testimony. You will hear more stories today. In 2019, the City Council held an oversight hearing on this very issue where this bill was first proposed. Since 2019, the Department has done nothing to further the housing rights of TGNCNBI people. We've been waiting for five years. We cannot wait longer. It is very clear in this situation that the Department is the one in current danger. They are committing the harm against us because of our gender identifies. Intro 152 extends the duration of the taskforce. I have been on the taskforce since its inception in 2019. It needs significant amendments to ensure that the taskforce has the information and authority needed to be

effective. In my testimony there are significant amendments to the bill. My testimony also details many instances of stonewalling, refusal to cooperate, lack of knowledge illustrated by the Department. We urge the City Council to make several important amendments to ensure that we could actually do our jobs. Intro 1027 requires that the Department provide access to gender-affirming items and medical devices. Chair Nurse, I appreciate your line of questioning. However, I still don't know how medical device comes in for a cisgender person, let alone transgender person. I don't believe you ever actually got an answer to that question. These devices are used every day be TGNCNBI people to affirm identities and to mitigate feelings of dysphoria, anxiety and depression. Allowing them into the jails is sensible, medically sound, and improves the lives of the people inside and the people who are working who would also then gain access to these items. The current bill which only requires that the Department be consistent with other requests for accommodation. However, our long history of advocating with the Department demonstrates that they have a lack of willingness to

recognize these items even when medically necessary. Our clients regularly wait months for walkers, canes, even eye glasses. We cannot afford to have this happen again. We really encourage the City Council to investigate and strengthen the language here to make sure the bill is effective. I would welcome any questions. This is my life's work. I'm happy to talk about it at-length.

CHAIRPERSON NURSE: Thank you. We're now going to hear from Rachel Golden.

SERGEANT AT ARMS: You may begin.

RACHEL GOLDEN: Good afternoon. My name is Rachel Golden. I am a psychologist with a decade of training and experience in gender-affirming care, and I'm the Founder and Director of Golden Psychology. I have extensive training and experience delivering care to TGNCNBI individuals in custody, and I'm a member of the taskforce since 2022. TGNCNBI individuals in custody deserve to be quickly placed in housing that aligns with their gender identity. I can share some of the experiences of the people I work with. Affirming housing allows them a safer place from which to embody their identity, reduces risks of assault, and immediately has a

positive impact on their mental health. Departmental delays in placement as associated fear mongering related to placing trans people in desired housing is nothing short of transphobic and results in the continued disproportionate targeting of these individuals for harassment and violence. The targeting is especially dangerous for those who are multiply marginalized, especially those early in their gender-exploration and transition. The Department knows that failing to quickly place individuals in aligned housing increases the risk in instances of sexual violence, mental health decompensation, and places and added burden on the jail system to manage complaints and treat medical and mental health issues that result from not being in affirming settings. It is in the best interest of transgender people and DOC to speedily place individuals in housing that aligns with their gender and safety needs. Trans and non-binary individuals who do not wish to medically affirm their transition or who are early in their transition may not fit a binary notion of what "being trans looks or sounds like." However, this is not proof of present dangers to others, defeat, or potential to cause harm. In

fact, lack of access to safe housing and items to affirm transition can place people at greater risk of harassment and abuse. To continue the wrongful idea that there's ample incentive to pretend to be trans in order to gain access to transgender housing units and services or for other antisocial gain is a fallacy that is not borne out by the evidence, and that is nationwide. It is not borne out. Even the well-documented reality of harassment, trauma, and abuse due to identifying as transgender, there's little to no incentive to pretend to be transgender. In addition, there's absolutely no evidence that people pretending to be transgender is a common occurrence, whereas there is ample evidence of the risk of violence. Further, the baseless argument by DOC that still suggests that trans men would automatically be placed in a men's facility further underscores the Department's lack of knowledge, agility, and consideration of issues facing transgender, non-binary, and intersex people. Trans men would be allowed to ask for gender-affirming placement in a men's facility if they desired, but their automatic placement there is not aligned with the bill's intent. The use of gender-affirming items

and medical devices to affirm gender is a well-documented effective treatment for gender dysphoria. It is endorsed by the World Health Organization and the American Medical Association, among others. The American Medical Association states that gender-affirming care is medically necessary evidence-based care that improves the physical and mental health--

SERGEANT AT ARMS: [interposing] Thank you. Your time is expired.

RACHEL GOLDEN: of transgender and gender-diverse people. Gender-affirming care includes access to these items. And finally, I've been a member of the taskforce since 2022. I volunteered hoping to make positive change and have a positive effect. The reality of the taskforce is starkly different. We have been met with opposition from DOC at almost every turn. We have been stalled and shut out from receiving answers about the care and wellbeing of our most vulnerable New Yorkers, and we have been rebuffed when we've been making simple requests of DOC about reporting and BOC as well, and when we ask to collaborate with medical staff from CHS. I strongly urge City Council to empower the taskforce to become an effective place of growth and

positive change for the lives of detained trans and non-binary New Yorkers. This is also my life's work. I welcome any questions--

CHAIRPERSON NURSE: [interposing] Can you please wrap up your remarks.

RACHEL GOLDEN: Sorry if I went over.

CHAIRPERSON NURSE: I'm really-- I'm going to start to hold people, just because I don't want to be seen as giving favorites. Faris Ilyas.

SERGEANT AT ARMS: You may begin.

FARIS ILYAS: Good afternoon, Chair Nurse and members of the committee. My name is Faris Ilyas and I represent the New Pride Agenda as Policy Counsel. I will submit more extensive written testimony about the other measures before you, but today I'll be speaking specifically about Intro 152. A member of my organization has participated in the taskforce on issues facing TGNCNBI people in custody since its inception in 2019 following community members and advocates repeated objections to unsafe, dehumanizing and often illegal conditions facing people on the inside. Another colleague of mine and I are currently members of this taskforce, and we are alarmed by the level of dysfunction we have witnessed

due to multiple agency members refusal to fulfil even the most basic duties that their membership in this taskforce requires. Some examples of this include lack of awareness of current policies even when asked repeatedly over months for clarification, lack of expertise on common medical conditions, apparent apathy during meetings, and arbitrary denials of basic requests for information and more. One of the most important requirements of the law that created the taskforce is to include a person who is currently incarcerated who identifies as trans, gender non-conforming, or non-binary in our meetings, but this has not happened for the last five years. And as you can imagine, when we can't easily make contact with those on the inside, and can't ask for clear information, our taskforce cannot fulfil its calling. This all forms a longstanding pattern in the taskforce and it has a left a trail of grievances and many frustrated community members and advocates over the years, and our experiences cannot even compare to what people on the inside face as they have to interact with these agencies and navigate unclear policies and systems that put their rights and wellbeing at risk on a daily basis. I urge you to

pass Intro 152 and suggested edits to extend our taskforce and to implement the measures that would better equip us to represent people on the inside and to assist you in making a meaningful difference for them. Thank you for your time.

CHAIRPERSON NURSE: Thank you so much. So, we have a couple in-person. I'm going to call the names, and while you get set up we'll go to another person on Zoom. But we have Jay Edidin and Jewel Baskerville, but we're going to hear from Kennedy Felder on Zoom while those folks come up.

SERGEANT AT ARMS: You may begin.

