

**Testimony of the New York City Public Schools Before the NYC Council Committee on
Education and Committee on Civil and Human Rights**

June 18, 2025

Testimony of Chancellor Melissa Aviles-Ramos

Introduction

Good afternoon, Chair Joseph, Chair Williams, and all the members of the Education and Civil and Human Rights Committees here today. Thank you for inviting me to testify about the diversity of New York City Public Schools, the largest school district in the nation. I am Melissa Aviles-Ramos, Chancellor of New York City Public Schools (NYCPS), and I am joined by First Deputy Chancellor Daniel Weisberg, Chief Enrollment Officer Trevonda Kelly, Deputy Chief Executive Officer of District Planning Yael Kalban, and other NYCPS colleagues.

I appreciate—and share—your commitment to this critically important topic, which feels especially meaningful to discuss the day before Juneteenth. The values of equity and diversity are deeply personal to me—as a woman, a Latina, a lifelong educator, and the mother of an NYCPS student. As you may know, my own mother sent me to Catholic school because our local public school, back in the 1980s, did not provide the excellent and equitable education that she knew I deserved. And I have been working tirelessly ever since to ensure that families across our city, from the Bronx to Brooklyn to Southeast Queens, have equitable opportunities within our public education system. As a teacher, principal, district leader, and now as Chancellor, I put equity at the forefront of my practice.

NYCPS Demographics

I believe that diverse schools are an important goal; all students thrive when they can learn from each other's experiences and backgrounds. In New York City, diversity is one of our greatest strengths, and our diversity is rooted in all aspects of students' and employees' identities, including cultural, racial, gender, ethnic, and religious diversity, to name a few. For context, in 2023-24, there were 912,064 students in NYCPS, of many races and ethnicities:

- 42.2% Hispanic
- 19.5% Black
- 18.7% Asian
- 16.2% White
- 1.8% Multi-Racial
- 1.2% Native American

Additionally, 73.5% of our students in the 2023-2024 school year were economically disadvantaged, 21.6% were students with disabilities, and 16.3% were English Language Learners. Our families, moreover, communicate in over 180 languages.

These numbers, when taken in aggregate, capture a richly diverse school system. For example, approximately half of our schools do not have a 60%+ majority of one race or ethnicity, and only one in five schools has a single racial group making up 75%+ of student enrollment.

At the same time, I acknowledge that not all our schools reflect the full diversity of our city. In large part, this is due to demographic realities, most of which are beyond our control. These

include entrenched housing patterns; families' decisions around where to reside within New York City and where to enroll their children (our enrollment processes are largely driven by family choice); families moving outside the city in the wake of the pandemic (as reported in the New York Times in 2023 and 2024); families registering their students in private, parochial, or charter schools; and more. Additionally, consistent with Supreme Court precedent, NYCPS does not use race as a factor in school admissions.

Diversity Efforts in NYCPS

As mentioned, NYCPS admissions processes have been historically guided by family choice, and while we cannot control families' geographic or educational preferences, we *can* uplift and support communities that are eager for increased diversity in their schools. To that end, there are numerous local diversity initiatives that we have encouraged or helped facilitate.

For instance, we operate Diversity in Admissions (DIA) initiatives in over 100 schools, which are calibrated to create greater access for groups that are underrepresented in those schools, such as low-income students, students in temporary housing, English Language Learners, and more. Each DIA initiative is driven by community efforts, like those in Districts 1, 3, 13, and 15, and/or school leadership teams. Further, we set aside seats for students with disabilities at every middle and high school, to ensure representation and access for these students and to ensure compliance with the law. This September, we will open our third new accelerated high school; these schools will together serve upwards of 1,500 students at scale, with admissions priorities that promote greater representation of students from across neighborhoods and demographic groups while still ensuring access for local families.

We have also successfully increased diversity at some of our highest demand schools by relocating them to buildings where they can grow or merge with other schools serving different demographics, creating more diverse schools that are accessible to even more students. These schools, including P.S. 150 in District 2 and East Village Community School in District 1, enroll students through our Diversity in Admissions program and have grown significantly since these changes, with substantial increases in their percentages of students living in poverty, even doubling at P.S. 150.

Additionally, we have worked hand-in-hand with Community Education Councils to center diversity and integration in our rezoning work. We aim to simultaneously tackle overcrowding and integration by drawing new school zones that are appropriately sized and geographically manageable for families *and* that increase the diversity of those zones wherever possible.

I want to take this opportunity to highlight some of the excellent integration initiatives that have been driven by communities such as Districts 15, 13, and 3, whose superintendents are here today to further speak to this work.

Implemented in 2018, the community-driven District 15 Diversity Plan focused on middle schools across the district, an area that includes Boerum Hill, Carroll Gardens, Cobble Hill, Fort Greene, Gowanus, Kensington, Park Slope, Sunset Park, Red Hook, and Windsor Terrace. This plan prioritized admissions for underserved groups and supported equity-focused programming. I'm proud to say that the district has made notable gains in building inclusive school cultures,

ensuring individual schools better reflect the demographics of the district, and uplifting community voice in decision-making.

Similarly, in Districts 13 and 3, community members and leaders have worked together to implement district-wide diversity plans and intentional school mergers. For example, the merger of the Academy of Arts and Letters and PS 305 in Brooklyn a few years ago has allowed for diverse classes along with purposeful and thoughtful opportunities for peer-to-peer relationship-building, including via advisory, electives, after-school programming, and more. We've also seen success with the merger of Lafayette Academy and West Side Collaborative in Manhattan.

I'd like to thank the superintendents here today for their leadership and for empowering their families as we work to uplift and encourage more diverse school communities.

Promoting Equity and Opportunity

I want to close by zooming out for a moment, to look at equity and opportunity with a broader lens.

School integration is often portrayed in the media in black and white terms—literally. But that one-dimensional portrayal simply doesn't reflect the demographics of our city in 2025. And with it comes an inaccurate and dangerous implication that if we just put students of color in desks next to white students, then achievement will automatically rise. I reject that premise entirely.

So while of course we should uplift diversity in all its forms, I believe increasing equity goes far beyond simply moving students' enrollments. What families tell us matters most to them, and what will guarantee we deliver an equitable education to all students, is ensuring that *every one* of our schools, no matter the demographics or zip code, provides an academically rigorous, world-class education.

That's why we are going full speed on expanding the pie, increasing educational access and opportunity by growing the number of high-quality options available, especially in historically marginalized communities of color. We are providing families with a multitude of choices—from neighborhood schools to schools with specific focus areas, from dual language programs to specialized programs for students with disabilities, from early college programs to CTE schools and much more—so that families can select the setting and program that best fits their child.

That's why we have added 103 bilingual programs and 1,400 specialized autism program seats since 2022, why we brought Bard Early College High Schools to the South Bronx and East New York, and why we are about to open the first early college high school to partner with an HBCU in Southeast Queens. It's why we have created two dyslexia-focused elementary schools and innovative high school programs like the Northwell School of Health Sciences and the Bronx STEAM Center.

And when it comes to our strategic priorities and initiatives more broadly, equity is still at the center—we are working hard every day to address longstanding and unacceptable educational disparities. First and foremost, we are ensuring our children, especially low-income students of color, become strong readers and mathematicians, doubling down on research-based instruction

and high-quality curricula through NYC Reads and NYC Solves. We have expanded our Student Pathways work to broaden and reimagine postsecondary preparation for our students and launched innovative family empowerment efforts like NYCPS Cares. We have updated our Fair Student Funding formula, one of the most equitable school funding formulas in the nation. We are hiring an increasingly diverse workforce; 48% of our teachers and 55% of our principals are people of color. We are working hard to ensure students across all neighborhoods are safe and supported, and we are relentlessly pushing for improved academic outcomes.

I want to be clear: where we *do* see separation of students of differing backgrounds in otherwise diverse neighborhoods, we want to explore where and how we can break down barriers in partnership with community stakeholders. As I previously shared, we are eager to empower schools and districts to determine what works best for their communities.

I'm proud of all we've done to advance equity, access, and opportunity in New York City Public Schools, especially at this moment in time. I'm also eager to do more—I know the work is far from finished. Thank you for your continued partnership and for inviting me to testify, and I look forward to answering your questions on this topic.

Legislation

And finally, I'd like to turn to the legislation also being considered today. Intro 142 would require NYCPS to conduct a study on student access to home internet. NYCPS currently provides resources to families on both devices and broadband plans on our website. We believe students should have access to internet-enabled devices and we are happy to work with our partners to close technological gaps. However, we don't believe that a biannual survey is the best way to ascertain data points on internet access. Every school is responsible for providing devices to students who need them. We are working with the NYC Office of Technology and Innovation on an outreach campaign to inform students and families of discount broadband options this fall.

Intro 955 calls for annual reporting on afterschool programs. We are excited by the Mayor's commitment to after-school programming and look forward to working collaboratively with our Department of Youth and Community Development colleagues to ensure thoughtful allocation of these additional seats.

Finally, Intro 1002 addresses the stocking of airway clearance devices. Abdominal thrusts, also known as the Heimlich maneuver, is still the recommended first aid technique to be used in case of choking in children, and our health experts recommend its usage. We appreciate the Council's interest in the health of our students. Thank you.



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BRAD LANDER
COMPTROLLER

**Testimony of Lara Lai, Senior Policy Analyst and Strategic Organizer for Education
New York City Council Committee on Education and Civil and Human Rights
Oversight Hearing: Advancing Diversity and Equity in NYC Public Schools**

June 18, 2025

Good afternoon, Chair Joseph, Chair Williams, and members of the City Council Education and Civil and Human Rights Committees. My name is Lara Lai and I am the Senior Policy Analyst and Strategic Organizer for Education in the Office of NYC Comptroller Brad Lander. Thank you for the opportunity to testify before you today at this important hearing.

Comptroller Lander has a deep record of commitment to racial diversity and equity in NYC Public Schools. As a member of this Council, he led the D15 Diversity Plan in District 15 that desegregated the middle schools in that district and served as a model for other integration efforts across New York City. He sponsored the School Diversity Accountability Act, which required the DOE to start tracking and reporting on school segregation and called on the DOE to take action to address it. In the Council, the Comptroller also introduced legislation on dress codes and screened admissions and has a long record of student-centered advocacy on diversity and equity.

Today I am here to discuss another form of persistent exclusion and segregation that many NYC students face. Students with disabilities make up 22% of all NYC public school students, yet continue to face multiple barriers to full inclusion, full equity with their peers—inequities that can have lifelong consequences.

As our office's recent report [Stranded Afterschool: Advancing Equity & Transportation Access for Students with Disabilities](#) made clear, children with disabilities face a disproportionate lack of access to the free afterschool programs that many of their peers enjoy. This report is based on an analysis of findings from a recent Comptroller's Office survey of over 600 New York City public and charter school principals on their afterschool programs, including 23 principals from District 75.

The survey found that the lack of afterschool bus transportation is a major barrier to afterschool care citywide, posing a particular challenge for the 62,000 students with IEP mandated school bus transportation, as Chair Joseph has thankfully focused on throughout her tenure, including this committee's hearing last September on school bus transportation.

Nearly a third of all survey respondents and 100% of District 75 respondents named the lack of school bus transportation as a barrier to student afterschool participation.

Of the 145,000 students who ride a school bus in NYC, the 62,000 students with IEP mandated bus transportation in New York City has increased 9% between June 2022 and June 2024 pointing to an increasing number of students who cannot access afterschool.

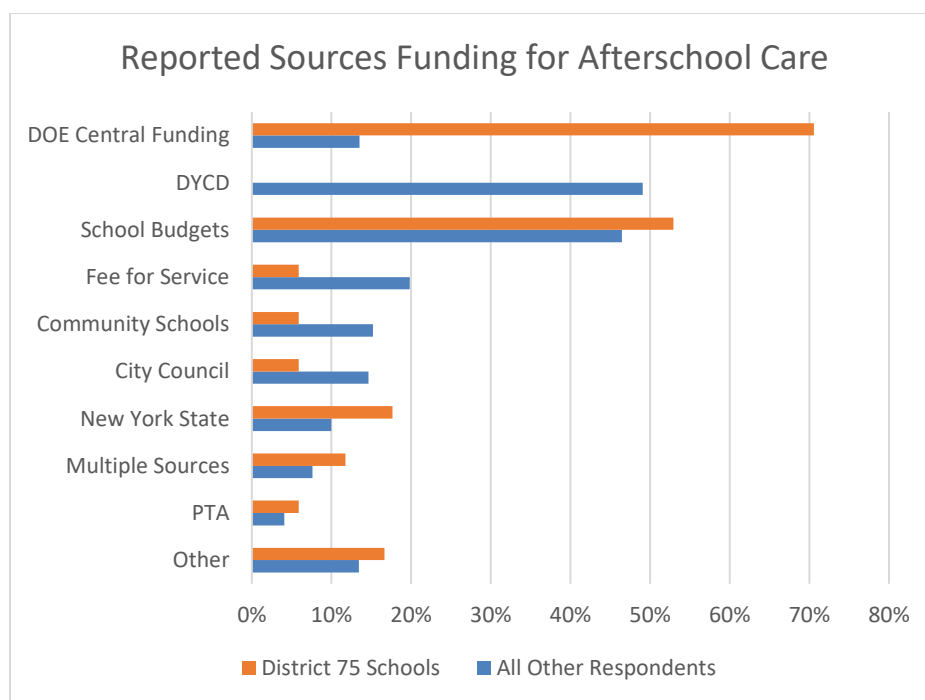
Another barrier identified by our survey is the way District 75 afterschool programs are funded and operated, which significantly constrains their ability to meet students' afterschool needs.

Just 74% of the District 75 schools that completed the survey have afterschool programs compared to 93% of schools outside of District 75.

District 75 programs do not have access to the primary source of supplementary afterschool funding in the City: Department of Youth and Community Development (DYCD).

None of our District 75 respondents have DYCD funded afterschool programs compared to 49% of respondents from other schools.

Chart 1: Reported Funding Sources for Afterschool Programs



Source: NYC Comptroller's Office

Most DYCD-funded and contracted community-based organizations (CBOs), which run 90% of afterschool programming in New York City according to our survey, are unable to meet the specialized needs of District 75 students. As a result, most District 75 schools must fund afterschool programming directly. These programs rely more heavily on funding from DOE Central: 71% of District 75 programs surveyed are funded this way, compared to just 13% of other schools. District 75 staff also provide most of the afterschool services themselves and are typically paid through per session.

There are also inequities in City Council CASA grant allocations: only 6% of District 75 schools in our survey benefit from CASA grants, compared to 15% of other respondents. In addition, fee-for-service programs (where parents cover the costs) are less common in District 75 (6%) than among other respondents (20%).

To advance equity in access to afterschool for students with disabilities, the Comptroller recommends a comprehensive strategy as the City designs and rolls out its universal afterschool program, including:

1. **Increase City Council investment in CASA by \$10M per year, prioritizing funding to District 75 schools.** DOE has been increasing the number of co-located District 75 programs across the city to ensure students can attend schools in more inclusive settings in their own neighborhood. The City Council should support this effort by allocating additional CASA funding to District 75 programs.
2. **Create dedicated afterschool funding for District 75 programs** via an afterschool School Allocation Memorandum (SAM) for District 75 programs.
3. **DOE should pilot an Afterschool for All [Multiple Task Award Contract](#) (MTAC) to identify vendors that can support District 75 programs.** Centrally procured MTACs give schools choice and flexibility in selecting vendors for needed services. An Afterschool for All MTAC would allow schools to secure specialized programming for students with disabilities that they may not be able to access via local CBOs.
4. **Collaborate with UFT to create an afterschool per session bonus** to encourage special education teachers and paraprofessionals to participate in extended day programming.

To improve access to universal afterschool programs and address long-standing challenges in providing high-quality bus transportation for students with disabilities, the City and State must prioritize passage of legislation to allow DOE to use employee protection provisions in new bus contracts. Until this legislation is passed, the DOE should avoid long-term extensions when the school bus contracts expire at the end of this month to keep the door open for a competitive rebid that includes stronger worker protections and service improvements such as afterschool and Saturday transportation and transportation for Summer Rising.