KENNEDY FELDER: Hi. I'm-- how's everybody doing today? My name is Kennedy Felder, and I want to thank everybody for coming. So first off, DOC, that's such a lie. Could you imagine if you misbehave and someone said to you that your'e going to go to the man's jail, not the box [sic] but the man's jail. Like, that puts someone's mental health in limbo, and I think it's messed up. But today I'm going to be reading a testimony on behalf of one of the officers that worked at the transgender housing unit in 2018. "I would like to thank the members of the City Hall for allowing me the

opportunity to speak today on an issue that I believe is of critical importance to the safety, dignity, and human rights of incarcerated individuals within NYC DOC. As a former corrections officer I had the privilege and responsibility of overseeing the establishment and supervision of the country's first transgender housing unit within a detention facility. From that experience I have witnessed firsthand why it's imperative for this type of housing to exist within our system. When we tell about the purpose of incarceration, we often emphasize the concepts of justice, rehabilitation, and public safety, but I believe one of the most overlooked aspects of our responsibility is ensuring the humane treatment of every person in custody, regardless of their gender identity. Transgender individuals represent a particularly vulnerable population at any detention facility, often facing extreme levels of violence, harassment, discrimination simply because of their identity. Without proper housing, transgender inmates are disproportionately at risk for physical and emotional abuse, and in some cases their lives are put in danger." I just-- aside from her testimony, I would like to really emphasize how

improtnat it is for you guys to know tht when you take someone out of their gender housing and place them in a male unit, it's dangerous. They're going to be sexually harassed. PREA does not come quick enough. PREA does not care. DOC is lying about the wig, too. I was locked up in 2018 and there was an inmate there who wore a wig. She was a female, cisgender inmate. She had a wig. She personally told me she had the wig for medical reasons. so what is the difference between a transgender female inmate not having a wig? That person that was talking, they lie. Another thing, I was transferred to go to the hospital to have surgery, and DOC didn't even do the proper research that-- to understand and know that Bellevue could not give me the proper surgeries that are needed. That was my top surgery. So they wasted my time for nine months without proper research, which shows that they did not care. So I just feel like DOC today was a hot mess. And I'm sorry abou this, ma'am. Thank you for your time everybody. Have a great day.

CHAIRPERSON NURSE: Thank you. Thanks for your testimony. So, we'll hear from Jay Edidin and Jewel Baskerville. Sorry, I didn't really

specialize well in education growing up. You may begin.

JAY EDIDIN: Thank you for your time, Chair Nurse, members of the Committee. My name is Jay Edidin. I'm the Director of Advocacy and LGTBQ+ Initiatives at the Women's Community Justice Association which is an organization that advocates with and on behalf of women and gender-expansive people impacted by mass incarceration, and I'm testifying today on behalf of the Beyond Rosie's Campaign. And there are a lot of fronts on which to support Intro 625 and they're all important. the one I want to highlight is basic, really basic, equity, because right now TGNCNBI people are the only population in jails for whom gender-aligned housing is treated as a privilege and not a right. Consider the following. If a cisgender woman detained on Rikers broke a role, should the City punish her by placing her in men's housing? Obviously not. If a cisgender woman were detained on charges of violently assaulting another woman or even more than one woman, does that mean she should be housed in a men's dormitory? Clearly not. And should cisgender women who are caught having sex with other women while

detained be placed in men's housing? No. And those are really easy answers, and the other option in this scenario is pretty much unthinkable. And yet, trans people are still sent to non-gender-aligned housing for things as simple as minor, minor rule infractions. Intro 625 would extedn the same basic right to TGNCNBI in custody that their cisgender counterparts already enjoy should likewise be a simple and obvious yes. I also want to speak briefly to Intro 1027. The City has framed this as a risk for contraband, and if that is indeed the case, it's a pretty strong argument not against the bill, but against holding TGNCNBI in city custody, as the City is indicating that it is incapable of safely meeting the most basic of medical and social needs of our community. In the meantime, I urge you to vote yes on Intro 1027 as well as Intro 1025, not to discriminate against an entire population to accommodate incompetence on the part of one of the most overfunded departments in the City. Thank you.

CHAIRPERSON NURSE: Thank you.

JEWEL BASKERVILLE: Hello. My name is Jewel and the following is a statement submitted by Legal Aid Society client who is a transgender woman

currently in New York State's DOC CS custody. The client spent significant time in a New York City jail prior to her time upstate. She spent time in both men's and women's jails and submitted this in support of Intro 625. "To do what is right without a sense of urgency is like a fireman going into a burning building but stopping to ponder over it. I fear that words are no use in trying to explain the urge, the need, and the dignity that are at stake for humanity if we don't pass this bill as a stepping stone and pillar for people, gender identity, respect and safety. There is a legal maxim [sic] that states the body cannot be blamed and guilty of a crime if the mind isn't guilty also. The mind of the City Council and jail administration years ago are different than the minds of today. We have advanced in science, DNA, and now artificial intelligence. We are wiser and we must learn from past mistakes. I truly do not blame the current City Council for the decisions that were made in the past with DOC administrations. The consequences of those past decisions are mental anguish, poor self-esteem, and a degrading sense of worth. Suicidal thoughts and a constant philosophical battle of answering the question, am I

a human being. Knowing the consequences, the City Council would be to blame and held responsible if they failed to act. So ask yourself, what did I not do? What is it I could do a little bit more? The answer is to vote in favor of Intro 625. You have the power to help be the solution or prolong the problem. You can resist change and potentially get ran over by it, or you could choose to cooperate and adapt and learn how to benefit from you. When you embrace change, you begin to seen an opportunity for growth. The question on this matter is, do LGBTQ people feel safe? Without Intro 625 there is no law and order for LGBTQ people. We do not feel safe. There is no justice. We must stop asking fi the pain of staying the same is less than the pain of growth and simply grow. Vote in favor of Intro 625. Thank you."

CHAIRPERSON NURSE: Thank you. Thank you for your testimony. Okay, we have another in-person panel, and while they're coming up I'll call up someone on Zoom. We have Tanya Krupat, Nadia Chait, Sarah Zarba. And while they're coming up, on Zoom if Zakya Warkeno can testify.

SERGEANT AT ARMS: May begin.

ZAKYA WARKENO: Hello, good afternoon. My name is Zakya Warkeno. I'm a social worker at Bronx Defenders. We thank the City Council for holding this hearing on the suite of bills being discussed today. Bronx Defenders would particularly like to uplift and show support for Intro 206, Intro 412, Intro 423, and Intro 625. These bills are necessary and further the efforts to achieve meaningful oversight of the DOC while we collectively move towards closing Rikers down once and for all. We will be submitting written testimony. I just want to say it is egregious that so many people have lost their lives in "care" of the Department of Corrections, particularly during this current mayoral administration. Intro 206 can save lives. Just earlier this week, the Gothamist published an article detailing the inactions of correctional staff in the moments leading up to Elijah Muhammad's death, who was detained at Rikers in 2022. The article explains that the former corrections officer watched Elijah Muhammad in distress for hours, rendered no aid, and died from acute fentanyl intoxication as noted from the article. I mention Mr. Muhammad for the recnet publication, but as the City Council and the many

advocates in the room and on Zoom know there are many others who have died. 206 writes humanitarian response and tools into DOC's protocol. DOC officers only follow rules. If it is not written, they do not do it. And it's sad. It's sad that also applied to not saving someone's life. When officers are on duty and in uniform, intuition and the capacity to respond based on one's humanity dissolve. Intro 206 quite literally is legislation that can save lives. Bronx Defenders also supports Intro 412 that would have CHS notify emergency contacts and attorney of record when an individual in custody attempts suicide, is hospitalized or is seriously injured. When a person we represent expresses thoughts of self-harm or suicidal ideation, our advocates reach out directly to CHS patient relations or CHS operations to get that person some support. Intro 412 allows for there to be more of a two-way street in communication and--

SERGEANT AT ARMS: [interposing] Thank you. Your time has expired.