Finally, the Comptroller strongly supports Int. 0955-2024, introduced today by Council Member Riley, which would require DOE and DYCD to report on afterschool programming, providing much-needed transparency into where access gaps exist.

To conclude, Mayor Adams's recent announcement of a new \$331 million investment in DYCD to expand afterschool programming is a welcome step toward a more universal model. But as with past "universal" education initiatives—like Pre-K and 3-K—the Mayor's vision of universal afterschool continues to leave students with disabilities behind, treating their inclusion as an afterthought rather than a core commitment. A true universal afterschool program must ensure that students with disabilities have equitable access to afterschool enrichment including sports, arts, homework help, and social interactions, and that their peers can benefit from afterschool programs that include a diverse set of learners and friends.

Thank you again for the opportunity to testify today and for holding this important hearing. The Comptroller looks forward to partnering with the New York City Council to ensure that all our students get the support and resources they need to succeed and thrive in New York City.



June 12, 2025
Councilwoman Kristy Marmorato
250 Broadway, Suite 1554
New York, NY 10007

Dear Councilwoman Kristy Marmorato,

Thank you for introducing legislation to implement airway clearance devices in all the NYC Public Schools. We appreciate you sharing the tragic story about your grandfather choking to death in a restaurant. We know you saved your 18-month-old daughter's life when she had a choking incident. Thank God you had the necessary skills as a healthcare professional to save your daughter's life. LifeVac wants to prevent future choking tragedies by having our airway clearance devices in schools and cafeterias where food is served.

One child dies every 5 days, and 5,000 people die each year in choking accidents here in the USA. We know you are passionate about keeping the students and staff safe in New York City Public Schools. LifeVac is a simple, non-invasive, portable airway clearance device that has saved over 4,168 people worldwide, and 2,550 of the lives saved were children.

LifeVac is an affordable choking rescue device. The Home Kit is valued at \$69.95 per kit. We understand that New York City Schools are concerned about funding for the proposed legislation. As the CEO and Founder of LifeVac LLC, we have committed to donating a Home Kit to each NYC Public School. LifeVac will donate 1,800 FREE LifeVac Kits to protect the students and staff in the NYC Public Schools.

LifeVac provides online training on our official website. Sharing a link to the LifeVac website to review the training video. [LifeVac Training](#) LifeVac has relationships with CPR companies that can assist with training your staff on how to incorporate using LifeVac to save a life during a choking emergency, but the CPR Trainers will not provide FREE training.

Please contact our Vice President of Sales, Heidi Beth Felix, at 516-448-6688 to review any concerns the NYC Council has about implementing the LifeVac airway clearance devices in our NYC Public Schools.
Sincerely,

Arthur Lih
CEO and Founder of LifeVac LLC

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LifeVac Comprehensive Research & General Recap

Retliff Force Test	Downward Compression
Retliff Force Test	Suction
Retliff Durability Test	2015-2024 - Durability
The American Journal of Gastroenterology	Adult Simulation Study - Poster Presentation
The American College of Emergency Physicians	Adolescent Simulation Study
The American Journal of Emergency Medicine	Human Cadaver Study
The World Congress of Gastroenterology	Real Life Saves (2)
American Broncho-Esophagological Association	Summary Real Life Saves
International Journal of Clinical Skills	Peer Reviewed Real Life Saves (10)
SEMES	Summary Real Life Saves
International Journal of Pediatric Otorhinolaryngology	Peer reviewed- World leading Physician Pediatric Airway Management - Poster Presentation
American Academy of Pediatrics Poster Presentation	Worldwide Real Life Saves
Pediatrics & Therapeutics	Peer Reviewed - Real-World Data (21)
European Resuscitation Council	Poster Tour - Device for the resuscitation of the choking victim
Resuscitation Plus	Peer Reviewed - The efficacy and usability of suction-based airway clearance devices for FBAO
Frontiers	Peer reviewed - Use of a Novel Portable Non-Powered Suction Device in Patients with Oropharyngeal Dysphagia During a Choking Emergency
International Journal of Environmental Research and Public Health	Peer reviewed -Phase One of a Global Evaluation of Suction-Based Airway Clearance Devices in Foreign Body Airway Obstructions: A Retrospective Descriptive Analysis
Resuscitation Plus	Peer reviewed- A 2-year prospective evaluation of airway clearance devices in foreign body airway obstructions
BMC Med Educ.	Peer reviewed-Would anti-choking devices be correctly and quickly managed by health science students? A manikin crossover trial
Laryngoscope Investigative Otolaryngology	A response to a single cadaver study assessing the efficacy of two commercially available devices for airway foreign body relief
Journal of Pediatric Critical Care	The use of LifeVac, a novel airway clearance device, in the assistance of choking victims aged five and under: Results of a retrospective 10-year observational study
Jornal de Pediatria	Comparative efficacy of LifeVc and Heimlich maneuver in simulated airway obstruction

Heidi Felix Testimony for NYC Council

My name is Heidi Felix, and I am honored to be representing LifeVac LLC as the Vice President of Sales.

5,000 choking deaths occur every year, one child every 5 days, and choking is the 4th leading cause of accidental death.

LifeVac is a simple, non-invasive, portable airway clearance device to be used in a choking emergency when standard protocol fails or is not feasible.

LifeVac has been proven to be safe and effective. 9 peer-reviewed medical studies show the efficacy of our device. LifeVac has received **4,196** post-market clinical reports worldwide, of which **2,570** were children.

LifeVac has been implemented in **9,326** schools in the USA. We have received **89** clinical reports of lives saved in US-based schools. LifeVac has partnered with **McKesson, Cintas, Cardio Partners, School Nurse Supply, and Philadelphia Insurance Company**, who have implemented LifeVac in schools across the country.

A recent article containing inaccuracies concerning the FDA and the Red Cross was brought to our attention.

The FDA Safety Communication notification stated, "If you choose to use an anti-choking device, only use it after established choking rescue protocols have failed."

LifeVac is consistently working with the FDA to ensure full compliance with its regulations and guidelines.

The Journal of the American Red Cross Scientific Advisory Council issued a report in June 2023 with recommendations for **Guidelines**: "Back blows and abdominal thrusts should be used as standard treatment for airway obstruction in the conscious person. (Weak recommendation, expert opinion) **Option**: "If standard treatment is not working or not feasible, anti-choking devices may be used for attempted removal of airway obstruction. **The Council voted unanimously to approve the recommendations.**

Recently, a 3RD party independent biostatistician company conducted their study - LifeVac Real- Study Report. Here is their conclusion.

"The public health implications of these findings are significant. Given the prevalence of choking incidents in pediatric and elderly populations, increasing awareness and accessibility of the LifeVac airway clearance device could enhance emergency response efforts. Additionally, integrating the LifeVac device into first aid training programs may further improve preparedness for choking emergencies."

LifeVac should be implemented in all NYC Public Schools to prevent future choking tragedies. Everyone deserves another option in a choking emergency.

Thank you for your time and consideration.



Advocates for Children of New York

Protecting every child's right to learn

**Testimony to be delivered to the New York City Council
Committee on Education and Committee on Civil and Human Rights**

Re: Advancing Diversity and Equity in NYC Public Schools

June 18, 2025

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Melkis Alvarez-Bacuz, *Secretary*

Thank you for the opportunity to speak with you. My name is Randi Levine, and I am the Policy Director at Advocates for Children of New York (AFC). For more than 50 years, AFC has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. Every year, we help thousands of families navigate the New York City school system.

The diversity of New York City is one of its greatest strengths. Our schools educate children of every race and religion, children born in places across the globe, children speaking more than 150 languages at home, children with a wide array of disabilities, children living in shelters and in brownstones.

Yet, NYC is home to one of the most racially segregated public school systems in the nation. Beyond the placement of students, we continue to be alarmed by persistent disparities in access to schools, programs, and educational opportunities, as well as persistent disparities in educational outcomes, for Black and brown students, students with disabilities, English Language Learners (ELLs), and students who are homeless or in foster care, among other student populations.

Our City should set ambitious goals for tackling disparities based on race, disability, and ELL status across a wide array of educational opportunities and outcomes; should approach each initiative, program, and policy change with a central focus on students who need the most support to succeed in school; and should tailor support to ensure its current and new initiatives meet the needs of different communities and populations of students to ensure all students have meaningful access and can fully participate in all programs.

With my limited time today, I am going to focus on what the Administration and the City Council can do in the next week as you finalize the Fiscal Year 2026 budget. To



help meet some of the pressing needs we see on the ground in our work with families, we urge the City to increase funding for the following initiatives:

- To provide preschoolers with disabilities with the evaluations, services, and classes they need, as 3-K and Pre-K are not “for all” when more than 600 children are waiting for seats in preschool special education classes and more than 7,000 preschoolers are waiting for one or more service, such as speech therapy or counseling; our early childhood programs should not leave behind the children who need the most support.
- To make more schools fully accessible because accessibility benefits everyone and students with physical disabilities should have the same school options as their peers.
- To expand the immigrant family communications and outreach initiative to help ensure immigrant families can get key information about school in a language and mode that works for them.
- To enhance services at school-based mental health clinics to better meet students’ behavioral needs and keep them in school.
- To expand access to one-on-one or small group support for students who need more help learning to read because the disparities we see in reading are unacceptable and all students should get the effective reading intervention they need within our public school system.

As the City moves forward, it must ensure that all education programs and initiatives – from career readiness programs like FutureReady to after-school programs – provide tailored support to ensure that all students can access these programs and fully participate. For example, given the lower employment rates for people with disabilities, New York City Public Schools (NYCPS) should be doing all it can to prioritize preparing students with disabilities for careers—not leaving them out of career readiness programs when students need more support than typically provided.

We appreciate that data reporting bills championed by the City Council have allowed us to identify disparities and push for solutions. To that end, while we are still reviewing the bills on today’s agenda, we recommend that Intro. 955-2024, requiring reporting on after-school programs, not only disaggregate the number of students enrolled by race, gender, and grade level, as required by the current bill language, but also by students with disabilities, students who are English Language Learners, students living in shelter, students in temporary housing, and students in foster care. This is particularly important given the barriers in access to after-school programs we have seen for students with disabilities, students in temporary housing, and students in foster care, who are more likely to rely on bus service to get home and do not have access to transportation at the end of after-school programs, as well as the lack of support we have seen available for students with disabilities after 3pm. We recommend similar disaggregation with respect to Intro. 142-2024, requiring reporting on student access to home internet and electronic devices.

In the face of attacks on diversity and equity, the City must stand firm and double down on its commitment to ensuring our school system builds on the diversity of its students and provides needed support so all students can succeed in school. We appreciate the role Chair Joseph and the City Council have played in celebrating the diversity of our students and working to ensure that



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students who have historically been overlooked or excluded have access to the full array of programs and opportunities and get the support they need.

Thank you for the opportunity to speak with you. I would be happy to answer any questions you may have.



Black Education Research Center

Teachers College, Columbia University

Good afternoon. Thank you for the opportunity to testify today to the Committee on Education and the Committee on Civil Rights on the topic of Advancing Diversity and Equity in New York City Public Schools. My name is Sonya Douglass, and I am Professor of Education Leadership at Teachers College, Columbia University, and the Founder and Director of the Black Education Research Center (BERC) at Teachers College. BERC conducts and analyzes research, develops curricula, and provides professional development with the goal of improving the educational experiences and outcomes of Black and other historically disenfranchised students in the US and globally.

Since Fiscal Year 2022, BERC has been part of the New York City Council's trailblazing Education Equity Action Plan Initiative (EEAP) to develop the country's first PK-12 Black studies curriculum. As part of this initiative, BERC led a team of influential Black studies scholars and New York City classroom teachers who wrote over 100 standards-based Black studies lessons dispersed across the year in 13 grades and across multiple subject areas. Topics covered in the curriculum include early African civilizations, the global migrations of African people throughout the African diaspora, the continuum of the Black experience in America since the 1600s, as well as Black history in the five boroughs of New York City. In addition, BERC has delivered highly regarded professional development opportunities that have provided over 2,250

educators with the content knowledge and pedagogical skills needed to teach Black studies, which are not part of traditional teacher preparation programs.

As [*The New York Times* reported](#) in March, while inclusive curricula are under attack nationwide, New York City is forging a different path. The Black Studies Curriculum advances diversity and equity in New York City Public Schools by affirming the cultures and identities of Black students, and by sharing essential histories and perspectives too often excluded from our classrooms. Moreover, research shows curricula like the Black Studies Curriculum provide academic, social-emotional, and civic benefits to children of all backgrounds. Outcomes include improved attendance, greater engagement, higher grades and test scores, and increased graduation rates. By offering the Black Studies Curriculum citywide and across all grades and subjects, with potential to achieve impacts such as these, New York City is making an important, research- and community-supported investment in educational equity for our students.

**In Support of Advancing Diversity, Equity, and Accessibility in NYC Public Schools, and
of Studying Afterschool Programming and Home Internet Access**

June 20, 2025

To the Committees on Education and Civil and Human Rights:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MSEd., CRC, LMHC, Executive Director of CIDNY.

We thank the New York City Council for holding this hearing, and for examining the ways that the significant gap in education equity and education access in NYC public schools might be most effectively addressed. There are several interconnected barriers that contribute to NYC public school students with disabilities being twice as likely to drop out of high school as their nondisabled peers (10.7% vs 4.7%, according to a 2021 National Center for Education Statistics report): lack of accessible curricula and physical school buildings, critical staffing and resource shortages, lack of available seats, and significant backlogs in receiving mandated services. And, while all students with disabilities feel the impact of these issues, students from low-income families and students of color often feel a disproportional negative impact.

Addressing the impact of intersectional identities is critical when it comes to addressing these issues, beginning with the need to reduce the diagnostic equity gap. For instance, when an assessment for learning disabilities is not available through their children's schools, some families turn to private, often expensive, assessments. Students from low-income families might not have that option; therefore they will not receive official diagnoses, nor be eligible for support. This particularly impacts low-income students of color, who, because their frustration in school is often deemed an indication of "emotional or behavioral disturbance," instead of an indication of an unaddressed learning disability that could be ameliorated with supportive services in schools. This is all the more reason for their public schools to pursue formal and professional assessments for these students. This is just one example of the inextricable link between education equity and education access, and of why additional investments are needed to support students, especially those with the greatest needs.

To that end, **CIDNY supports a \$3.75M baselined investment to expand school-based mental health clinics, and a \$70 million dollar baselined investment to provide preschoolers with disabilities the evaluations and services they need** and are too often denied (in March of 2025, 4,570 children were not receiving a single one of their mandated services).

Additionally, we would like to see a greater investment made in improving the physical accessibility of NYC schools. According to the 2023 Advocates for Children (AFC) Report, *Access (Still) Denied*, less than one third of public schools in NYC are considered fully accessible. That means that roughly

69% of NYC public schools are exclusionary to students with certain disabilities, who are then severely limited in their school choice and can be denied access to programs that are not offered in the schools they are able to attend. And for the approximately 43% of NYC yellow school bus riders who have a disability, the lack of accessible schools can mean enduring bus rides that exceed the legal time limit of 115 minutes, since there is no guarantee there will be an accessible school close to their homes. However, the impact of this shortage of accessible schools is not limited to students: it also affects the manner in which parents and family members with disabilities can participate in the education process, and it prevents people with certain disabilities from being hired at two-thirds of the public schools in the city, at a time when NYCPS is reporting significant staffing shortages.

The 2025-2029 Capital Plan currently allocates \$800 million to address school accessibility. However, when inflation is taken into account, this amount represents a decreased investment from the \$750 million allocated in the 2020-2024 Capital Plan. **We therefore ask that the City allocate an additional \$450 million (a total investment of \$1.25 billion) in school accessibility projects to achieve the goal of making 45% of schools fully accessible by 2030.**

This also touches on another equity gap, which we believe the passage of **Int 0955** (which requires annual reports on afterschool programs) will aid in addressing: students with disabilities have limited access to afterschool programs, in large part because yellow school buses don't run past 4pm. This means that students who do not have access to alternative methods of transportation are often unable to participate in school programs or activities that exceed that time. **We support the passage of Int 0955, but ask that it be amended to include disability status as part of the demographic data that is collected.** The information collected through this legislation will be critical in determining how, and if, progress is being made to ensure students with disabilities have access to these programs.

Similarly, **Int 0142**, which requires biannual studies on student access to home internet and electronic devices, will also be critical in closing a significant equity gap. The switch to remote learning during the pandemic disproportionately affected students with disabilities, English Language Learners, and students from low-income families (three populations which often overlap). NYC public schools are currently considering incorporating more remote learning when physical classrooms are unavailable- both in a short-term sense (during climate-related incidents) and in a long-term sense (as a possible component of implementing the class size mandates), and many NYS tests now require computer competency. If the equity gap in home internet and electronic device access is not studied (and subsequently addressed), it will only widen. **CIDNY therefore strongly supports the passage of bill Int 0142.**

Once again, we thank the Council for their time and effort in making NYC public schools more equitable and accessible, and for their continued support in ensuring students with disabilities receive the education they are entitled to.

Sincerely,

Molly Senack (She/Her)
Education and Employment Community Organizer
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D15 PAR PROJECT REPORT

Abridged Copy

D15 PAR Team

Esther Fesale, Ashley Hammarth, Carolyn Loughran, Vanessa McKnight, Nancy Randall, Natasha Rossi, Marcie Roth, Crystal Vega, Jeanette Torres, and Madeline Fox

District 15 PAR Project Abridged Report

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The D15 PAR Project was a critical participatory action research project conducted by members of the D15 PAR Team in joint effort with the New York City Department of Education and funded by Brooklyn District 15.

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**Our families – especially our children!! – for supporting this important work
and putting up with endless long meetings.**

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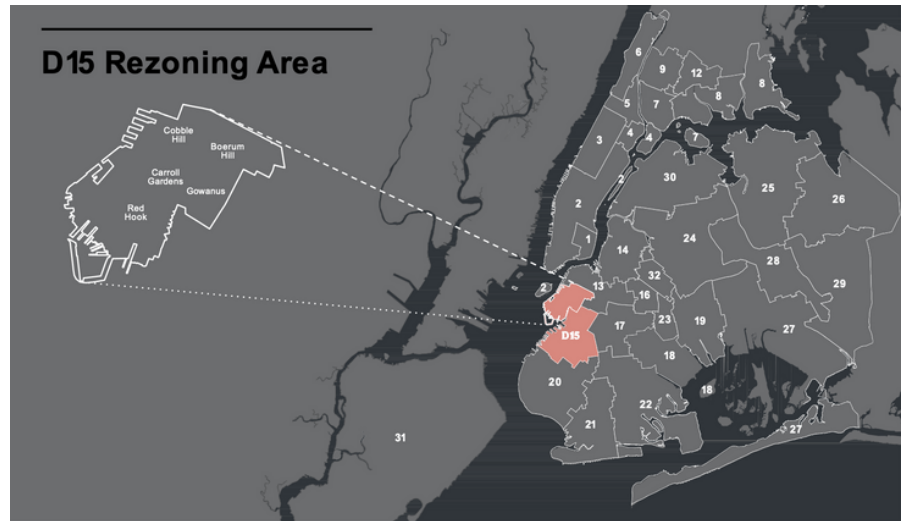
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Introduction



In 2019, the NYC Department of Education announced that it was rezoning seven elementary schools within Brooklyn’s School District 15 – in an area the DOE refers to as sub-district 3 and that includes Red Hook, Gowanus, Carroll Gardens, Cobble Hill, and Boerum Hill. The School Construction Authority has sub-districts across NYC as a way to evaluate and determine school construction projects at a more local level than school districts. The DOE decided to adopt this terminology to describe the geographic area that was the focus of the rezoning. Sub-district 3 and these neighborhoods make claim to some of the widest income disparities in NYC and a highly segregated set of schools (Cohen, 2021). After initial insufficient attempts by the DOE at community engagement, local and city-wide community leaders pressured the DOE to engage a participatory action research approach to the rezoning. As a result, we launched the D15 PAR Project in March 2020 just as the pandemic forced NYC into lockdown. Our work in the D15 PAR Project was to better understand community perspectives and lived experience of educational inequities and to make sense of how elementary school rezoning fit in. We had a particular commitment to ensuring that impacted communities historically left out of educational decision-making i.e., Black, Brown, Asian, Indigenous, people of color and NYCHA residents, were centered and in leadership in this process.

This effort was carried out by a group of family members (in our case, mothers, and grandmothers) from the impacted neighborhoods and school communities called the PAR Team (research team). As a PAR Team, we were majority NYCHA residents though overall we were a diverse team of community members from across the very different neighborhoods, communities, racial/ethnic identities, and socio-economic statuses that make up sub-district 3. Over the course of 17 months, as a research collective, we built knowledge of each other's lived experiences, we studied relevant literature, we engaged in racial justice work, we trained in research methods and conducted a critical participatory ethnographic study that included more than 75 interviews, a survey with 800+ respondents, participant observation via dozens of community and school events, Community Walks around contested areas of the sub-district, and meetings with key community and school leaders. We studied relevant histories in NYC and beyond and learned about integration efforts far and wide, old, and recent. We collected local oral histories of schooling experiences and racial conflict.

We then engaged in participatory analysis of our data, of DOE data, City data, and collectively developed a set of findings that interrogate – and challenge – assumptions about integration, educational equity, educational desire, and schools in relation to community-building. Ultimately, we developed a set of recommendations for the rezoning that were unanimously approved by the Community Education Council for District 15 in June 2021. Through this work, we developed an approach for community-powered and community-accountable educational policy development and district planning. The DOE is now engaging participatory approaches in additional rezoning and long-term planning processes in other parts of the District and City.

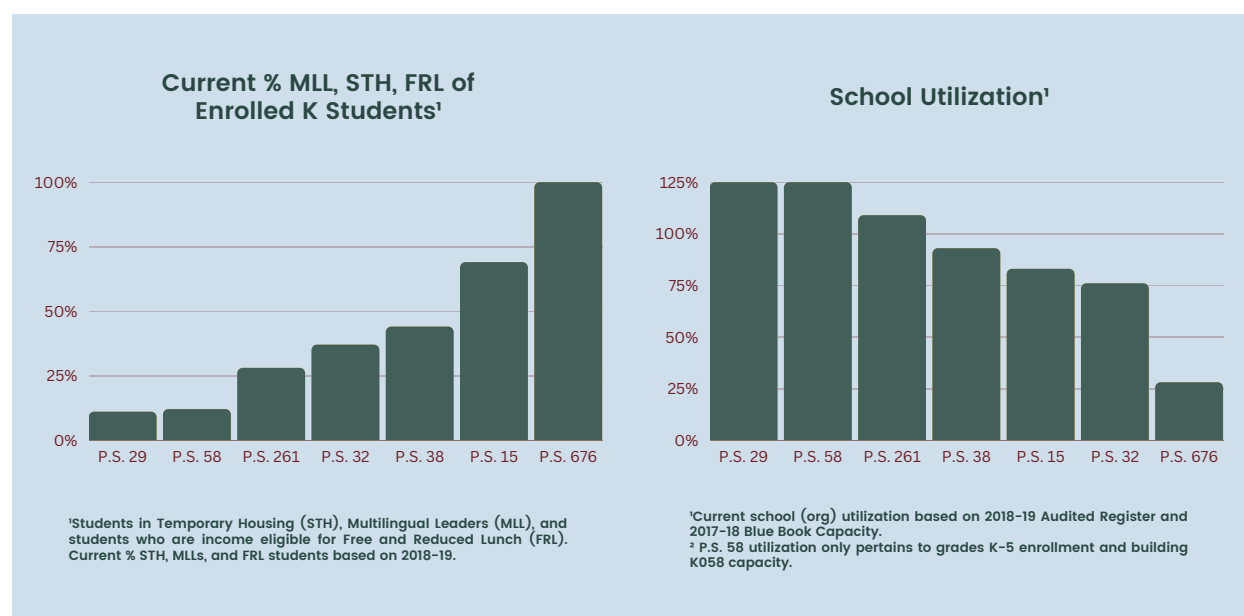


Background and Context

Sub-district 3 of District 15 includes several neighborhoods in an oblong shape running about 3 miles from the south end to the north end. Each of the seven schools included in this subzone are wonderful schools with strong and committed school leaders, staff, parent, and student communities.

Brooklyn School District 15 embodies the complex realities of New York City in various ways. District 15 is widely considered to be a privileged and well-resourced district. This is because several neighborhoods within District 15 are high-income areas and many of the schools include predominantly affluent and white students. District 15 also includes low-income areas with schools that include predominantly Black, Brown, and immigrant community members. Many of the wealthiest residents of Brooklyn call District 15 home (living predominantly in Carroll Gardens, Cobble Hill, Boerum Hill, and Park Slope), while District 15 also includes Red Hook and Gowanus each home to public housing projects, and Sunset Park a neighborhood with large Latinx and Chinese immigrant communities. In District 15, we live close together, but the distance in material reality and social existence between the low-income areas and the affluent areas is wide.

The DOE charts below with data from 2018 – 2019, show school utilization (see chart on left), or how many students attend each school, and enrollment by race/ethnicity and socio-economic status (see chart on right). Looking at these two charts together we can see not only that the seven schools in sub-district 3 are segregated but also that the whiter, wealthier schools in this sub-district are over-crowded while the schools that have more and/or majority Black and Brown children and students from low-income families have room for more students.



Participatory Action Research

Participatory action research is an approach to research, or producing knowledge, where those who are impacted by a question, a problem, or an issue are the ones who lead the inquiry throughout the process - from the moment of forming a research question, through research design, data collection, analysis, developing findings, and figuring out what to do about them. In PAR projects, we are guided by the principle: **Nothing About Us Without Us is For Us.**

In this case - community members who were connected to the impacted schools came together to help build a deep community-grounded vision, with attention being paid to centering Black, Brown, Asian, Indigenous, people of color, and NYCHA communities who have historically been under-represented in educational decision making.

In relation to this project, we were interested in understanding “What does educational equity mean to our communities? And how does rezoning fit in?”

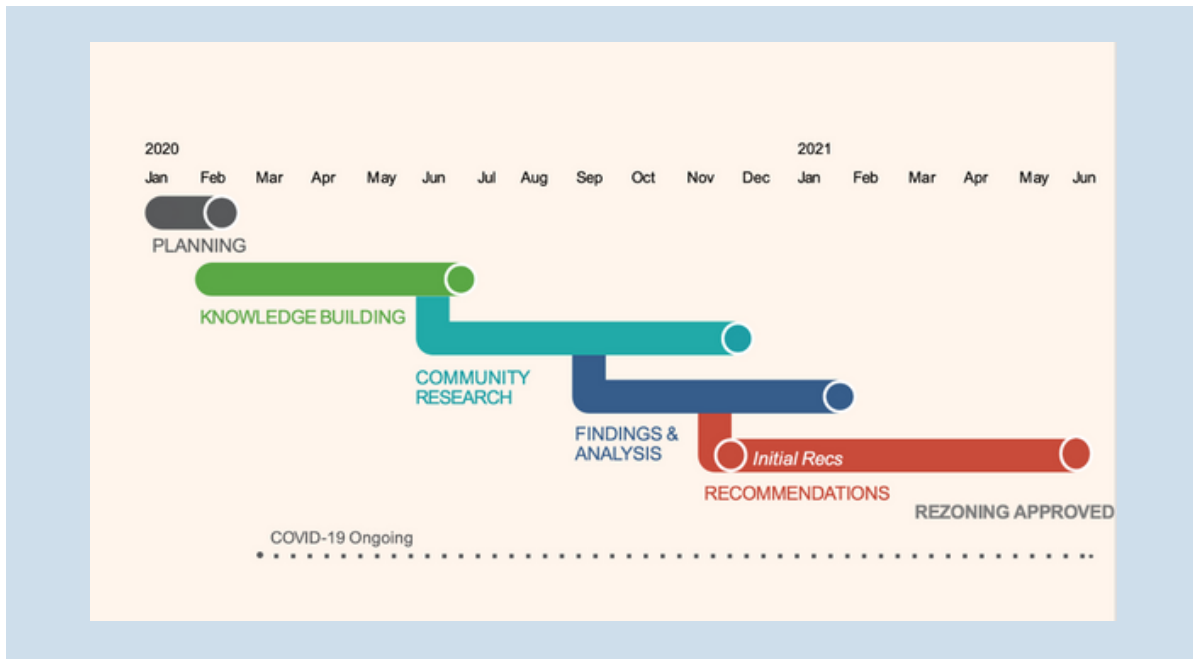
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**working closely with the DOE Office of District
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Timeline and Process



The project launched in March 2020 and we met at least weekly via Zoom. The weekly meetings of the PAR team over many months served to develop a sense of collective ownership of the research process and outcomes.

As a PAR Team, we began by building knowledge: about each other, our backgrounds, and educational journeys. We built knowledge of context, history, and educational policy. We met and learned from those with expertise – including community leaders from other Districts, policy experts and organizers, and those with expertise on issues of anti-racism, and histories of segregation and integration efforts.

In the second phase, we devised what we needed to ask community members, and what methods would work best for finding out what we needed to know. In June we started conducting Community Conversations – in-depth one-on-one or small group discussions (outside or via Zoom) with parents about their desires for and experiences with local elementary schools as well as their thoughts on public schooling and the rezoning.

In the third phase, we analyzed our data, developed findings and initial recommendations, and shared publicly to our communities.

In the fourth phase, we worked closely with the DOE's Office of District Planning and District 15 to hone and finalize recommendations. In May 2021, we presented our final recommendations and in June 2021 the CEC unanimously approved the rezoning.

Organizational Structure



The heart of the project were the local impacted communities in Red Hook, Gowanus, Carroll Gardens, Cobble Hill, and Boerum Hill. The engine of the project was the PAR Team, the group of community members who met weekly and collectively devised the research design, conducted the research, made sense of what we found, and generated recommendations. We kept in close communication with District 15 and the District 15 Community Education Council, mostly via regular brief update meetings with the PAR Facilitator/PI. We worked very closely with the Office of District Planning,





Methods

The D15 PAR Team conducted a critical participatory ethnography that included:

- 75 in-depth community conversations, majority NYCHA residents in RedHook and Gowanus
- 805 survey responses from across the school communities
- 20+ outreach and observation at school events, Open Streets, festivals
- Community Walks

TOTAL SURVEY RESPONDENTS: 805

Percentage of Current School Enrollments	
P.S. 676	27%
P.S. 15	15%
P.S. 32	25%
P.S. 38	17%
P.S. 29	20%
P.S. 58	20%
P.S. 58	19%
BNS, PAVE, Success	21%

OF THE 651 WHO RESPONDED TO RACE/ETHNICITY:

30% IDENTIFIED AS BLACK, LATINX/HISPANIC, ASIAN, AND/OR INDIGENOUS.

70% IDENTIFIED AS WHITE

256 RESPONDENTS HAVE CHILDREN 4 OR YOUNGER IN THE 2020-21 SCHOOL YEAR

Key Findings

5 Key Findings were identified during the analysis of the critical participatory ethnography:

(1) History of Racism in Our Place: Educational Self-Determination and Importance and Focus on Red Hook's unique history, geography, needs

(2) Desire for Access to a Thriving School Close to Home: Educational Equity as the Priority

(3) The DOE's Structural Accountabilities Are Barrier to Educational Equity

(4) Desire for Equity-Based Integration and a Call to Interrupt 'Zones of Exclusion'

(5) Schools as an eco-system and sites of place-based community building

History of Racism in our Place



The work of the rezoning did not take place in a vacuum. We are up against long and troubled histories of racism and divisions in our neighborhoods. It was important in the work of the D15 PAR Project that we were aware of and accountable to those histories.