CHAIRPERSON NURSE: thank you for your testimony, and if you--

ZAKYA WARKENO: [interposing] Okay.

CHAIRPERSON NURSE: can submit your written testimony, we will definitely follow up. So, now we're going to turn to the in-person testifiers. Please feel free to begin.

TANYA KRUPAT: Thank you, Chair Nurse and members of the Criminal Justice Committee for the opportunity to provide testimony today. My name is Tanya Krupat. I'm the Vice President of Policy and Advocacy at the Osborne Association. We're grateful for the many bills being considered today, all of which advance the safety, dignity and humanity of those in and affected by DOC custody. My written testimony discusses seven of the bills, and I want to focus on the death notification and visiting bills now. We support Intro 423 with amendments, including that put forth by the Freedom Agenda, that next of kin be notified by chaplaincy staff and also request emergency contacts be updated every three months. It is heartbreaking and enrangign to hear about the deaths of the 33 people who have died in or immediately after release from DOC custody since 2022. Elijah Muhammad is one of these people and he is the family member of an Osborne staff member. He died under horrific conditions at age 31 leaving four

young children behind. He suffered from mental illness, and as a family member said, he needed professional help, not prison. He is missed deeply by his children, and when they get older and want to understand how their father died, what will their family tell them? how do you explain this to children? How can we expect them to have confidence in our laws and justice system when this happened to their father pretrial? I once heard someone say that this should be litmus test for public policy. If you can't explain it to a child in a way that makes sense, seems fair, kind, and just, then something is wrong with the policy. Something is very wrong when we need death and serious injury notification laws for our jails, which we do need. We're very happy to see the three bills focusing on visiting which is a critical lifeline for those in custody for their children and families. Osborne supports the three visiting bills with recommended amendments that are detailed in my written testimony. It's important to note that the Department facilitates far fewer in-person visits than it did pre-pandemic. Using the figures FOIL'd and reported on in October 2023, DOC facilitated more than 101,000 fewer in-person visits

than in 2019, approximately 47,000 visits compared with 149,000 visits in 2019. This means people on Rikers are much more isolated than they wre pre-pandemic. they're not seeing their families, and there are also no community providers offering programming for the five hours of daily programming that is required. The far fewer visitors also means that wait times should be less, and the visiting process should be improved, but this is not what we are hearing. We urge the Council to request that a study of wait times per facility be done using the time stamps from Visitor Express. We also ask that DOC reconvene the Visit Work Group which was created in 2014 by the Jails Action Coalition and was very effective. We also act that families and visiting staff be included in the working group. Many visiting officers have important and practical ideas and solutions and want to be consulted. They are expected to work every weekend with Monday and Tuesday as their days off. No rotations. No exceptions. This should also be examined so that officers do not miss out on their own families and transfer this resentment to visitors. Thank you for your leadership.

SARAH ZARBA: Good afternoon. My name is Sarah Zarba. I'm a social worker with the Legal Aid Society Women's Pre-trial Release Initiative, and I'm here in support of Intro 206A. Our project crafts bail packages and advocates for our client's release from Rikers Island. in the past yer, our team has tragically lost three clients ot overdose shortly after their release. This is for August, Jasmin [sp?], Genaya [sp?], and their families. At the Legal Aid Society, we know that pretrial detention equals death. That is why prioritizing the safety and wellbeing of our incarcerated clients is not just necessary, it is an urgent obligation. The Department of Corrections has repeatedly demonstrated they are not prepared, not trained, and not willing to protect incarcerated people in their care. That is why today we are urging you to pass Intro 206A and make it mandatory for correction officers to carry and administer Narcan. Our clients have shared that overdoses are a regular occurrence at Rikers. In every instance, our clients are the ones who carry and administer Narcan to save the lives of their peers. Some have reported that during an overdose, officers have yelled for help from other incarcerated

individuals instead of intervening themselves. This highlights DOC's shocking unpreparedness in crisis situations. Every minute that passes during an overdose is a minute closer to death. This highlights a serious need for exactly the type of change that 206A will bring. Our position is clear, pass Intro 206A because the burden of saving livs should not fall solely on incarcerated people. I also refer this committee to our written testimony which details support and recommendations for amendments to the other bills under consideration today, and I thank Chair Nurse and the bill sponsors for continuing the necessary work to address conditions of confinement that continue to harm those we serve at Legal Aid. Lastly, we are thrilled that the bill now includes language that mandates DOC to offer Narcan kits to those being released from Rikers. This will help protect communities, as studies show the risk of overdose is highest in the days and weeks immediately after release from custody. By passing Intro 206A, you are honoring the memory of August, Jasmin, and Genaya, and taking meaningful action to prevent future tragedies. We

urge you to make DOC act, because clearly they won't do it on their own. Thank you.

NADIA CHAIT: Good afternoon. Thank you, Chair Nurse for the opportunity to testify today. I'm Nadia Chait, the Senior Director of Policy in CASES.

UNIDENTIFIED: [off mic]

CHAIRPERSON NURSE: No, I think she might have came in a little-- that person might have came in a little--

UNIDENTIFIED: [off mic]

CHAIRPERSON NURSE: Please. Thank you. because we want to keep everything cool, cool and collected.

NADIA CHAIT: Thank you, Chair Nurse. We support the array of bills heard today, but I want to highlight our support for Intro 423, Intro 412, and Intro 1036. There's really nothing I could say, I think, on 412 and 423 that would be more powerful than the stories that we heard today, but these re bills that take basic, basic steps to recognize the humanity of the people who are in custody and the communities that care for them. It should not require legislation to make this happen, but it clearly does, and so we strongly support both bills. But I'll focus

my remarks on Intro 1036. We work closely at CASES with people who have court involvement and serious mental illness, and the 730 process is broken and deeply in need of reform. This bill takes a basic step to increase transparency for a process that we know is far too slow. I think it's particularly critical, the portions of the bill that focus on getting public reporting on the delays in getting individuals their competency exams. There's simply no reason that individuals should be sitting on Rikers for months at a time while their mental health is worsening to get a basic evaluation so that they can either get the care that they need to be restored to competency or have their case proceed if they're already deemed fit. We know that as individuals are sitting, their mental health gets worse, and it often creates situations where unfortunately individuals are cycling through having a 730 examination, being declared not fit, going to a psychiatric facility, going back to Rikers, having their case delayed again and simply repeating the process, in many cases for years. That's a basic violation of individuals' rights. It does nothing to serve justice and it does nothing to make our city safer. We strongly support

this bill, and I appreciate the opportunity to testify today.