This area of Brooklyn, Sub-district 3 of District 15, has a unique geography. Red Hook is geographically isolated due to the highway/tunnel, water, and also because of a lack of public transportation in the neighborhood (there are two bus lines that service Red Hook and no subways). The geographic isolation helps set the stage for a wonderful, tight-knit community in Red Hook, but, additionally, it has paved the way for shameful civic neglect. The BQE/Hugh Carey Tunnel/Hamilton Ave

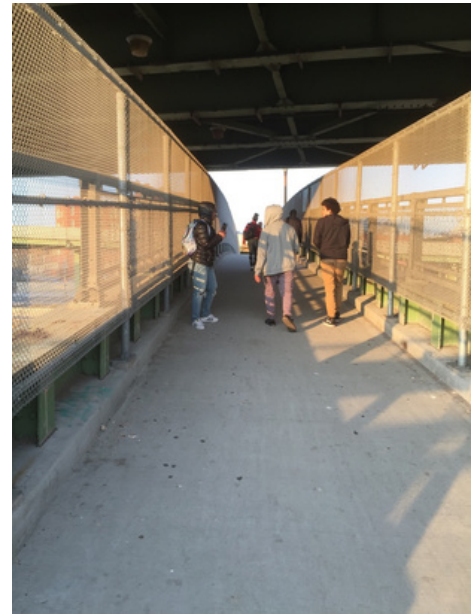
infrastructure presents a significant barrier – in both historical and material ways.

The geographic isolation of Red Hook as cut off from the rest of Brooklyn by highway and tunnel was no accident. The racial segregation of Red Hook, and Red Hook schools, can be traced, in large part, back to the confluence of racist urban planning and federally and state produced demographic shifts that took place in the 1940s – 1960s. During this time, the demographics of Red Hook shifted from being largely white Scandinavian immigrant dockworkers to being Black and Puerto Rican residents. The urban planning that New York City carried out under Robert Moses' leadership was explicitly racist and segregationist in intent. Indeed, in order to build the highway and tunnel that border Red Hook, New York City razed churches, homes, an entire immigrant community, and geographically cut off the neighborhood of Red Hook from the rest of Brooklyn. The lived implications of this urban design and rearrangement have been part of local community members intimate daily and growing up experiences for generations.

We conducted Community Walks as a methodology in this study. On one walk, we walked the school zone line that runs right along Hamilton Avenue in order to physically see, feel, and experience the border between Red Hook and Carroll Gardens. In addition to the PAR Team, we invited DOE Office of District Planning staff, the Deputy Superintendent and PS 676 Principal Figueroa and Assistant Principal Perry, and Red Hook community leaders. We gathered in front of PS 676 and then walked as a group over the pedestrian bridge that connects Red Hook with Carroll Gardens. We wanted to walk from/between Red Hook and Carroll Gardens to "walk the current zone line" and explore what it might feel like if the zone line moved north of Hamilton Avenue, disrupting the problematic border that Robert Moses built.

History of Racism in our Place

When we reached the Carroll Gardens side of the bridge, PAR Team member Vanessa McKnight, now a public school grandparent, asked the group to stop. Vanessa herself had grown up in Red Hook and had attended elementary school in Red Hook. For middle school she attended the school just north of Hamilton Ave, outside Red Hook on the Carroll Gardens side of the bridge in what was then JS 142. In order to get to Middle School, she and other Red Hook young people walked across the pedestrian bridge into Carroll Gardens every day. Vanessa explained that until that moment, she hadn't walked over the bridge in over thirty years. It was a place that haunted her and that she avoided. She asked us to gather so she could tell the following story, surprising herself by the emotions that caught her:



Vanessa McKnight:

Every day was a serious, serious challenge on racism. We would come across this bridge and it would be [white] guys there, not even ones, our same age group, but like the older brothers and sisters, like 17, 18 years old with bats and chains and rocks. And they would beat, especially on the black young men, they would beat them. So the boys stopped going to school. A lot of people stopped going to school for a long period of time because that was the only school that we were forced to go to and forced to come and either drop out, in junior high school, you're only what like 11, 12 years old.

Um, it was very difficult when we would get out of school, wherever they would hide, they would let us get right here, and then you would hear like, they would always make

some kind of a sound or noise and you would hear the chain. And you would have to run for your life over this bridge to get back into the development. We couldn't walk on Court Street. The women could do it early during the day. Like now [at the time we were gathered], mothers would come out very early with their children, like they were stroller size, to come over to Court Street to have the benefits of the nice delicacies they have over their: Italian, uh, mozzarella cheese and things like that, the fish market, the, the check cashing place has always been there, the bakeries have always been there,

History of Racism in our Place

Vanessa McKnight, cont'd:

Principal Figueroa: The coffee shop,

Vanessa: Right. But now after a while, then we could come out like a little later, but mainly the women. And if we did go, you know, the guys would, you know, they wanted to stand up for themselves, they wanted to come over. It would be terrible. We were here that, so, and so is bloody on Court Street. Then you got half of the Projects coming, trying to run over all the way over here to rescue them. So this bridge has a very, very, very, very nasty, uh,

Principal Figueroa: negative.

Vanessa: Negative, uh,

Edwin: history.

Vanessa: Yeah, History. And especially not for this side, but for that side [pointing to Red Hook]. Can you imagine getting up every morning knowing you may get beat up and just because you're Black? So this bridge for me, I, I haven't been over this bridge probably since like '73, '74. This is my first time walking back over this bridge.

Wow.

I mean, I walked over here. Ooh. It gave me really, really, really bad chills and memory. It's not good. It's not good. It was bad. It was bad. And it was older kids that were beating on elementary school kids.

And what was so sad was that the police department would not even come here and stand here to make sure the kids were safe going back. So when I hear people say they don't want their kids coming over this bridge, you've never heard of the children over there [pointing to Carroll Gardens] beating the shit outta the kids over here [pointing to Red Hook] till this day. So this is why when you say what they keep saying, "What do you, what do you want for your children?"

We don't want them to get beat up, going to school. We want them to be able to come across this bridge or any other bridge or any other area for our children to have equity and have equal opportunity. I'm sorry, guys.

History of Racism in our Place

The issues of inequity and segregation in schools are as entrenched as they are unacceptable. Every question we asked in this study, every piece of data we examined, and every discussion we held covered well-trodden ground. There was nothing new here and that reality is excruciatingly painful and feels unacceptable. At times though, because we are so accustomed and because it is our everyday lives, the profound injustice of hundreds of years of structural racism still being sanctioned becomes normalized, and it can be hard to see and feel what is right in front of our eyes

When Vanessa told her story, we were – all of us collectively, across our positionalities – brought in touch with the violence of racism in our everyday, from history through to today. As we stood there with Vanessa, we were face-to-face with the enduring insidiousness of racism in our schools and communities. We were confronted with how little has changed and how even now, dominant narratives can be upside down.

In our community conversations with families living on the North side of Hamilton Avenue, one strong theme that emerged was a concern about safety. Most often families would cite the danger of crossing the six-lane Hamilton Avenue into Red Hook (crossing Hamilton Ave in both directions has been a significant concern and long-standing node of activism for Red Hook community members who have no choice but to cross Hamilton Ave daily). However, safety concerns expressed by families living North of Hamilton Ave also related to long-held associations with the Red Hook public housing development. The implication underneath some expressions of concerns around safety had to do with an understanding of Red Hook as a violent place ([see R3a1 Rit3s research](#) by Red Hook young adults on experiences with and perspectives on violence and community building in Red Hook). Vanessa's story powerfully disrupted that narrative, calling attention to how racism is violence, how inequity is violence, how Black and Brown children endure violence that is overlooked and too often sanctioned by those in power including the schooling system.

Access to Thriving Schools Close to Home

The strongest theme that emerged from our research was a desire expressed by community members for thriving schools close to home. In our community conversations and the community survey, we heard again and again a wide variety of people express a desire for their children to attend a near-by neighborhood school and they wanted that school to be a “good” school. Though, there were wide and varied interpretations of what a “good school” means, the common thread across, and the most fundamental desire, was that the school have the resources, enrollment, vision, and culture necessary to be a highly functional school. We refer to this as a “thriving” school. Importantly, this desire for thriving schools close to home was expressed by community members across race, ethnicity, socio-economic status, and neighborhood. Related to a desire for thriving schools close to home was a desire for all schools to thrive.

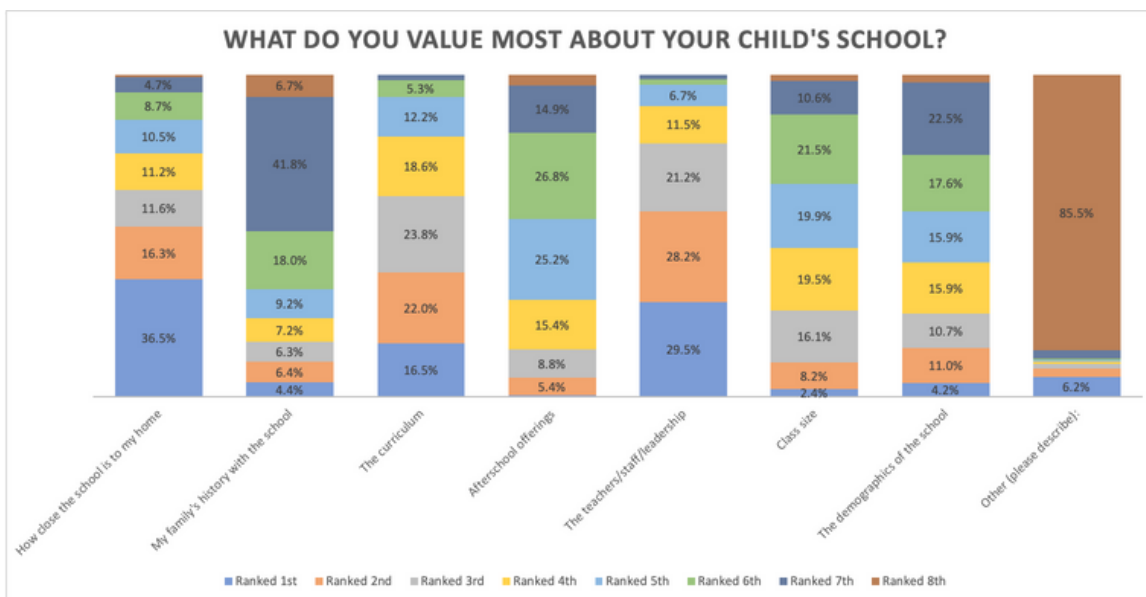
In our study, community members reported a wide variety of reasons for wanting their child to attend school close to home, including: safety concerns, connection to community, commuting challenges (including the limited public transit options in our area, especially into and out of Red Hook), economic concerns in relation to commuting, connection to school, and proximity to extended care networks. Residents of NYCHA developments in Gowanus and Red Hook cited the importance of maintaining historic and inter-generational connections with community schools.

In our survey, we asked participants to rank what was most important to them about their child’s school and provided a list of eight characteristics (including “other”). We asked:

Please rank these items in order of what you value most about your child’s school.

- How close the school is to my home
- My/my family's history with the school
- The curriculum
- Afterschool offerings
- The teachers/staff/leadership
- Class size
- The demographics of the school
- Other (please describe):

Access to Thriving Schools Close to Home



More survey respondents ranked how close school is to their home as being the thing they valued the most about their school first over other factors.

Participants also ranked teachers/staff/leadership, and curriculum consistently in the top three.

The majority of community members in our area already attended a school close to home. In our survey, 54% Black, Brown, Indigenous, and people of color and 66% white participants reported that they currently have a less than 10 minute commute to their child's school.

This finding was particularly salient in relation to thinking about rezoning because of what we didn't hear. For instance, we didn't hear from Red Hook residents a strong and consistent desire to attend elementary schools across Hamilton Ave in Carroll Gardens. Though there are two schools in Carroll Gardens (PS 58 and PS 29) that score very highly on City and State metrics for schools, that are ranked highly by some City-wide parent resources (like Inside Schools .com), and that have a "word-of-mouth" reputation particularly within predominantly white and affluent parent circles as being "desirable", We did not find widespread desire from families outside the zones of PS 58 and PS 29 to attend those schools. Proximity, neighborhood, and historical connection emerged as more salient than any one notion of "good".

Desire for Equity-based Integration and a Call to Disrupt 'Zones of Exclusion'

In the community survey and in our community conversations a strong theme that emerged was a vision of public school as free, quality, and accessible education for all. We asked community members where their children attended school. Families in the Gowanus, Wyckoff, and Warren Houses reported a desire to maintain access to PS 38, PS 32, and PS 261, with attention paid to issues of integration and equity within the schools. We did not find that Black, Brown, Indigenous, Asian, people of color community members from Red Hook express a consistent desire to attend PS 58 and/or PS 29. However, community members did express a desire for all schools to be accessible to all.

What emerged was a desire for equity-based integration and a call to disrupt what Ujju Aggarwal calls 'zones of exclusion'. We heard community members express that they did not support school zoning that contributes to producing racially segregated schooling and resource hoarding. This concern around exclusivity was often expressed in relation to perceptions of better and more resources available to the two over-enrolled schools with majority white students via the PTA budgets and specialized programming.

Meanwhile, from our community conversations and the survey we heard a desire for diverse schools. In our community survey, 88% of survey respondents agreed or strongly agreed with the statement: It is important to me that my child's school is racially diverse. This finding was consistent across race/ethnicity. However, when we asked survey participants to rank what they value most about their child's school, only 4.2% ranked the demographics of the school first. There is some research that suggests that though white parents may state a desire for "diversity" this is not often demonstrated through action (Hagerman, 2018).

Reflective School Communities

An important and related theme that emerged was that Black, Brown, Indigenous, Asian, and people of color community members and some white community members express how important it was for them that their children to attend schools in/with community schools reflective of surrounding communities in which they were situated and where school community members lived. In other words, we heard a desire for transformation towards equity-based integration, which leaves room for community schools that are majority children of color, living in community together, attending a thriving and popular school. As this white PS 32 parent from Sunset Park stated: "My daughters are black, and it's important to me that they have the opportunity to learn with a critical mass of other black children."

Schools as an Ecosystem and Schools as Sites of Place-Based Community Making

When we started the work, we were thinking predominantly from the parent/family/child perspective: what do community members experience and desire? As the work continued, it became clear that it was crucial to consider the research questions from the school-level perspective. What do schools need to thrive? How are schools impacted by the current zoning and admissions structures? What are the equity implications? Through analysis of DOE data, community conversations, participant observations, and importantly, discussions with School Leaders towards the end of our data collection period, we came to an understanding and analysis that schools exist as an ecosystem, between and across schools and between and within communities. And yet, the potential for this ecosystem to be equitable is undermined in significant ways by a range of structures that force schools into an every-school-for-itself logic and oblige (compel) the most vulnerable and historically under-resourced schools to compete with each other for students and enrollment.

In Sub-District 3 of District 15, the schools with room for more students are the schools with majority Black, Brown, Students of Color from NYCHA housing and low-income families. Due to the Fair Student Funding formula, thus those are the schools that need more students to have the budgets they need to thrive as schools.

An important theme that emerged from our observations, participant observations, and conversations was about ways elementary schools, especially, are connected to local community. Participants talked about their families' experience of schooling as community-building; and about the importance of elementary schools as connected and accountable to local community.

This connection to place-based community, especially in diverse (by race/ethnicity and socio-economic status) areas and schools connected to NYCHA developments, provides important opportunities for learning and engagement for students, families, and school staff in relation to the range of lived experiences that touch the school. It also reveals the ways that schools and educational policy and practices intersect with other public policy areas and justice issues.



Recommendations

Two key recommendations were made during tas a result of the findings:

(1) Explore Transforming PS 676 into a Middle School

(2) Rezoning: Zones of Inclusion

Additional Recommendations were also made for:

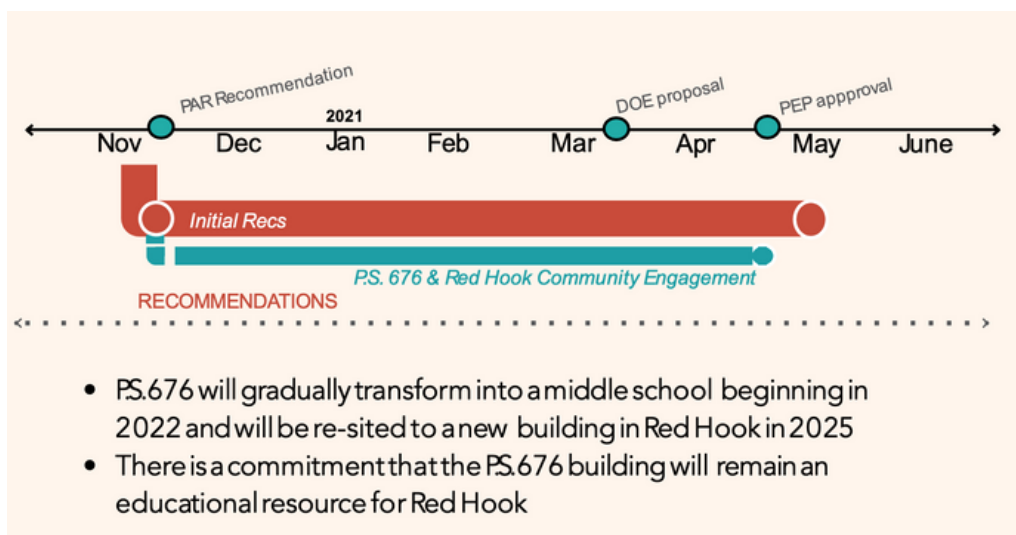
- **Support for those working in schools**
- **Funding and Policy**
- **Infrastructure and Built Environment**

Explore Transforming PS 676 into a Middle School

Our first recommendation was that the DOE support PS 676 and the Red Hook community to explore transforming PS 676 into a middle school. This recommendation was the first to be implemented, approved by the Panel for Educational Policy in April 2021 and implemented Fall 2022.

There has long been a call for a new public middle school in Red Hook as there was no current public middle school in the neighborhood. Red Hook young people had to leave the neighborhood in order to attend public middle school and general ed high school (there is a transfer high school in Red Hook).

The recommendation to transform PS 676 into a middle school emerged as a creative response to the enrollment challenges faced by PS 676, and to some extent PS 15, produced in no small part by the presence of PAVE Academy charter school in the same neighborhood just a couple of blocks away. As the PAR team studied the enrollment and zone retention data, walked zone lines, and talked with community members there was no elementary rezoning solution that held strong promise to significantly improve elementary school enrollment at PS 676. It came down to the reality that there were not enough children in Red Hook for three elementary schools. The idea of transforming PS 676 into a middle school felt responsive to current community needs and demographics. The idea received widespread positive reaction from Red Hook community members, including from within the PS 676 school community. PS 676 transforming into a middle school emerged as the best idea in this moment and as part of a vision of local public school design as responsive and flexible to current community needs.



Rezoning : Zones of Inclusion

When the Rezoning of Subdistrict 3 was announced by the DOE and before the PAR Team started, there were two approaches initially proposed by the DOE: continue with zone lines or adopt a shared zone (these were presented as maps and known locally as Approach 1 and Approach 2). The D15 PAR Project found that binary limiting.

The PAR team deliberated over whether/ how it might make sense to remove zone lines in various configurations for months. We ultimately recommended hybrid approach to rezoning that is accountable to the specific needs and contexts of our schools and families.

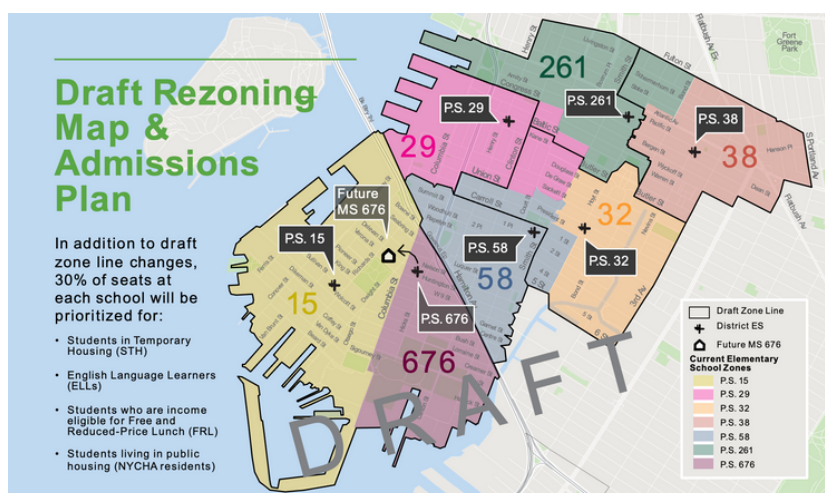
We recommended maintaining zones, though shifting lines in a Zones of Inclusion approach to help ensure community members have thriving elementary schools close to home while also opening up access to all schools across the subdistrict through priority admissions for those historically excluded from some schools.

In this approach we recommended:

- Using individual zone lines as tools to equitably support community schools
- Using admission priorities to increase and protect access for those community members historically excluded
- Ensuring that rezoning is understood as part of comprehensive program of equity work

We recommended continuing to use zones to help ensure families have access to a thriving school close to home, and moving the zone lines to support more equitable enrollment across the subzone. We also recommended prioritizing access to all schools for children from families who are NYCHA residents, low-income, English language learners, and students living in temporary housing.

The DOE Office of District Planning (coordinating for the NYCDOE) worked closely with the PAR Team to develop a proposed rezoning map.



Rezoning : Zones of Inclusion

In the end, the rezoned map is different in fundamental ways from what previously existed and from what was originally proposed. However, at first glance, it does not look drastically different.

When we made our final recommendations some integration activists in the City including a local elected were disappointed (at best) with the proposed rezoning. In their view, our recommendations did little to address issues of segregation in sub-district 3. Indeed, they suggested that the proposal based on the PAR Team's recommendations increased segregation by making Red Hook one zone and did only a little to increase diversity by race/ethnicity and socio-economic status at PS 58 and PS 29.

We disagree with that analysis.

That analysis prioritizes “race and enrollment” or moving bodies as an (the) approach to integration. Instead, the approach to rezoning we proposed was accountable to local communities of color, to the schools historically rooted in those communities, and to conceptions of equity-based integration. Indeed, to focus on “integrating” PS 58 and PS 29 (which would require a rezoning that relied on Red Hook children traveling out of Red Hook) is more about a concern about those mostly white spaces than an accountability to communities of color. New York City schools and housing are problematically segregated. However, the oppressive, violent, racist structures and praxes that produce these segregated conditions do not get undone with a single policy change, and certainly not with a school rezoning.

We propose that the purpose/goal is to transform how decisions are made in order to make ongoing, sustained, structural change possible, even inevitable. It’s not only the rezoning itself, but the way it came about and the insistence on ongoing participatory engagement and continuing structural change that is community-powered and community-accountable.



Additional Recommendations

In addition and in order to support the goals of the rezoning, we recommended:

- Continue the PAR Team's work by creating the Rezoning Community Equity Team (ReCET), an independent body of community members who will collaborate with the DOE and the D15 CEC to assess and support implementation of the rezoning recommendations from community perspectives. Our recommendation was that this group should maintain majority representation from Red Hook and Gowanus NYCHA residents and be funded by the DOE.
- Work with each school to launch outreach and education around the rezoning changes right away. Develop a range of community outreach plans for fall/winter 2021-2 to inform community members of rezoning changes and build knowledge about each school. The goal should be to reach as many families of rising Kindergartners as possible. This effort could include outreach to/via: playgrounds, childcare/pre-school providers, a virtual Elementary School Fair, printed flyers. All outreach should be made available in multiple languages and modalities.
- Support and resource parent and family education and training for building equitable and anti-racist communities within integrating schools

IN SCHOOLS: Support SLTs, PTAs, school leaders, and school communities on work around equity and integration as the rezoning is implemented

- Support, deepen, and resource ongoing anti-racist and culturally-responsive, sustaining pedagogy and curriculum within and across each school, including restorative approaches to school discipline. Increase public visibility of and accessibility to this work at the school and district level.
- Support hiring practices that are inclusive of communities of color and immigrant communities.

IN FUNDING AND POLICY: We understand funding and anti-racist education and work as areas where bridges and connections need to be built across schools. And as part of that work we consider it important to:

- Examine PTA funding, PTA practices, and the Chancellor's regulations on PTAs, and to work to make PTA funding and operations more equitable
- We also recognize that even very well-funded PTAs comprise only a portion of overall school budgets. We therefore believe it is necessary to critically examine fair student funding, school budgets, and the impact that budget policies and practices have on school operations and educational equity

IN OUR BUILT ENVIRONMENT

- Push NYC to repair and renovate the footbridge between Carroll Gardens and Red Hook, and create a Red Hook park at the base of the footbridge on the Red Hook side.
- Monitor and address issues of transportation, like bussing, and road safety in order to better support Zones of Inclusion. One immediate priority is to expand the crossing guard program with special attention being paid to 6-lane crossings on school routes.

Endnote

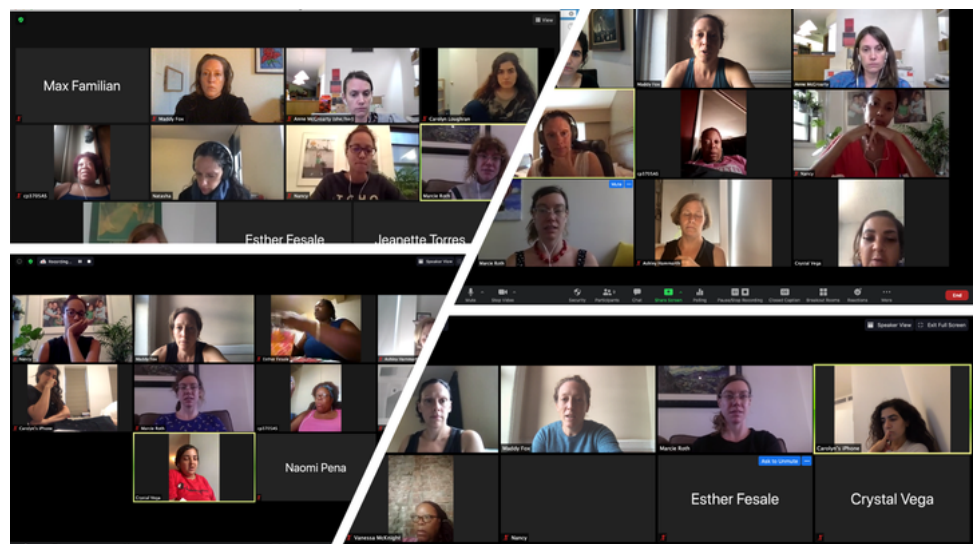
Urgent need for implementation, outreach, and ongoing community accountability

We are thrilled that the rezoning we recommended was implemented. However, our most important recommendation was not taken up.

We recommended the Department of Education direct resources towards the implementation of the rezoning recommendations.

Over the 2021 – 2022 academic year, we learned that the work of outreach and education about rezonings and admissions changes is the sole responsibility of individual schools. There is no Department of Education nor District office that is responsible for supporting nor resourcing this important work. Meanwhile, over-extended schools can't be solely responsible for outreach and community education about schools. As much as schools want to do this work, they need external support. Building on our finding about schools as ecosystems, we see that this work should be coordinated across schools and communities. As a result, though our work was deeply participatory, as Kindergarten and Middle School admissions rolled around, many local impacted community members were not directly informed of the changes. We are concerned that impacted community members, especially NYCHA and other historically excluded communities do not know about the changes. We continue to see community outreach, ongoing parent leadership development/community participation, and district-level support and coordination around school enrollment and admissions as urgent needs in our communities.

Vanessa: What stood out to me as a long-term member of my community to see something that should have been done years ago. But did we have the power, did we have the knowledge, did we have something that could stand the test of time. ... We made change, but my biggest challenge is I don't want our work to be in vain, to be pushed aside or that nothing meaningful will happen. Anything that you implement that is new, it takes a while for it to catch on. ... If we don't do ReCET soon, they could undo it all. But, if we succeed with ReCET, we can keep our Eyes on Them. We can keep working towards equity for all our communities.



For full report, citations, additional PAR Team member commentaries, and appendices please email district15parproject@gmail.com or madelinefox@brooklyn.cuny.edu

EQUAL FIRST AID, INC
287 Jefferson Avenue
Franklin Square, NY 11010
Antonia L'Abbate, Executive Director
[REDACTED]

Good morning, members of the Committee, and thank you for holding this Public Hearing to discuss Bill 1002-2024. Thank you, Council Member Kristy Marmorato and Council Member Vickie Paladino for the introduction of this very critical Bill.

Equal First Aid is a not-for-profit organization that stands with other organizations to strive for equity, inclusion and diversity. We raise awareness and advocate for our most vulnerable population in the event of a choking emergency. There are NO policies or procedures currently in place to rescue a person in a wheelchair or a person who may be medically fragile.

According to the American Heart Association's written statement to our organization dated November 2023 – there are no current recommendations to rescue a person with a disability or who uses a wheelchair from choking. Exhibit A attached hereto.

I am here today as a representative of ~~the~~ many organizations ~~mentioned above~~ with their support and their blessing, as many could not attend today. Support Letters are attached here to as Exhibit B. Equal First Aid has many advocates testifying in support of this bill today. The Office of People with Developmental Disabilities does not prohibit such devices. Attached hereto as Exhibit C.

Our mission at Equal First Aid is to improve people's lives and bring an equal opportunity for ALL to be rescued in the event of a choking emergency. We believe this Bill will bring inclusion, diversity and equity to all.

According to the American Red Cross Advisory Council Meeting dated June 2023 it states that "if standard first aid for management of choking or foreign body airway obstruction is not effective or feasible, anti-choking devices may be considered for attempted relief of airway obstruction." *Exhibit E*

This Bill is a proposal that is a step in the right direction to fulfill the obligations to the Americans with Disabilities Act (ADA) and to create an immediate positive impact that will generate peace of mind for parents. The ADA Law ^{states} ~~mandates~~ "reasonable modifications to a public entity's rules, policies or practices. Attached hereto as Exhibit D. To date...518 lives with those that have a physical or intellectual disability have been saved from choking. Twenty of these lives have been saved in either a facility/^a care home or ^{an} organization.

Our outreach spans across the United States with 12 Bills being introduced so far.

If protocol fails or it cannot be done, devices are a back up option. With little cost to the schools, it takes the place of Million Dollar lawsuits that are filed from families of the students

that have tragically passed in school from choking. Please understand that having devices in our schools DOES NOT delay the current rescue protocol. It is simply another rescue tool when protocol fails, or it cannot be done.

Your time in reviewing our Support for Bill 1002-2024 is greatly appreciated. Please take the time needed to know that we are just asking for an added rescue option to be present in the event someone chokes. We need a suction device when there is no other option to rescue an individual who is medically fragile and who uses a wheelchair.

I welcome any questions.

Thank you again, Toni L'Abbate

From: American Heart Association Customer Service
Sent: Tuesday, November 21, 2023 5:09 PM
To: Toni Labbate
Cc: candace.gardner@doh.nj.gov
Subject: RE: Banned airway clearance devices in the event of a choking emergency for our most vulnerable population

Dear Toni L'Abbate,

Thank you for contacting the American Heart Association and American Stroke Association. We appreciate your assistance in saving lives and contacting us with your inquiry.

The AHA does not currently recommend the use of airway clearance devices due to the lack of quality studies evaluating their use and potential benefits versus potential harms.

ILCOR published the following systematic review examining the evidence, [ILCOR's Removal of foreign body airway obstruction \(BLS 368\): Systematic Review](#).

We continue to monitor the research and data. Because AHA guidelines are based on available science, we are not able to write directly for all circumstances. If something does change, we issue revised guidelines at heart.org/statements and heart.org/eccguidelines based on the strongest available scientific evidence.

Choking relief for Adults, Children, and Infants is covered in the BLS Provider Manual, Part 11 (pgs. 85-91). When treating an adult or child with a severe or complete airway obstruction, you should provide abdominal thrusts until the object is expelled or the victim becomes unconscious. If the choking victim becomes unresponsive call or send for help. You should gently lower the victim to the ground and begin CPR starting with chest compressions. Each time you open the airway to give breaths, open the victim's mouth wide to look for the object. If you see an object that looks easy to remove, remove it with your fingers. If you do not see an object, continue CPR – checking for the obstruction each time you attempt to give two breaths.