CHAIRPERSON NURSE: Thank you. Thank you all for testifying today. Just a reminder, we just-- we don't-- you know, we try to keep it quiet in here so we can move forward. Next up we've got Rajesh Mehra, Jennifer Parish, Lorenzo Van Ness, and Marianne Phyllis Cunningham [sp?]. You can begin when you're ready.

RAJESH MEHRA: My name is Rajesh Mehra, and while do I work for Correctional Health Services, I'm here speaking in my personal capacity. Actually, I had great opposition in coming and speaking here today. so, let's make it count. So, I'm here speaking in my personal capacity, and I've been a-- I'm the senior-most Creative Arts Therapist at Rikers. I've worked there and served those patients for over a decade now. So I'd like to bring some insight from the ground floor. We've heard a lot of people in leadehsip speak, people who don't necessarily actually see what's going on with their own eyes, you know, so I want to speak from that perspective as a public servant. So, one of the things I'd like to bring attention to is something

that Doctor Subedi brought attention to, and that's regarding the risk of misattributed liability for my clinician colleagues, and that's something very serious. I've seen-- look, if you care about the people incarcerated in Rikers Island, we need good, dedicated staff, dedicated public servants, and even though I'm like an anomly there, someone who's been there over a decade. I see people, really good people, really excellent care providers leaving left and right for different reasons, including burnout, compassion fatigue, vicarious tramautization, their own having suffered assaults, and then to add the risk of losing their license and their reputation on top of it-- there should be accountability when it's called for, but the risk of misconstrued liability is something nobody should have to face. I don't want to see more good colleagues go. That affects my patients, too. So, I also want to bring attention to-- regarding the violence and the support and the wellness of staff bill that was brought forth today. And in that regard, I also want to state that it's-- these are great steps. I think we also need to look at such as the other Council Member Restler was stating, we have to be preventative. We have to be

proactive, not just reactive. We do need the reactive. We do need the supports, but there are many ways to be proactive, and it feels like I can't get a meeting with anybody because I have some real answers for how to reduce the risk of violence againt staff, the risk of violence to persons in custody, the risk of-- the reduction of self-harm, and also how to take real meaningful steps to rehabilititon. It's all feasible with what the DOC has at their fingertips right now with minimal investment. I have a real plan for that, and I can't get a meeting with anybody, you know? So, I just want to put that out there if anybody wants to talk to me. I also want to mention that expanding on what Ms. Stevens was bringing here today for support and wellness and all that for-- may I please have some time?

CHAIRPERSON NURSE: As established, we're going to hold it short.

RAJESH MEHRA: I will try to submit written testimony, or if anybody has time to speak afterwards, I would appreciate it.

CHAIRPERSON NURSE: If you want to leave your contact information, I personally will be happy to follow up. Thank you.

JENNIFER PARISH: Good afternoon. Thank you for the opportunity to testify. My name's Jennifer parish and I work at the Urban Justice Center Mental Health Project. First, I want to thank the Council Members who are cosponsoring all the bills here today. It shows that you've been paying attention to what's happening in the city jails and paying attention to the people who come and testify at this hearing and what's reported in the press and the family members and loved ones of people incarcerated. Many of them are just simply about recognizing that people are people. I mean, Council Member Cabán's bill puts that in the record of all the language [inaudible], and I think it's important because the way we speak about people affects how they treat them. I was planning on talking mostly about 423, but I was really surprised by CHS's opposition to 412. That seems like a simple bill based on the fact that we know people who are incarcerated have loved ones in the community that care about them, and when something bad happens to them inside, they should be notified. They told you that they already have a system where they get authorizations from people for all different things.

There's no reason there couldn't be one more authorization checkboxes of when you want someone notified under those different situations and who it is you want to be notified. Unlike Department of Correction, they actually have an electronic medical record, so finding this information wouldn't be that hard. They told you they have patient relations. So there's someone who could reach out in the situation of an emergency, tell someone your brother's being taken to Bellevue, okay, and tell Bellevue, this is the emergency contact. So when you have something about the person's care, you can give them more details. So I think it's something that they could easily implement. But going back to 423, this is critical. I mean, it's critical for the way that we treat families in terms of being able to get belongings back and be able to get video of what happened. You heard what you'll have to go through. There's a whole bureaucratic process around it, but we also need to make sure that DOC is transparent and tells us about death. You wouldn't think that that was needed, but the Commissioner-- the previous Commissioner showed us that it is. Also, the Board of Corrections has done a good job recently in issuing

reports about deaths, but they haven't always done that. In fact, in the 16 deaths that happened in 2021, there were no reports about them until September 2022 when a different leadership of the board came in, and even this year, they chose not to report on the death of Roy Savage. To them, it happened in-- while the person was in custody but in a hospital, so they didn't think it needed to be looked at, but clearly it does. You heard on the first panel from his family about how disrespected they were. Another piece of 423 that's important is making DOC respond to the recommendations. That doesn't happen now. I see my time's out, and I'll submit written testimony. Thank you.

LORENZO VAN NESS: Thank you. Good afternoon, Chair Nurse and members of the Committee on Criminal Justice and members of the community. My name is Lorenzo Van Ness. My pronouns are they and them, or ay/ye [sic] in Spanish. I have the honor of serving as the Director of Community Organizing and Engagement at the New York City Commission on Racial Equity, also referred to as CORE. CORE is a 15-person led commission established through the November 2022 ballot to hold government accountable

to advance racil equity in government operations and incrasing community voice in government decision-making. As per New York City Charter Section 3404, we work with all New Yorkers to complete this task and give particular consideration to the priorities of groups or categories of community members that have been historically under-represented and/or underserved by government and its processes. The LGBTQIA+ community are identified in our New York City Charter as a marginalized community. additionally, through our citywide engagement, New Yorkers have identified people who are or have been formerly incarcerated and people who are loved ones of people who are currently or formerly incarcerated as part of communities who are marginalized in our city. my testimony today is in support of increasing government efforts to be accountable to the members of the LGBTQIA+ community and community members that experience or connected to the carceral system. As a queer, trans, Latinx New Yorker, I fought for access and justice throughout my career. My personal and professional work is informed by my relationships with those who have been incarcerated or have a loved one who has been incarcerated. To begin, we must

first acknowledge that Black and Latinx communities as well as transgender, nonconforming, non-binary and intersex people are disproportionately represented in Department of Corrections custody. In 2023, New York Civil Liberties Union reported that TGNCNBI community are heavily policed, criminalized, face multiple barriers, and forms of discrimination when seeking basic needs such as housing, food, education. One in six transgender people report being incarcerated in their lifetime and it jumps to one in two when we talk about Black transgender women. Over the past three months, CORE has heard from more than 4,000 New Yorkers on the needs and priorities that New York City government should address to improve their wellbeing. As an early analysis of the data, we are able to share that more than 50 percent of New Yorkers agree with our priorities and have emphasized the need for additional programming in jails to prevent recidivism and increase mental and physical health of the person incarcerated. So, proposed legislation Intros 412, 423, 625, 152, and 1027 lets New Yorkers know that you, their government representatives, hear them. our communities are here today telling us what they need to be safe,

protected, and to thrive and we must listen. Thank you.