Our 2020 AHA Guidelines for CPR and ECC do not have specific recommendations for choking relief and performing CPR on a person in a wheelchair. The usual guidance would be to lower the choking person to the ground out of the wheelchair and perform chest thrusts as you would for an unconscious choking person. For performing CPR, the person would need to be moved to the ground to allow for chest compressions on a firm surface.

Once EMS or other professionally trained help arrives, their next steps will be guided by their individual scope of practice and their local protocols.

We are committed to providing our customers with an exceptional service experience. If you need more information, please do not hesitate to respond to this email.

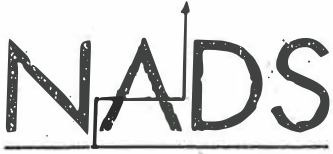
Sincerely,

A



Rachel W.
Social Media Representative
American Heart Association
American Stroke Association

Legal disclaimer: Information contained in this email is not intended or implied to be a substitute for professional medical advice. American Heart Association staff members do not answer personal medical questions. [Read more.](#)



**National Association for
Down Syndrome**

1460 Renaissance Drive
Suite 102
Park Ridge, IL 60068

(630) 325-9112
www.nads.org

October 4, 2022

Dear Equal First Aid,

The National Association for Down Syndrome would like to thank you for the support you have lent our organization. In today's world, it can be difficult to find generous donors such as you! Equal First Aid's contribution of both a LifeVac Home Kit and LifeVac Travel Kit to our recent "Fall in Love with Down Syndrome" Fashion Show was such a thoughtful donation. It helped NADS not only reach but far exceed our fundraising goals.

NADS is proud to work with companies like Equal First Aid to spread awareness to all individuals with disabilities that may have a choking emergency. Having the LifeVac non-invasive airway clearance device on hand can change the lives of so many! We are glad that companies like yours realize the importance of challenges like choking within the Down syndrome community and are working toward providing simple solutions for those challenges.

We look forward to continuing to work together toward NADS' mission of helping all individuals with Down syndrome reach their full potential, and that starts with keeping our constituents safe and healthy. Thank you again for your support.

Warm Regards,

National Association for Down Syndrome

National Association for Down Syndrome
1460 Renaissance Drive, Suite 102
Park Ridge, IL 60068
(630) 325-9112

B

CURE SMA

We want to thank you so much for the LifeVac product. Our daughter is a 25 year old with SMA (Spinal Muscular Atrophy) and we cannot perform the heimlich maneuver on her because of the way her muscles and body are. Plus she is in a wheelchair full time. The LifeVac portable suction device is absolutely critical for her safety in a choking situation. We carry it with us always.

We feel this could help many people, not just our daughter. We are great supporters of this product.

Thank you so much,

Vicki and Chris Genovese

SPINA BIFIDA ASSOCIATION OF NEW YORK STATE

October 5, 2022

To Whom It May Concern,

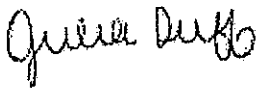
Please allow this correspondence to serve as my support for a non-invasive airway clearance device, a device used to relieve airway obstruction in lieu of Basic Life Support (BLS). As you are aware, BLS includes abdominal thrusts and back blows, which can be impossible to perform on certain individuals. The American Disability Act (ADA) states that all individuals, regardless of disability, need to have the same measures to be rescued in a choking emergency. The only way to ensure that is to allow non-invasive airway clearance devices to be kept in areas that have an at-risk population.

It is crucial that non-invasive airway clearance devices be made readily available in facilities that have an at-risk population for aspiration, to maintain safety.

Please feel free to contact me with any questions. Thank you for your attention to this matter.

Julia Duff, Executive Director
Spina Bifida Association of New York State
133 Saratoga Road, Professional Building, Office 4
Scotia, NY 12302
518-399-9151
admin@sbany.org

Sincerely,



Julia Duff
Executive Director

From: dana edwards

Sent: Saturday, July 15, 2023 3:26 PM

To: Toni Labbate

Subject: Dana PL

Hi, my name is Dana Edwards and my son, Tanner Edwards suffers from Duchenne Muscular Dystrophy, a cruel muscle wasting disease that keeps him confined to a wheelchair.

I've always had a fear of what would happen if my son choked, I have taken CPR twice, for my 5 other able kids CPR might work but for Tanner in a wheelchair my arms can't reach around the chair to get to his chest it's too wide, I'm pretty sure everyone in my world would have this issue.

We would have no way to save him.

Thank GOD for LifeVac. LifeVac has allowed myself and families like me who have a loved one in a wheelchair keep a simple small device (LifeVac) in our backpacks, kitchens and schools giving us one less worry. I know personally of a family with a son with Duchenne that choked on his pills, if they did not have LifeVac he would not be here. This device should be mandated in every restaurant, school, hotel, cop car, all establishments. People choke everyday, CPR can not be the only answer and now there is a simple safe way to save lives ...LifeVac

Dana Edwards
63 Almond Drive
Toms River, NJ 08753

June 18, 2025

Dear Members of the New York City Council,

I felt it was so important to share the story of the day we almost lost our son to choking.

We purchased a LifeVac while I was pregnant with our son because I thought it was a great tool to have in the home. As I tucked it into the kitchen drawer I said, I hope we never need to use this.

Unfortunately, one of my worst fears came true. I had to use our LifeVac because my then 2-year-old was choking on an ice cube. He walked over to my husband crying and it was muffled and different than his regular cry. I started walking towards him and knew right away he was choking. My husband grabbed him and leaned him down and started doing back blows, but nothing came out. We had no clue what he was choking on so I tried to stick my finger in his mouth, but he bit down hard as I had my finger in there. I grabbed the LifeVac from the drawer and put the pediatric mask on and told my husband to lay him on the floor. The look on my baby's face will never leave my mind, his lips were turning blue and his eyes were begging me to save him. I put the mask on his face, pressed down, and pulled, but his head moved sideways and I thought oh no it didn't work! I was telling my husband to hold his head when I saw he had moved the ice cube to the front of his mouth. I pulled it out and he cried. We sat on the kitchen floor crying together as I held my little boy.

It was such a stressful night, but it could have been so different without this amazing and easy-to-use device. I always tell everyone this thing was the best purchase we have ever made.

Today is a very special day for us as it's our son's birthday, and as this council has an important decision to make, I want you to know we will be celebrating our sons life with balloons, toys and cake rather than tears, regret and sorrow. I hope we will also be celebrating safer schools for New York and eventually all schools across the United States as well as equipping our Police, Fire and EMS.

Thank you for your time and consideration in this extremely important matter.

Sincerely,

ALICIA MALONE

I nearly died on June 9th, 2023.

A few bites into dinner on a balmy Friday evening I found myself choking to death. It happened so fast. Like a mousetrap snapping shut.

After several failed attempts at the Heimlich Maneuver by my wife Lauren, a house guest, myself, and a rather large police officer, I knew I was about to die. And so did Lauren. We locked eyes and exchanged our mutual understanding of that fact. I'll never forget that feeling. Wish I could. Lauren does too.

As I was contemplating how my imminent death was going to play out, it popped into my head that we had a LifeVac Choking Rescue Device in the house.

Lauren had seen one given as a gift at a baby shower the previous fall. She was impressed and decided to purchase one for us and each of our children's families. Lauren gave them as Christmas gifts. I remember thinking, at the time, that it wasn't much of a gift. Funny how wrong one can be.

Although we hadn't opened it and read the directions when we acquired it and it wasn't stored accessibly in the kitchen, Lauren knew exactly where it was.

I remember her tearing up the stairs to retrieve the device and almost immediately stomping back downstairs while calling out "I have to read the instructions"! I was busy trying not panic. And stay conscious.

Fortunately, the instructions were short and simple. Quickly, Lauren was coming at me with the device. On the second attempt, she cleared my airway enough for me to get some air.

If we hadn't had the LifeVac and Lauren not had the composure and courage to employ it successfully under the most desperate circumstances, I certainly would have died. And I would never had the chance to meet two of my grandsons who were born in the last 2 years.

I'm grateful for LifeVac and grateful to Lauren who showed such fierce courage under the most terrifying circumstances, and for my family.

Together they saved my life.

Lauren, my wife, and I

have been married for 10 years and have two beautiful children. I am a software engineer and Lauren is a nurse. We are both very busy people and have a lot of work to do.

One day, while we were both at work, Lauren called me and said that she was having trouble breathing. I was very concerned and called 911. The paramedics arrived and told me that Lauren was having a heart attack. They took her to the hospital and I stayed with her until she was discharged.

After Lauren was discharged, she was very weak and had a lot of trouble breathing. I was very worried and called the doctor. The doctor told me that Lauren was having a heart attack and that she needed to be in the hospital.

I was very nervous and didn't know what to do. I called the doctor and told him that I was having trouble breathing. He told me that I was having a heart attack and that I needed to be in the hospital. I was very scared and didn't know what to do.

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Sheirlie LaMantia

Grant Regional Health Center

Lancaster, WI 53813

To Whom it May Concern:

This letter is in support of having Life Vac anti-choking devices available in school districts within the state of Wisconsin. I am an ER physician that works in a rural emergency room and Southwestern Wisconsin and have a large service area. There are times that patients are 30 to 40 minutes out and I am the closest facility available for emergency care.

As I am sure you are aware choking can be a life-threatening event if the item fully obstructs the airway. Several bystanders and first responders make the mistake of putting their fingers in the mouth to try to remove an item and ended up pushing the item down and lodging it further. The traditional Heimlich maneuver is still effective but needs to be performed correctly and can cause injury and discomfort, as well as can be difficult in obese or pregnant population. Life VAC is a suction device that can help dislodge and clear the airway and remove the item being choked on. The device is affordable and easy to use and not harmful. We have one not only in our emergency room but also in our affiliated clinic and the hospital cafeteria. Moreover, all of the surrounding area EMS carry a Life Vac device in their ambulances. Staff are trained annually on it and it is a very quick and straight forward training. The device is easy to use and comes with clear printed instructions.

I believe Life Vac could easily be implemented into the first aid kit already present in Wisconsin schools. It will be rarely utilized such as the AED, but yet can be just as life-saving when needed.

Thank you for your consideration and time looking into this important and life-saving addition to our local schools currently available first aid.

Regards,

Sheirlie LaMantia, MD

GRHC Emergency Room Director

From: Kavanaugh, Jeanne E (OPWDD)
Sent: Wednesday, December 6, 2023 2:09 PM
To: Heidi Felix; Toni Labbate
Cc: Shaw, George B (OPWDD); Woodward, Diane J (OPWDD); freeman, jennifer I (OPWDD); Pettinger, Jill (OPWDD); Ogunjana, Parish X (OPWDD); Prendergast, Susan B (OPWDD)
Subject: RE: Thank You!

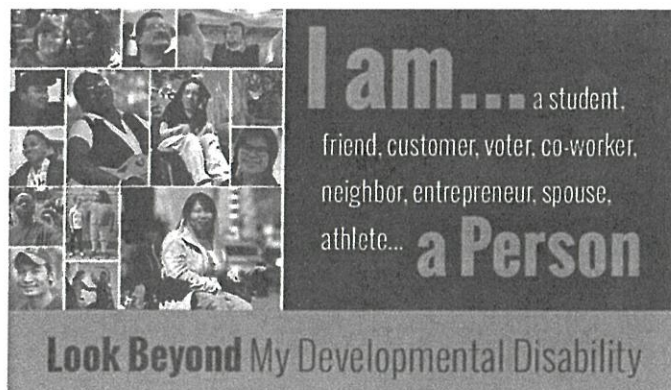
Good Afternoon,

We appreciated both your presentation to our group on 11/22 and the additional information that was forwarded following our meeting. As we discussed in our meeting, there is no current regulatory prohibition against a community based organization or agency making a determination to use a secondary device to address airway obstruction. As noted in your presentation, some agencies are currently deploying such devices in their settings. We understand there has been additional outreach to members of our group since our meeting; please know that we will consider all information provided and I will provide an update when available.

We hope you both enjoyed the Thanksgiving holiday and enjoy the rest of the holiday season.

Jeanne E. Kavanaugh, LCSW-R
Assistant Commissioner
Division of Statewide Services
Pronouns: she/her/hers

NYS Office for People With Developmental Disabilities
44 Holland Avenue, Albany, NY 12229
Office: (518) 473- 3411 Fax: (518) 474-3599
E-mail: Jeanne.E.Kavanaugh@opwdd.ny.gov



From: Heidi Felix <hfelix@lifevac.net>
Sent: Wednesday, November 22, 2023 5:28 PM

C

ADA

Who are "qualified" individuals with disabilities?

To be qualified, the individual must meet the essential eligibility requirements for receipt of services or participation in District programs, activities, or services with or without:

- * Reasonable modifications to a public entity's rules, policies, or practices;
- Removal of architectural, communication, or transportation barriers; or
- * Provision of auxiliary aids and services.

Health and safety factors can be taken into account in determining who is qualified. An individual who poses a "direct threat" to the health or safety of others is not qualified. A direct threat is a significant risk of substantial harm to the health or safety of others that cannot be eliminated or reduced to an acceptable level by accommodations or modifications to the program. This threat must be real and may not be based on generalizations or stereotypes about the effects of a particular disability.

Facility Access Requirements

What are the requirements for facility access?

The District of Columbia must ensure that all of its programs, activities, and services are accessible to individuals with disabilities. One key aspect of that is facilities access.

New Construction: Any facility or part of a facility that is constructed by a state or local government entity after January 26, 1992 must be built in strict compliance with accessibility codes and regulations, so that it is readily accessible to and usable by people with disabilities.

Alteration and Renovation of Existing Construction: When alterations made after January 26, 1992 affect the usability of a facility, the altered portion (as well as the path of travel, toilets, drinking fountains, and public phones) must be made accessible to people with disabilities. Alterations to primary function areas also trigger a requirement to make the path of travel, restrooms, fountains, and phones serving the area accessible.

Buildings Existing Before January 26, 1992: The District is not necessarily required to make every pre-ADA facility fully compliant with current accessibility codes. However, all District services, programs, or activities must be accessible to and usable by people with disabilities when viewed in their entirety. This is called "overall program access." For example, not all pre-ADA swimming facilities must be accessible, but there must be an alternate and proximate swimming facility that is accessible.

Program accessibility can be achieved a number of ways. Structural options include altering existing facilities or constructing new ones. Nonstructural options include:

- Acquisition or redesign of equipment
- Assignment of aides to assist individuals with disabilities
- Provision of services at alternate accessible sites

Proceedings

The Journal of the American Red Cross Scientific Advisory Council

SUMMER MEETING: JUNE 2023

Volume 11, Number 2



**American
Red Cross**

Scientific
Advisory Council



The Scientific Advisory Council

The American Red Cross Scientific Advisory Council is a 50+ member, voluntary committee of healthcare, public health, aquatics, preparedness, public safety and educational professionals that establishes and assures the scientific basis for Red Cross programs, products and public guidance. The Council advises the Red Cross to ensure programs are fully current with the latest science, address current needs and are prepared for future changes. Members of this independent panel are nationally recognized experts with sub-specialties in such diverse fields as emergency medicine, first aid, resuscitation, pediatrics, cardiology, occupational health, sports medicine, school health, EMS response, aquatics, disaster health and emergency preparedness.

The Council members are organized into the following six groups:



Aquatics Sub-Council



First Aid Sub-Council



Disaster Cycle Sub-Council



Pediatric Resuscitation Sub-Council



Adult Resuscitation Sub-Council



Education Sub-Council

Eunice (Nici) Singletary, MD, FACEP and **Joseph W. Rossano, MD** are Co-Chairs of the Scientific Advisory Council.

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Aquatics Sub-Council

Centennial Campaign Update

Program Updates

Lifeguarding

Longfellow's WHALE Tales

Water Safety Instructor (WSI) and
Associated Components

Research and Dissemination

Synergistic Work with CDC & NNPHI

Other New Developments

Aquatics and CARES Collaboration: Drowning in
the United States Study

Reaffirmed Triennial Reviews

Publications and Presentations

Future Work

First Aid Sub-Council

Evaluation of ILCOR Systematic Review:
Recovery Position

SAC Q&A: Anti-Choking Devices

SAC Q&A: Chest Seals for Open Pneumothorax

Triennial Review of Scientific Review: Cervical
Spine Motion Restriction

Triennial Review of SAC Q&A: MRSA

Other Triennial Reviews

Future Work

Disaster Cycle Sub-Council

Close Before You Doze Update

Request to Endorse a COVID Visit Risk Calculator

Adult Resuscitation Sub-Council

Triennial Review of Scientific Review: Active
Compression-Decompression CPR Combined with
an Impedance Threshold Device (ITD)

Triennial Review of SAC Q&A: ABC vs CAB
for CPR

Review of the AHA/ACC/ASE/CHEST/SAEM/
SCCT/SCMR Guideline for the Evaluation and
Diagnosis of Chest Pain

Review of ILCOR Systematic Review: Calcium
During Cardiac Arrest

Review of ILCOR Systematic Review:
Extracorporeal Cardiopulmonary Resuscitation
(ECPR) for Cardiac Arrest

Review of ILCOR Systematic Review: Double
Sequential External Defibrillation

American Red Cross Position Statement: Teaching
CPR to High School Students

SAC Q&A: Choking in a Bedridden Patient

Future Work

Pediatric Resuscitation Sub-Council

Evaluation of ILCOR Scoping Review: Newborn
Chest Compression Techniques

Evaluation of ILCOR Systematic Review: Preterm
Infant Normal Temperature Management

Evaluation of ILCOR Systematic Review: Heart Rate
Assessment Methods

Evaluation of ILCOR Systematic Review: Exhaled
CO₂ Monitoring in Non-Invasive Positive Pressure
Ventilation (PPV)

Evaluation of ILCOR Scoping Review: Newborn
CPR Feedback Devices

Evaluation of ILCOR Scoping Review: Supplemental
O₂ During Compressions

Evaluation of ILCOR Scoping Review:
Compression-to-Ventilation Ratio for Newborn CPR

Evaluation of ILCOR Scoping Review: Heart Rate
for Starting Newborn Chest Compressions

Future Work

Education Sub-Council

Operationalization of Terms: Education and Training

Triennial Review of Scientific Review: Motivation to
Action of Lay Responders in a Cardiac Arrest or
First Aid Event

Report on Original Research: Agreement between
the instructorless CAE (computer-aided engineered)
manikin and instructor-assessed cardiopulmonary
resuscitation, choking, and first aid skills in the lay
provider population



Aquatics Sub-Council

The Aquatics Sub-Council reviews ways to help keep people safe around water, including lifeguarding techniques; swimming instruction; causes, recognition and prevention of water emergencies; rescue, resuscitation and transport.

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Centennial Campaign Update

In 2014 the Aquatics Centennial Campaign was launched to mark the 100-year anniversary of Red Cross water safety education. Through this Campaign, Red Cross partners with Aquatics Training Providers across the country to make learn-to-swim and water safety programs available, accessible, and affordable to communities with high drowning rates or incidents of drowning.

The Centennial Campaign is underway in over 60 Training Provider locations. As reported through June 30, 2023, through Red Cross Training Providers the Aquatics Centennial Campaign has:

- Delivered 125,033 sets of lessons (which translates to over one million individual lessons) to children and adults.
- Prepared 2,001 Junior Lifeguards for future certification opportunities.
- Certified 1,240 Water Safety Instructors and 1,844 lifeguards.
- Trained 18,208 parents and caregivers in water safety and/or CPR.

The current goal is to double the Campaign to 100 programs, with all programs onboard by the end of Fiscal Year 2024. The primary selection criteria for program communities will continue to be those with high drowning rates or high numbers of drownings. Once program communities are identified, the Campaign works with Red Cross Training Providers to provide support where the need is greatest.

Program Updates

- **Lifeguarding:** The Red Cross's lifeguarding guidelines and course materials are continuously revised and updated to incorporate the most current evidence and recommendations. The next Lifeguarding Revision is scheduled to be released by the end of 2023.

- **Longfellow's WHALE Tales:** This program, which teaches water safety education in elementary schools and other youth programs, is on target to be completed in late 2023 and released in early 2024. Its goal is to reduce drowning incidents in children ages 5 through 12. We have seen promising new preliminary animations and scenarios in the ongoing update of WHALE Tales.
- **Water Safety Instructor (WSI) and Associated Components:** An update of the WSI course and all other Red Cross swim lesson programs—Parent and Child Aquatics, Preschool Aquatics, Learn-to-Swim and Adult Swim—and water safety outreach is scheduled to be completed and released by the end of 2024.

Research and Dissemination

Synergistic Work with CDC & NNPHI

The Aquatics Sub-Council has been heavily engaged in synergistic research and dissemination efforts with the Centers for Disease Control and Prevention (CDC) and their partner, the National Network of Public Health Institutes (NNPHI). We continue to collaborate with these organizations on studies that will impact and update how Red Cross delivers services and programs, most importantly the Water Safety Instructor (WSI) program.

STUDY 1: Barriers and Gaps to Accessing Swim Instruction and Water Safety Education for Youth and Parents and Other Caregivers

Red Cross is co-authoring a publication of this topic with CDC.

STUDIES 1 & 2: Evaluating Water Competency Attainment Among Young Children

We have submitted a publication on this topic co-authored with CDC.

STUDY 3: The data collection for Study 3 has just been completed and we are working on final deliverables. Publications and presentations are forthcoming.

STUDY 4: We have submitted a proposal for Study 4 and are awaiting confirmation.

Other New Developments

- Aquatics Sub-Council Member Bridget McKinney was named a Greater Miami Health Care Hero in recognition of her work in water safety and teaching children to swim.
- The Shallow Water Blackout Prevention Foundation announced its rebranding as the Underwater Hypoxic Blackout Prevention Foundation in April 2023. Red Cross staff and SAC members worked closely with the organization to encourage them to change their name, branding and website to more closely align with Red Cross aquatic safety standards. The organization will continue to raise awareness about the risks associated with underwater hypoxic blackout but will no longer use the term “shallow water blackout.” In 2022 the Red Cross issued a statement clarifying that we do not endorse this term. “Shallow water blackout” is a misleading term since water depth is not a factor in the body’s response to hyperventilation and extended breath-holding.
- Aquatics Sub-Council Members Peter G. Wernicki, MD, and Christopher Whipple, MEd, liaison to the Council on the Model Aquatic Health Code (CMAHC), collaborated with the First Aid Sub-Council on C-collar (cervical collar) use. (See the Triennial Review of the Scientific Review: Cervical Spine Motion Restriction in the June 2023 First Aid Sub-Council’s Proceedings.)
- Lay Rescuer Equipment Preferences and Efficacy During a Simulated Drowning Event: This Red Cross-funded study was conducted to determine what types of lifesaving equipment are preferred for use for lay rescuers in the event of an aquatic emergency.

The study is now complete, and an article has been submitted for publication. Data will be presented at the next meeting.

Aquatics and CARES Collaboration: Drowning in the United States

Drowning in the United States: Patient and scene characteristics using the novel CARES drowning variables (Ryan et al 2023)

Although drowning is the third leading cause of unintentional injury death worldwide, there continues to be limited nationwide information surrounding drowning events in the U.S. In June 2023 the CARES (Cardiac Arrest Registry to Enhance Survival) Surveillance Group and members of the Aquatics Sub-Council published a retrospective analysis of the CARES database identifying cases of drowning etiology for the two years 2020 and 2021. The origin of this collaboration occurred several years ago when members of the Aquatics Sub-Council noted drowning in the CARES variables. They asked CARES Executive Director Brian F. McNally, MD, MPH, a member of the SAC Adult Resuscitation Sub-Council, to expand on this and add additional drowning variables to the CARES database.

Eight New Drowning Variables Identified

The new CARES drowning module focuses on eight new drowning elements aimed at gathering the most significant data while limiting the reporting burden on providers. These were developed as part of a collaboration between the American Red Cross SAC Aquatics Sub-Council and the CARES Advisory Council using the ILCOR Advisory Statement. The new variables are:

- Body of water
- Whether the submersion was witnessed
- Estimated submersion duration
- Estimated water temperature (icy vs non-icy)
- Who extracted the patient from the water

- If CPR was performed by an on-duty lifeguard
- Activity at time of submersion
- Precipitating events

Study Results

The results of the retrospective analysis of the CARES database identifying cases of drowning etiology for 2020 and 2021, the first two years of novel data collection, were as follows:

- 36.2% of drowning cases occurred in a natural body of water
- 25.9% of drowning cases occurred in swimming pools (>50% own pool)
- Submersion was unwitnessed 37.1% of the time (approximately 1/3 missing/unknown)
- 42.7% of people drowning were extracted by bystanders
- The odds of neurologically favorable survival were significantly higher in the bystander-initiated CPR group

As the CARES database on drowning data grows, it will generate more information and more articles on drowning. Future studies of drowning elements can inform injury prevention strategies

Reaffirmed Triennial Reviews

Triennial Reviews were completed for one Scientific Review and one SAC Answer. No evidence was identified to change the strength or direction of recommendations. Reviews that were reaffirmed by SAC include:

- Secondary Drowning (Scientific Review)
- Adult Swim Lessons: Fearful Swimmer (SAC Answer)

Publications and Presentations

Recent publications from the Aquatics Sub-Council include the following:

- Ryan K, Bui MD, Johnson B, Eddens KS, Schmidt A, Ramos WD; CARES Surveillance Group. Drowning in the United States: Patient and scene characteristics using the novel CARES drowning variables. *Resuscitation*. 2023 Jun;187:109788. doi: 10.1016/j.resuscitation.2023.109788. Epub 2023 Apr 6. PMID: 37030551

Recent presentations from the Aquatics Sub-Council include the following:

- Drowning Prevention Summit, NDPA, San Diego, CA
- Drowning Prevention Expert Panel, CDC, Atlanta, GA
- National Water Safety Conference, AOPA/NDPA, Colorado Springs, CO
- The Waterford International Drowning Prevention Conference, Ireland

Future Work

The Aquatics Sub-Council sought Council approval to conduct two Scoping Reviews. Discussion followed and the Council voted unanimously to approve the Reviews and tasked the Sub-Council to perform them and present the results at the next SAC meeting. The Scoping Reviews are:

- For children under four years of age, what is the efficacy of aquatic-based self-rescue swim instruction as a potential buffer to a drowning event? (William Ramos, MS, PhD and Stephen J. Langendorfer, PhD)
- For young children learning to swim, does the use of flotation aids (for general or instructional use) impede the learning process? (Stephen J. Langendorfer, PhD, Bridget L. McKinney, PhD(h), MS, and Jodi Jensen, PhD)

The following Triennial Reviews were also scheduled to be completed and presented at the next meeting:

- Hypoxic Blackout
- Assisting Drowning Victims: Effective Water Rescue Equipment for Lay Responders
- Review of Lifejackets and Clothing Policies at Aquatic Venues and Facilities
- Sun Safety for Aquatics
- Ventilations in Drowning Resuscitation

Another Triennial Review, Airway Management in Drowning (Various Devices), is targeted for completion at an earlier date for inclusion in the updated Aquatics Guidelines

References

Ryan K, Bui MD, Johnson B, Eddens KS, Schmidt A, Ramos WD; CARES Surveillance Group. Drowning in the United States: Patient and scene characteristics using the novel CARES drowning variables. *Resuscitation*. 2023 Jun;187:109788. doi: 10.1016/j.resuscitation.2023.109788. Epub 2023 Apr 6. PMID: 37030551



First Aid Sub-Council

First Aid Sub-Council

The First Aid Sub-Council's range of study is broad, including care at every stage of emergency, from providing self-care to laypersons providing care on the roadside, in the wilderness, in a shelter; everything up to the care provided by Emergency Medical Services or at a hospital. Sub-Council members serve on a variety of international scientific bodies including the International Liaison Committee on Resuscitation (ILCOR) First Aid Task Force and as authors of the joint American Red Cross/American Heart Association (AHA) First Aid Guidelines Update and International Federation of the Red Cross (IFRC) First Aid Guidelines.

The First Aid Sub-Council membership includes a research interest subgroup that identifies gaps in scientific evidence for first aid, and designs and implements research studies to address those gaps.

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Evaluation of ILCOR Systematic Review: Recovery Position

Reviewers: Adelita G. Cantu, PhD, RN, FAAN and Nathan P. Charlton, MD

Question

What is the correct use of the recovery position in First Aid?

Discussion and Findings

The First Aid Sub-Council issued a prior SAC Answer addressing Recovery Position of the Seizing Person and was asked to expand this review to include other medical causes. The reviewers used the AMSTAR2 pathway to assess an ILCOR-produced Systematic Review in which several members of the First Aid Sub-Council participated. (Douma et al 2022) This Systematic Review evaluated the recovery position in comparison with other positioning strategies in both the adult and pediatric population with non-traumatic reasons for a decreased level of responsiveness. A thorough search identified nearly 18,000 citations. Seven were included in the final review: three prospective observational studies with low to very low certainty of evidence and four case studies with a critical risk of bias.

Summary of Systematic Review

- The prone and semi-recumbent positions were associated with a decreased rate of suspected aspiration in acute poisoning ($p < 0.001$).
- The recovery position in pediatric patients was associated with a decreased rate of admission (adjusted OR of 0.28; 95% CI 0.17-0.48, $p < 0.0001$).
- In two case series in which unexpected sudden death occurred in adults with epilepsy, there was a higher incidence of the person being found in the prone position (145/210).

- The authors concluded that the data regarding the recovery position was limited and that there was limited evidence to support or revise existing first aid guidance.
- They advised a greater emphasis on the initial assessment of responsiveness and need for CPR and evaluation for deterioration in the condition of the person with decreased responsiveness.

ILCOR Treatment Recommendations

- When providing first aid to a person with a decreased level of responsiveness of non-traumatic etiology and who does not require immediate resuscitative interventions, we suggest the use of the recovery position. (Weak recommendation, very low certainty evidence)
- When the recovery position is used, monitoring should continue for signs of airway occlusion, inadequate or agonal breathing and unresponsiveness. (Good Practice Statement)
- If body position, including the recovery position, is a factor impairing the first aid provider's ability to determine the presence or absence of signs of life, the person should be immediately positioned supine and reassessed. (Good Practice Statement)
- Persons found in positions associated with aspiration and positional asphyxia such as face down, prone, or in neck and torso flexion positions should be repositioned supine for assessment. (Good Practice Statement)

Technical Remarks

- Resuscitative interventions may include opening and maintaining an open airway, rescue breathing, chest compressions and the application of an automated external defibrillator (AED).
- Various recovery positions have been described and there remains little evidence to suggest an optimal position. The recommended recovery position (lateral recumbent positioning with arm nearest the first aid

provider at right angle to the body and elbow bent with palm up and far knee flexed) remains unchanged from the 2015 CoSTR.

First Aid Sub-Council Recommendations

The First Aid Sub-Council adopted the ILCOR Treatment Recommendations with minor changes in wording based primarily on expert opinion, since data is limited. The reviewers concluded that there was sufficient benefit to move the recommendation to continue monitoring a person in a recovery position for signs of blockage and other problems from a Best Practice to a Guideline. Additionally, they clarified that a person found in a position associated with aspiration and positional asphyxia should be moved immediately to a position where the need for CPR can be assessed.

Guidelines

- When providing first aid to a person with a decreased level of responsiveness of non-traumatic etiology and who does not require immediate resuscitative interventions, we suggest the use of the recovery position. (Weak recommendation, very low certainty evidence, expert opinion).
- When the recovery position is used, monitoring should continue for signs of airway occlusion (blockage), inadequate or agonal breathing and unresponsiveness. (Strong recommendation, very low certainty evidence, expert opinion)

Options

- None.

Best Practice Statements

- If body position, including the recovery position, is a factor impairing the first aid provider's ability to determine the presence or absence of signs of life, the person should be immediately positioned supine and reassessed. (Good Practice Statement)
- Persons found in positions associated with aspiration and positional asphyxia such as face down, prone,

or in neck and torso flexion positions should immediately be repositioned supine for assessment. (Good Practice Statement)

A request to the Council to approve the recommendations came from the First Aid Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion.

Council Action

The Council voted unanimously to approve the recommendations.