CHAIRPERSON NURSE: Thank you. I know it's hard to jam it all in there. Okay, we have-- I'm going to call up two folks for in-person, and then we'll put the-- we'll have some folks come up on Zoom. Sorry, my brain's like falling apart. Ashley Conrad and Ricky Forae, if you could come up, and then while you all are getting settled, let's go to Reggie Chatman on Zoom.

REGGIE CHATMAN: Thank you Chairs Nurse, Narcisse, and members of both Committees on Criminal Justice and Hospitals for giving me the opportunity to testify before City Council. My name is Reggie Chatman. I am the Director of Policy at the Fortune Society, David Rothenberg's Center for Public Policy. I am also a formerly incarcerated person who spent 25 years in the criminal legal system. since my release I've obtained an MPH in Epidemiology and Health Policy and Practice. The combination of my lived experience and academic training have given me a unique lens to assess DOC's responsiblyt to provide incarcerated people adequate heatlh services, appropriate emergency care, and connectison with

their loved ones. The Fortune Society supports Intros 423, 412, 1023, and 152. Passing Intro 423 is a matter of morality, humanity and pubic heatlh. In less than three years, 33 people have died in NYC jails or shortly after their release. These are not just statistics our fellow New Yorkers who have family stories and the right to be treated with dignity in the wake of their deaths. When someone dies under these circumstnaces, we must have policies in place to investigate these [inaudible] and report findings with transparency which ultimately demonstrates respect to human life. Unfortunately, these measures were not in place for the numerous people who died under these conditions, most recently which were Charizma Jones and Anthony Jordan. In mandating transparent investigations, this law ensures that public institutions adhere to basic human rights standards, holds government accountable, and re-establishes community trust which enhances public safety. passing Intro 412 is a moral imperative. Incarcerated people lack control over their environment and depend on DOC to provide them with basic healthcare, safety, and a humane environment. The stress of confinement and the lack

of support makes them more vulnerable to mental health crises, self-harm, and serious physical injury. The government has an obligation to care for people under its control. Incarcerated people in particular face limited autonomy, social isolation, and are at increased risk for violence and health disparities. Therefore, DOC has an ethical duty to promptly notify the emergency and legal contacts when they experience a health emergency. Intro 412 will also prevent those from experiences from suffering in silence and give them an opportunity to receive care and assistance that they need and deserve. Passing Intro 1223 in particular is critical to addressing interest of humanity, re-entry and public health. Establishing an online visiting scheduling system at baseline assists incarcerated people in maintaining family ties and community connections. These things increase the likelihood of successful re-entry which is associated with reduced recidivism and safer communities. Thank you for allowing my testimony.

CHAIRPERSON NURSE: Thank you. I'm going to turn to Melissa Vergara, and then we'll come back to the in-person.

SERGEANT AT ARMS: You may begin.

MELISSA VERGARA: Hello, my name is Melissa Vergara and my son was incarcerated at Rikers Island for two and a half years. During that time, he suffered multiple severe injuries, including one incident where he lost part of his finger due to a faulty door at the facility. Having a loved one in the custody of Department of Corrections is terrifying ordeal for families. Not only are they sent to an isolated penal colony and mistreated, but we also struggle to accurate information about their wellbeing. Throughout the more than two and a half hellish years at Rikers Island, my son sustained serious injuries and I was never informed. There were many days when I didn't hear from him at all and I feared the worst. This bill is a crucial step towards creating transparency that Mayor Adams seems to determined to eliminate. We know that transparency and accountability are not priorities for this Administration, but it is imperative that we not be distracted or allow the unlawful mayor to delay closing Rikers Island. with family members being notified and kept informed, we could advocate for timely and appropriate care for our loved ones, especially given the lack of oversight at Rikers

which has already led to over 30 preventable deaths since Mayor Adams has taken office. I thank Council Member Restler for introducing this bill, and I strongly urge that the Council pass bill 412 without delay. I also would like to add that I used to work at Elmhurst Hospital in Queens, New York as a patient advocate and we were notified whenever we had a patient that came from Rikers Island, not to disclose any information to the family and referred them to the 11th floor which was run by DOC. So we're getting a lot of information that's inaccurate, and I know firsthand that the hospital staff does not relay any information to family members when there is a person that comes from Department of Corrections. I thank you for allowing me to share my testimony, and I hope that this bill gets passed.

CHAIRPERSON NURSE: Thank you so much. So, now we're going to hear from Ashley and Ricky in-person. Begin when you're ready.

RICKY FORD: Thank you, Chair Sandy Nurse for holding this today Committee on Criminal Justice. My name is Ricky Ford, and I'm the Policy Associate here at the Katal Center for Health, Equity and Justice based in Brooklyn. Our members from across

the City and include people who have been incarcerated, family members of currently and formerly incarcerated people and more. Many of our members know exactly how horrific Rikers really is and are deeply concerned by the ongoing disasters unfolding in the City's jail system. We submit this testimony today to bring to your attention the crisis at Rikers and the need to immediately shutter the notorious and deadly jail complex. Violence on Rikers Island is out of control. At least 33 people have died in the City's jail system since Adams became mayor in 2022. The two most recent deaths occurred due to the gross disgard [sic] from correctional officers and medical neglect. Incarcerated people are missing thousands of medical appointments every month, and there are reports of widespread sexual abuse. Under Adams, even the most basic aspects of operations at Rikers has further unraveled into disarray. We support the bills today focused on increasing transparency and accountability at Rikers. However, it's clear that the only solution is to shut down Rikers once and for all. The most recent reports issued by the Federal Monitor for Rikers in June found that the jails remained dangerous and unsafe,

categorized by a persuasive immediate risk of harm to both people in custody and staff. Given the ongoing crisis, more drastic measures are needed to address the longstanding issues plaguing the jail system. Until Rikers is closed, we're calling on the federal courts to immediately appoint an independent receiver to improve conditions and save lives. A federal receiver can cut through the red tape and political obstacles that contribute to the ongoing cycles of [inaudible] at Rikers and improve conditions for people incarcerated and employed there. On Wednesday, due to the ongoing disaster at Rikers, Federal Court Judge Laura Taylor Swain order the Department of Corrections, the U.S. Attorney Office, and the Legal Aid Society to meet and confer about the structures of a potential federal receivership at Rikers. The judge cited how for nine years under the consent decree the City has promised to improve conditions inside the jail systems only to consistently backslide. With the Adams Administration now engulfed in multiple federal investigations and with violence spiking and raging dysfunction at Rikers, the federal courts are moving closer to taking over the jail complex. To help

improve conditions and save lives, the City Council should swiftly pass Resolution 183 which calls for the appointment of a federal receiver. Katal and other community organizations have worked for years to shut down Rikers and hold Adams accountable while demanding action by the City, State, and Federal Government to save lives. Thank you, and I also just wanted to thank the family members of-- that lost their loved ones in Rikers Island, as well, for speaking.

ASHLEY SANTIAGO: Good afternoon, Chair Nurse. I want to say thank you the Council Members for holding this hearing and allowing me to express my support for Intros 420, 1023, and Intro 1026. My name is Ashley Santiago, and I'm testifying on behalf of Freedom Agenda as a community organizer and a member of the Campaign to Close Rikers, also as a native New Yorker who has made many painful visits to Rikers. My nephew has been diagnosed with developmental disabilities, autism, and disruptive mood dysregulation disorder. He sat on Rikers Island for two and a half years in dire need of mental healthcare and healing. During that time, my family made it as much of a priority to dedicate large

chunks of our day to head over that horror bridge to bring some joy into his day and some into ours, as long periods without getting to see him bothered our souls. A Saturday visitation process consisted of arriving at 7:00 a.m., waiting under that hell of a bus shelter to take us over the bridge. The day starts with loads of rules immediately, waiting outdoors while papers are being thrown at you to fill out, while you're also trying to maneuver to take off your shoes, put things in a locker and go through metal detectors, not to mention having your fingerprints scanned and traced for drugs. Let me not forget that the visitation protocol was only on the visitors to look up on our own before arriving. Traveling to Rikers with my sister and very two young nieces always made me the most frustrated. Watching guards yell at my three-year-old niece to hurry up, not touch the K9 dogs, what did they say, stand still, face the wall-- I said face the wall. Even forcing my three-year-old niece to shake out her diaper for drugs. Finally, getting to the jail where my nephew was didn't mean we went straight into a visit with him. Sometimes we'd be sitting at NIC or GRVC from anywhere from three to five hours in a

cramped airless waiting room just to see me. I've watched my diabetic sister hold out as long as she could in hopes to see my nephew without her insulin or pump, and mothers with newborn babies who would have to leave before even getting to their visit because their child needed to eat every couple of hours and no formula, no baby food is allowed. No one's time is taken seriously until that one-hour visit is over, and all of a sudden you hear the yell of guards, "That's it. Visit's over. Hurry up if you want to catch the bus, the next bus." Or "The next bus won't be back for another 30 minutes and you'll have to wait." That's right, a bus to escort you literally across the street. On some days we'd go through this ordeal without seeing my nephew at all. Many times DOC would tell us my nephew didn't want to come down, and even he knew we were coming and was waiting for our visit. We'd leave crushed, and he would call us later upset that he waited and DOC never came to get him. Many days we also travel all the way to the island just to be told at the main entrance, for example, "If anyone is here for OBCC, please turn back around. The building is on lockdown, and they won't be getting any visitation."

Information that would have been helpful before we made the long trip there. For hundreds of families trekking to Rikers Island every week, a visit should brought joy. Rikers shouldn't exist, and yeah, I hope these bills can pass. Thank you.

CHAIRPERSON NURSE: Thank you so much. Really appreciate it. Thank you for your testimony. We're down to the last four folks that we're going to call up in-person. If we missed you for some reason or you didn't fill out a slip, go ahead and fill out a slip with the Sergeant and he can get it to us. We're going to hear from Vidal Guzman, Serrice Sermoni Holman [sp?], Sharon Brown Jeter, Christopher Leon Johnson. You can begin when you're ready, and just check that the red light's on for the mic.

SERRICE SIMONE HOLMAN: Good afternoon. I'm Serrice Simone Holman [sp?], and I'm here on behalf of my adult son, Kevin Willis [sp?] who is unlawfully incarcerated at Rikers Island. I call it an abduction. So, today I'm not going to be too long. I'm just going to call out DOC. I'm not sure who everybody is. I'm not sure of your panel, but I got wind of this meeting about two days ago, and so I'm here. I'm here to represent my son. He's being

unlawfully held, and I just think DOC-- I'm going to agree with the rest of the people who spoke and said DOC needs to be shut down. They are in collusion with the NYPD and also the District Attorney's Office to harass, unknowing people from my community, my family, my friends. It's just horrendous what they do, and they are a criminal organization run under-- I would start with Mayor De Blasio and Governor Cuomo, and so it's a whole institution of unlawfulness, and I'm really ticked off because I haven't seen my son in about-- well, it's just crazy what they're doing at DOC, at Rikers Island. It's really insane that they are treating the visitors who come up to see their family members like criminals, just like the woman just said. They put us against the walls. They're checking the pampers of the babies. They're having big dogs come over to you while you're visiting on the floor with your loved one. They're having the dogs come over and sniff you. You're turning around and you're seeing a big dog up your butt, sniffing your butt. This is wrong. It's wrong. Okay? And all of us are responsible for how our people are being treated on Rikers Island. It needs to be shut down. They don't-- DOC, like I

said, they are in collusion with the State. I'm going to call out Governor Kathy Hochul as well, because she needs to be indicted. Before Mayor Adams gets indicted, they need to indict Mayor De Blasio and Governor Hochul. Okay? Let's get this straight and let's get it right. You can't hold our family members hostage without a trial for months and months leading into years. My son is developing a mental health issue with this being done, and he's being targeted, and just like he's being targeted, there are so many of us that's being targeted. It needs to stop.

CHAIRPERSON NURSE: If you want, you can leave your information, your contact information--

SERRICE SIMONE HOLMAN: [interposing] I want to know who everybody-- who this whole panel=--

CHAIRPERSON NURSE: [interposing] This is the City Council.

SERRICE SIMONE HOLMAN: Okay.

CHAIRPERSON NURSE: I'm the Chair of this.

SERRICE SIMONE HOLMAN: I want to know names.

CHAIRPERSON NURSE: And there's staff members here who help facilitate the committee.

SERRICE SIMONE HOLMAN: That's right. That's right. Let's get it together. Let's get it together.

CHAIRPERSON NURSE: Thank you.

SERRICE SIMONE HOLMAN: Thank you. Thank you for this opportunity.

CHAIRPERSON NURSE: You can go when you're ready.

SHARON BROWN JETER: Hello, my name is Sharon Brown from Rose of Sharon Enterprises. Release the hostages. Let Yahweh's people go. Defend Israel. Okay, Rikers Island, I worked hard to get Rikers Island closed. It has a closing date of 2027. The City Council must find a way to get it closed immediately. There should not be any delays. Lives are being lost. In the interim, there should be immediate steps to make DOC Rikers Island safe. We have to do a complete overhaul of DOC. If the City Council doesn't trust their reports or information and data, this tells you we need a complete overhaul. The situation needs to be declared an emergency at DOC for immediate closure. Every jail in Rikers

Island with deaths rampant and sexual abuse can't remain open. DOC must stop allowing trauma to force mental health faulty diagnosis on people. Mental illness is a legal theory and defense, not a medical diagnosis. I would suggest you look up King David in the Bible to find out where the mental health came from, as far as using it as a legal defense and what was happening. He was released immediately. So if you're going to declare someone mentally ill, you should release them immediately. I work in suicide prevention. People have been debilitated to appear mentally ill. Chaplains can't be Muslim. First of all, Muslims have been suicide bombers. Judaism and Christianity stabilizing people. Head chaplains can't be Muslim. Islam's founder was a pedophile marrying a nine-year-old. It can't be at Rikers Island.

CHAIRPERSON NURSE: Ma'am--

SHARON BROWN JETER: [interposing] So, first of all, in Rose M. Singer, they have a chaplain that is Islamic and she was in charge of all of the other chaplains, so her religious ideology, they believed that a nine-year-old can marry an adult.

That's why it was rampant in there, that there was sexual abuse. So when you have--

CHAIRPERSON NURSE: [interposing] Excuse me. Excuse me. Excuse me. Excuse me.

SHARON BROWN JETER: So, when you have Islamic--

CHAIRPERSON NURSE: [interposing] Ma'am.

SHARON BROWN JETER: people--

CHAIRPERSON NURSE: [interposing] Excuse me. Hold on a second.

[background yelling]

CHAIRPERSON NURSE: Hold on a second. I need you to please sit down. I am the Chair of this committee. I'm about to-- so I need you to let me do my job. Thank you.

SHARON BROWN JETER: Yes.

CHAIRPERSON NURSE: We need to be respectful here. I ask for you to stay on topic. I'll give you the last 15 seconds.

SHARON BROWN JETER: It is on topic.

CHAIRPERSON NURSE: No, you need to be on topic. We're not going to do disrespectful language here. Okay? We're not disrespecting anyone's religion. If you have a comment to--

SHARON BROWN JETER: [interposing] I didn't disrespect religion.

CHAIRPERSON NURSE: make on this, I will give you 15 seconds and then we're going to end the testimony for you.

SHARON BROWN JETER: Okay.

CHAIRPERSON NURSE: 15 seconds.

SHARON BROWN JETER: So, therefore, I am again going to state Judaism and Christianity stabilizes. I am writing a book on biblical mental health and I am excluding Muslims from being able to treat people.

CHAIRPERSON NURSE: Okay. That is not on topic. I'm going to end your portion of testifying. The next person can go.

CHRISTOPHER LEON JOHNSON: Good afternoon, Chair Nurse. Christopher Leon Johnson here. So, I want to testify on Intro 412. I think that's a-- it's a weak bill. You know, the problem is you got this corrections-- COBA that's going to be against it, because we all know they don't do their job, and DOC doesn't do their job. This is a big issue everywhere, suicide. I know it's a sensitive word. Trigger warning. But the reason they cover

this stuff-- they're going to cover it up. They're not going to report anything to you guys, and the reason they going to do it because they are fighting to make sure that Rikers stay open. Everybody know that the law is that-- 2027 that Rikers have to close. But to be real, it's not going to close down, because look, this Mayor Eric Adams, the sociopath, he just got indicted today and he's not stepping down. I have a big feeling that he's going to win his re-election because-- I know a lot of the candidates are mostly progressive, and he's just so moderate, he's going to win this, even the RCB. Or if he resigns, Governor Cuomo's going to jump in that race, former Governor Cuomo's going to jump in that race, I know, and if he jumps in, COBA's going to endorse him. Cuomo's going to be the strongest candidate running in that special election.

CHAIRPERSON NURSE: On topic.

CHRISTOPHER LEON JOHNSON: I know I'm off topic, but COBA's going to endorse him. COBA is against a lot of these bills, especially Intro 42, and he's going to say-- well, if I-- if you support me, I'm going to make sure these bill doesn't get-- I'm going to veto every bill that is in this

committee right now in this hearing. So, I think people-- this is my advice. A lot of people out here that's-- I know it's a lot of people progressive organizations like Freedom Agenda and Katal Center. People need to start calling Andrew Cuomo and Kathy Hochul, because this is the big plan, and to-- I know. I respect you, Sandy. I'm just making-- even you, you have to protest Governor Cuomo and Hochul, because he's going to run in the special election of Eric Adams resigns, and he's going to win. So I think that all you guys here, I know you guys want to close Rikers, but you guys here got to be ready for Andrew Cuomo running in that special election, because if he runs, he's going to win. So, I don't know how y'all going to do it. Protest every bit that he have and protest every fundraiser.

CHAIRPERSON NURSE: Please stick to the topic.

CHRISTOPHER LEON JOHNSON: I'm sticking to the topic.

CHAIRPERSON NURSE: We're talking about policy.

CHRISTOPHER LEON JOHNSON: I am. I am. I'm just making--

CHAIRPERSON NURSE: [interposing] Okay, you're talking about campaigns, so please relate it to--

CHRISTOPHER LEON JOHNSON: [interposing] Okay, sorry. 30 seconds, okay. Alright, 30 seconds left. Okay, I hope that you guys get all your bills passed in the City Council, this hearing today. I'm against-- I'm for Intro 412. Suicides need to be reported more into the system, but City Council need-- Where was DOC today? Where was them at. They need to start coming out here. Even subpoena these guys and stuff like. So, I got to go. Sorry about the campaign, but just letting you guys know. Protest Andrew Cuomo. Thank you.

CHAIRPERSON NURSE: Thank you so much. For the record, DOC was here today.

VIDAL GUZMAN: good afternoon. My name is Vidal Guzman. I am the Executive Director of America on Trial and the Founder. I'm here to support Intro 412 and 423. From my personal experience, I've been upstate. I know the term "you can get lost" means a real thing. You know, my personal experience with people passing away in the system-- I remember my first time, me an elder we

used to always run to the window to watch the sun rise, and you know, one day he wasn't there, and he passed way. When I was [inaudible] correctional facility at his bed, and I asked myself, did his family get notarized-- or did his family get reached out to. A second time, I was in Greene Correctional Facility and I was getting ready to go visit my loved one-- and every time you check in Greene Correctional Facility, you got to check in with the correctional officer. Before I could even check in, a mother ran in front of me and said, "I have not heard from my son in a week. I have not got no calls about my son." And what was, the correctional officers looked through the computer and said, "Well, we called you a week ago and told you that-- to tell you that your son has been buried." And for me, being in Greene Correctional Facility being 19 years old, that was the biggest fear of anyone when we mean the term of getting lost in the system, or the ones who land in solitary confinement. I heard about story about somebody landed in solitary confinement and they heard about that their family was in danger, so they couldn't even-- when you're solitary confinement, you can't make calls, but you can reach out to the

counselor and let them know, like, yeah, my family's in danger. I need to get in contact with somebody. The next day, his family was killed, and that same day he took his life, and I asked myself who exactly did he-- was able to reach out to, or who exactly was the Department of Correction able to reach out to. When we hear these stories-- Intro 412 and 423, I hope this becomes a domino effect in other different counties as well, because the term of getting lost in the system is real, and accountability is real. And for a lot of brothers and sisters upstate that maybe landed through Rikers and going upstate, I think accountability has to be the center of this conversation. The last thing I say is, you know, people are just-- these are humans, right? Everybody deserve to have contacts with their loved ones in any situations. So, just pass these bills and make sure accountabilities is in the center, the middle and in the end of every issue when it comes to making sure family members know what happened to their families while they're incarcerated. Thank you.

CHAIRPERSON NURSE: Thank you for your testimony. If there's anyone else who wants to testify in person, please give the Sergeant a shout.

We're going to move onto Zoom. There are some folks that are registered, but aren't present, and that was Bobba Car [sp?], Diang Galloway [sp?], Tamara Carter [sp?]. I'm going to call Chaplain Doctor Victoria Phillips to testify.

SERGEANT AT ARMS: You may begin.

CHAPLAIN DOCTOR VICTORIA PHILLIPS: Can you hear me? Please and bless-- can you hear me?

CHAIRPERSON NURSE: Yes. Yes.

CHAPLAIN DOCTOR VICTORIA PHILLIPS: Oh, okay. Peace and blessings, everyone, Charis and Council Members. I'm Chaplain Doctor Victoria Phillips. Today I'm speaking as founder and CEO of Visionary Ministries and leader [inaudible] many coalitions. This year, this city lost a detainee and uniformed staff member who both dropped in the yard and now are no longer with us. Rikers is not safe for anyone. Years ago, the Jails Action Coalition and others fought to move Corizons for a more just healthcare system and response. The unfortunate truth is I worked with each family you heard today and my ministry doesn't stop at a rally. I answer 4:00 a.m. calls for emotional, financial, and spiritual support. New York City leaders continue to

give condolences and thank loved ones for speaking the truth that they never should have to do, while DOC in that time, CHS, accountability and transparency continue to fall short. Serious injury-- in June 2024 I was referred to a female officer who was sexually assaulted by another officer. It occurred on tour and I believe on camera. It was being pushed away because of based on who he's related to. No one had responded to her from investigation to the day after I informed the high-ranking DOC official that I wanted to discuss an officer on officer assault with her. In July, I was referred to Charizma Jones family to assist as I do with families in their grieving process. New York City correctional system failed this 23-year-old. She died July 14th after being medically tortured. Let me be clear, Charizma was supposed to be released September 9th, 2024. She entered DOC custody healthy, yet transitioned in a condition of her physical body appearing as if she was a fire victim. Respect individual's privacy while introducing any and every bill for accountability and transparency. From my years of nursing and as of 20+ years of a death [sic] doula, I know that accurate emergency

contacts are key and often do change. However, a simple solution is to include contact updates along with a check-in for medication regimen, a standard medical requirement with each check-up and/or follow-up. In addition, require notice in the phone area and by the bubble [sic] to remind detainees that the change has occurred. It's on them. And lastly, I want to say, see my chaplain book? It's beat up, because I carry it with me every single day, and I can respond-- I'm trained to respond to any religion. I'm a spiritual chaplain, but I'm trained for Catholic, for Protestant, for Jewish, Muslim, Interfaith, Buddhist prayers, prayers in Spanish. I even have the Our Father and Hail Mary in here. And in my training as a chaplain, all chaplains I know are trained to respond in care and love and by the grace of the most high to any person or religion in need for us. so, hold DOC accountable with how they utilize their chaplains, how long they take to utilize their chaplains, and if their chaplains are not equipped to respond to any and every person in need regardless of spiritual connection, they should be, and there's something wrong with that disconnect. Peace and blessings everyone.

CHAIRPERSON NURSE: Thank you. We're going to hear from Eileen Maher.

SERGEANT AT ARMS: You may begin.

EILEEN MAHER: Good afternoon. My name is Eileen Maher. I'm a Civil Rights Union Leader from Vocal New York, a social worker and a survivor of the hell on earth that is Rikers Island where I spent over 427 days as a detainee. I know firsthand how awful Rikers and the officers and staff truly are. The bills put forward to the Council today are all necessary and must be passed expeditiously, especially in light of the most recent deaths of detainees in DOC custody. Notifying the detainee's emergency contact or next of kin when seriously injured, illness or death is imperative as well as humane and falls under common sense. And suicidal attempts and/or ideations as well are indicative of mental health issues and illness, and mental health is human health medically speaking. While I was detained on the island, I witnessed firsthand the neglect, abuse, and indifference inflicted upon my fellow detainees, and I pray that my health did not fail in any capacity for this reason. Those same issues have only gotten worse. The 33 deaths since

Mayor Adams took office, as well as their family's testimonies of negligence and well, just being shut out completely is the proof in the pudding. And keep in mind, more than one of the deaths, the family has testified was never notified by DOC or CHS. They found out from other detainees their loved ones had befriended. Today, DOC stated that there's an official PREA officer. Who might that be? What is her or her/their name? PREA Act has been in effect for well over a decade and DOC is just assigning an officer now? All of the bills put forward today are great and must be passed for the benefit of all detainees and staff. However, concurrently must be preparing for the August 2027 legally-binding closure date of Rikers Island. we must have humane and holistic treatment on Rikers, but we all must also be preparing for the closure, be it decarceration, ATIs, community educational, mental health, health, domestic violence services, as well as services for the unhoused while being infused and saturated in all of our communities, but especially in the under-served and unserved communities. And finally, DOC has proven over the course of a century that they're [inaudible] of running a humane and therapeutic

system. Therefore, it is time to remove them of their duties. Thank you.

CHAIRPERSON NURSE: Thank you so much. We have one last Zoom panelist. But again, if there's anyone we missed, please raise your hand on the Zoom. We'll add you to cue. We're going to hear from Maxima Rodas.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON NURSE: Maxima, if you're there, we're ready for you.

MAXIMA RODAS: Yes, hi. One second. Yes, one second, please.

CHAIRPERSON NURSE: NO problem. We're waiting.

MAXIMA RODAS: Good afternoon, yes. I'm going to give thank you to the people in the room today. I'm sorry, it's my first time doing this. Now going to try to do my best. My name is Maxima Rodas, and this testimony is from Legal Aid client known as Miss X. This testimony was collected with the help of our defense civil attorneys and with her explicit permission. We have [inaudible] and clarity. Miss X faced many concerns and assault while there, but for today's purposes we are focusing on one specific

story. I came into custody in March 2022. I asked for women's housing multiple times. I told the OC multiple times that I'm a woman, but I was always held in men's housing. I told everyone I see a doctor for prescription hormone replacement therapy and need hair removal cream, too. I did not receive these items for months. I had to force myself to pass as a man for my own safety. I couldn't remove my hair. I didn't have feminizing hormones, and I had to protect myself. My attorneys kept asking for women's housing, so did I. Despite trying to pass as cisgender male, people knew I was not a straight cisgender male. I began to receive threats, and I reported them saying that I worry for my life if not transferred-- if not transferred for a women's facility. I was moved in July but no other men-- but to another men's facility instead. I was then moved to another men's facility in less than 30 days to threats, fighting and ongoing fear for my life. In early August an officer approached me and said loudly between earshot of multiple people, you're going to Rosie's because you are trans. I was told to pack my things and wait on the bridge to be moved. The bridge, it's an open area between housing units.

While I waited there offices continually to loud discuss my transfer to the women's jail due to my gender. I waited there for two hours. At the end of the two hours, I was told I could not be transferred that day, and I will be returned to the same cell in the same housing unit that I was just removed from. I stayed there for five more days. On the--

SERGEANT AT ARMS: [interposing] Thank you. Time has expired.

MAXIMA RODAS: Okay, okay. Thank you very much for the time.

CHAIRPERSON NURSE: Thank you and you can submit your testimony, written testimony. I don't think there's anyone else on the Zoom. No one else has signed up to speak. I thank everybody who stayed here and listened to everything and hung out and stayed long to testify or took time off of work. if anyone here needs support or guidance navigating some of the DOC or any support, you can leave your information here and we can follow up with you and try to make sure we find out-- I'm actually speaking to you specifically, find out what happened to your son. And so if you have-- no, I know, but to follow to make sure. Okay, no problem. It's up to you.

You're making yourself-- understood. We're going to shut down the hearing. And sir, if you want to leave your contact information, we can follow up with you as well. Thank you everyone.

[gavel]

C E R T I F I C A T E

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

Date October 7, 2024