SAC Q&A: Anti-Choking Devices

Reviewers: Brian Miller, MS, MEd, MEd, CHES (SAC Education Sub-Council) and Samantha Grimsley (Student Researcher)

Questions

Are anti-choking suction devices effective? How do they compare with traditional first aid maneuvers for choking?

Findings

A database search of PubMed records from September 2019 to March 2023 identified nearly 4,000 documents. There was one guiding document on the topic: A systematic review on the effectiveness of anti-choking suction devices and identification of research gaps (Dunne et al 2020). Key articles in this systematic review include:

- Lih-Brody (2015), LifeVac: A Novel Apparatus to Resuscitate a Choking Victim
 - Single center manikin trial to test the number of attempts for the LifeVac® to successfully dislodge an object from Adult Laerdal Choking Charlie manikins with n = 500 trials.
 - LifeVac® had a 94% dislodgement success rate during the first attempt, 99.6% for the second attempt, and 100% for the third attempt.

First Aid Sub-Council (continued)

- Lih-Brody (2017), LifeVac: A Novel Apparatus for the Resuscitation of the Pediatric Choking Victim
 - Single center manikin trial to test the number of attempts for the LifeVac® to successfully dislodge an object from an airway of a Laerdal Choking Adolescent Simulator manikin.
 - LifeVac® had a 94.2% dislodgement success rate during the first attempt, 99.4% for the second attempt, and 100% for the third attempt.
- Juliano and Trupiano (2016): Assessment of the LifeVac, an anti-choking device, on a human cadaver with complete airway obstruction
 - Single center cadaver trial to test the number of attempts for the LifeVac® to successfully dislodge an object from an airway (Female, 71 y/o, BMI 25).
 - LifeVac® had a 98% dislodgement success rate during the first attempt and 100% for the second attempt.
- Saperstein (2018), Successful Use of a Novel Device Called the LifeVac to Resuscitate Choking Victims— Worldwide Results
 - Case Study (n = 10), 2 cases with 1 attempt, 1 Case with 2 attempts, 2 Cases with 3 attempts, 1 Case with 4 attempts, 4 Cases with unknown attempts.

The reviewers noted significant bias in all these studies:

- Lack of In Vivo Models: Training and simulation used a manikin or cadaver.
- Training Bias: Juliano (2016) used a trained paramedic and the Lih-Brody studies used manufacturer-trained responders.
- Industry Bias and Conflict of Interest: The inventor of LifeVac® (Arthur Lih) was the co-author of articles included in the Systematic Review.
- Confounding of Effect: Lack of comparator or case control for outcome assessment.

- Single Device Assessment: LifeVac®. There are other negative pressure anti-choking devices on the market but to date studies have only been conducted on LifeVac®.

Recommendations

Guideline

Back blows and abdominal thrusts should be used as standard treatment for airway obstruction in the conscious person. (Weak recommendation, expert opinion)

Option

If standard treatment is not working or not feasible, anti-choking devices may be used for attempted removal of airway obstruction.

Discussion

A request to the Council to approve the recommendations came from the First Aid Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion. Extensive discussion followed, including a question about the possible risk of use of these devices in children. There have been studies of the use of negative pressure anti-choking devices in multiple age groups, including children, with no documented harm. However, these devices are new, there is considerable bias in the research, experts performed the foreign body removal in multiple cited studies, and only one anti-choking device has been studied thus far.

It was noted that the Red Cross has issued prior recommendations for foreign body removal. The First Aid Sub-Council will continue to follow the literature as evidence evolves but the preponderance of history and expert opinion is with traditional anti-choking treatments, as reflected in these recommendations.

Council Action

The Council voted unanimously to approve the recommendations.

SAC Q&A: Chest Seals for Open Pneumothorax

Reviewers: Matthew J. Levy, DO, MSc, FACEP, FAEMS, NRP and Nathan P. Charlton, MD

Question

Should a lay first aid provider use a chest seal for an open pneumothorax?

Discussion and Findings

An extensive search of the scientific literature identified no studies on the use of chest seals by a lay first aid provider. The American Red Cross and American Heart Association (AHA) jointly issued First Aid Guidelines in 2015 stating that when a chest seal is necessary for pneumothorax, a vented rather than non-vented seal should be used. Thus, the prior guidance is that a vented seal should be used if a chest seal is necessary.

As no studies were identified that documented the mortality from an open pneumothorax in the civilian population, the First Aid Sub-Council looked at the 2013 TCCC (Tactical Combat Casualty Care) Guidelines on the use of chest seals in the military. (Butler FK et al 2013) The 2013 TCCC Guidelines quote Eastbridge et al 2013: "There were no fatalities during OEF [Operation Enduring Freedom] and OIF [Operation Iraqi Freedom] attributed to open pneumothoraces." In other words, the bleeding was causative in these cases, not the actual air leak itself. The TCCC document also notes that in a 1940s study, "West noted a mortality of 33% in 30 casualties with sucking chest wounds. The deaths were predominantly due to hemorrhage or infection." (West 1945 PMID: 17858619)

Three additional searches were conducted: utility of chest seals for open pneumothorax in humans, all traumatic pneumothorax, and animal evidence on the potential harms of an open pneumothorax. In total, only four additional studies were identified that pertain to the question. All four studies provide only indirect evidence.

One involved information from the Prehospital Trauma Registry of the Department of Defense Trauma Registry for all patients with a gunshot wound or puncture wound to the chest. Medical outcome was similar with both chest seal (n=46) and no chest seal (n=16) in regard to survival (7 vs 3), death (2 vs 1) and unknown (37 vs 2), p=0.894. However, this study was not designed to evaluate the outcome of those with and without a chest seal.

The other three studies identified were animal studies. Reviewers extrapolated data from these, noting that some animal evidence suggests that an open pneumothorax could promote respiratory compromise and sealing chest wounds improved oxygen saturation. However, this would be more likely following a bilateral open pneumothorax. Unlike humans, pigs have a fenestrated mediastinum, meaning that in a pig pneumothorax air will communicate to both sides of the chest.

Answer

- There is insufficient evidence demonstrating the benefit for the use of chest seals in the civilian population.
- There is evidence for adverse events from the placement of a chest seal.
- Because of this insufficient evidence we recommend against the application of a chest seal by a lay first aid provider for the treatment of an open pneumothorax.
- Some animal evidence suggests that an open pneumothorax could promote respiratory compromise. This would be more likely following a bilateral open pneumothorax.
- If signs of respiratory compromise, such as an increased respiratory rate, cyanosis, or low oxygen saturations are present following an open pneumothorax, a trained medical provider could consider placing a vented chest seal.
- If a chest seal is applied it should be a vented chest seal and the provider should monitor for the development of a tension pneumothorax which may



First Aid Sub-Council (continued)

be indicated by increasing respiratory distress, low blood pressure, a deviated trachea, or cardiac arrest.

- We advocate for further research on the use of chest seals for open pneumothorax by lay first aid providers.

A request to the Council to approve the Answer came from the First Aid Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion.

Council Action

The Council voted unanimously to approve the answer.

Triennial Review

Scientific Review: Cervical Spine Motion Restriction

Reviewers: Nathan P. Charlton, MD and Matthew J. Levy, DO, MSc, FACEP, FAEMS, NRP

Question

Does applying a rigid cervical spinal immobilization (or spinal motion restriction, aka SMR) device by a lay first aid provider improve outcomes following blunt injury in those with a cervical spine bony, soft tissue, or spinal cord injury?

The First Aid Sub-Council was more specifically asked to address SMR for lifeguards as part of the lifeguard training update.

Discussion and Findings

There continues to be no evidence for or against the use of a cervical collar or cervical spine motion restriction by the lay provider. Information is basically extrapolated from EMS and lifeguard literature. A search of multiple databases from the prior January 2021 Triennial Review to the present identified 101 articles, six of which were included in the final review. The results were as follows:

- No studies specifically pertained to the use of cervical spine motion restriction in lay providers.
- There is a continued transition to selective spinal motion restriction instead of strict spine immobilization. However, there continues to be no evidence that lay first aid providers can properly

evaluate or restrict spinal motion in a person with possible trauma.

- An additional review was undertaken to formulate a spine immobilization or spinal motion restriction recommendation for lifeguards. In this part of the review, all studies included were small or retrospective in nature.
- In addition, the 2018 Joint Position Statement on Spinal Motion Restriction (SMR) in the Trauma Patient from the American College of Surgeons Committee on Trauma, American College of Emergency Physicians, and the National Association of EMS Physicians, which was included in the 2021 SAC review, was considered when generating these current recommendations.

To address SMR for lifeguards as part of the lifeguard training update, the First Aid Sub-Council revised the recommendations to include a Best Practice Statement for Lifeguards.

Recommendations

Guidelines

We recommend against the use of a cervical collar by lay first aid providers.

Options

- We recommend against any manipulation of the neck by lay first aid providers.
- We recommend against lay first aid providers strapping the head or neck.

Best Practice Statement for Lifeguards

- Trained lifeguards may practice selective spinal motion restriction during possible spinal trauma.
- High-risk situations occur in diving or wave situations. Therefore spinal motion restriction may be implemented when the person has altered mental status, head injury, cervical spine pain or tenderness, or focal neurologic deficits.
- Extrication/transfer from an aquatic setting using a long spine board is appropriate.

- The long spine board's use should be discontinued as soon as safely possible when a higher level of care is reached.

A request to the Council to approve the revised recommendations came from the First Aid Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion.

Council Action

The Council voted to approve the revised recommendations.

Triennial Review

SAC Q&A: MRSA

Reviewers: Nathan P. Charlton, MD and Edward J. McManus, MD, FACP

Question

What are the concerns about MRSA and what should I do if a family member or friend is diagnosed with MRSA?

Discussion and Findings

A review of 334 articles on PubMed identified no changes from prior documentation for the 2019 SAC Q&A. Similarly, CDC has not updated its guidance since 2019. Methicillin Resistant Staphylococcus Aureus (MRSA) is a bacterial infection of the skin that is being identified with increasing frequency in communities throughout the world. In compromised individuals it can cause pneumonia or blood stream infection. It is spread from person to person, usually from direct contact with a person who has the organism on their skin or from items in the environment that have had direct contact with that person's skin such as clothing, bedding, athletic equipment, and articles of a personal hygiene nature (towels, razors, etc.). There is little risk of spread with normal household activities.

Following some simple precautions should reduce risk of spread of infection to others:

- Cover wounds and rashes with an occlusive dressing.
- Follow good hand hygiene practices.
- Do not share bedding, clothing, towels, or personal items.
- Normal washing machine cycles are adequate to clean clothing, bedding, and towels.
- Medical advice should be sought by healthy contacts who develop signs of infection with fever, rash, or boils.

Answer

The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia have proposed five factors or "5 C's" of MRSA transmission. These factors are Crowding, frequent skin-to-skin Contact, Compromised skin integrity, Contaminated items and surfaces, and lack of Cleanliness (www.cdc.gov/niosh/topics/mrsa/). These factors should be considered whenever outbreaks occur. Identifying initial cases before spread is important to reduce risk. Most serious cases usually manifest as a boil or furuncle. A toxin made by the MRSA bacteria can cause necrosis of the skin turning it dark or black and mimicking a spider bite. MRSA infections are more common and all suspected spider bites should also be suspected to be a MRSA infection.

A request to the Council to reaffirm the Answer came from the First Aid Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion.

Council Action

The Council voted unanimously to reaffirm the answer.

Other Triennial Reviews

Triennial Reviews were completed for two Position Statements, one Scientific Review and two SAC Answers. No evidence was identified to change the strength or direction of recommendations. Reviews that were reaffirmed by SAC include:

- First Aid Education in Primary and Secondary Schools (Position Statement)
- Overdose Education and Naloxone Distribution (Position Statement)
- Glucose (Sugar) for Hypoglycemia (Scientific Review)
- Pressure Dressings for Hemorrhage Control (SAC Answer)
- Bleeding Control Kits (SAC Answer)

Future Work

The First Aid Sub-Council requests resources for continued investigation of Artificial Intelligence (AI) and SAC processes. Using an AI chatbot to assist in tasks such as key article identification, article summary, summary synthesis and draft guidelines would streamline reviews and make them more robust. A collaboration with partners in industry could assist in the development of this capability.

The First Aid Sub-Council also requests increased feedback from the First Aid App and further development of the First Aid App to provide information from users. This is essential to ascertain if we are providing the science and evidence-based information that consumers need and want.

Four Triennial Reviews were scheduled to be completed and presented at the next meeting:

- Aspirin for Non-Traumatic Chest Discomfort
- First Aid for Dental Avulsion
- First Aid Kit
- Science Summary for the Control of Life-Threatening Bleeding

Continuing projects of the First Aid Sub-Council include:

- Mass Casualty at Educational Institutions: Implications for Placement of Bleeding Control Kits
- Severe Bleeding during Pulse Checks, a project undertaken in collaboration with the Resuscitation Sub-Council
- First Aid for Button Battery Ingestion
- Critical Incident Stress Debriefing
- Stroke Assessment

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Disaster Cycle Sub-Council

Disaster Cycle Sub-Council

The Disaster Cycle Sub-Council seeks to bring science, research and data to the work of the Red Cross across the disaster cycle from preparedness to response to recovery. This includes:

- Preparing for emergencies of every kind, from those that occur in the home to regional disasters.
- Understanding risk assessment for likely hazards.
- Training people for the best science-validated protective actions to take before, during and after disasters.
- Developing resilience and faster recovery after hardship.
- Keeping communities whole and businesses operating.

In addition, the Sub-Council addresses the challenges of providing acute and chronic medical and mental health care across the disaster cycle, both for victims and for the personnel caring for them. It also routinely answers questions from local chapters and assists with media inquiries on a variety of topics.

The Disaster Cycle Sub-Council will work to ensure that our work addresses the changes driven by climate change, ranging from more extreme temperatures to increased severity and frequency of storms to the issues of critical infrastructures and services as it impacts the Red Cross mission. Much of the Sub-Council's work is in physical and social science, rather than primarily medical, making ours a unique field of work compared to the other work of the SAC. The expanded scope of the Sub-Council's focus will require us to recruit new members and ad-hoc members to expand the scope of capabilities. Our future work may involve new primary research as well as meta-analyses.

Michael Kleeman, MA

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Close Before You Doze Update

The Underwriter Laboratories' Firefighter Safety Research Institute (UL's FSRI) has conducted and published laboratory simulations that show that closed doors can slow the spread of fire and potentially save lives. UL has invited Red Cross to incorporate "Close Before You Doze" into our messaging and training.

The Disaster Cycle Sub-Council was asked to review this public safety message and present its recommendations to the full Council. The reviewers invited evaluation from an external expert, who suggested that the message be more nuanced to include the following:

- Consider placement of smoke alarms.
- Include when to open vs not open doors in messaging.

The Disaster Cycle Sub-Council sought Council approval to conduct a Scoping Review in collaboration with Red Cross Staff to identify the most recent scientific literature on this topic, examine the evidence, and provide a larger contextual view on how to use this messaging tool. This request came as a seconded motion from the Sub-Council. Based on the results of the Scoping Review, the Sub-Council will proceed to either a Systematic Review or, more likely, a SAC Q&A with Best Practice Recommendations. Results will be shared with UL.

The SAC Co-Chair opened the floor to discussion and it was noted that socioeconomic factors such as housing status (e.g., owner vs renter) should also be considered. The Council voted unanimously to approve the Scoping Review and tasked the Sub-Council to perform it and present the results at the next SAC meeting.

Request to Endorse a COVID Visit Risk Calculator

The online COVID Visit Risk Calculator Tool (covidvisitrisk.com) was developed in Canada to help people of different ages and states of health understand the factors that affect their risk of getting COVID-19 when visiting or gathering with others. A Quick Assessment takes three minutes and a Comprehensive Assessment takes ten. The methodology behind the tool includes continuous rapid evidence review to understand topics related to visiting/gathering with others and the spread and risks related to COVID-19.

The Disaster Cycle Sub-Council was asked to evaluate this tool and determine whether the Scientific Advisory Council should recommend Red Cross's endorsement and dissemination of it. Following is the Sub-Council's evaluation of the tool:

- Based on conversation with CDC, there is no equivalent U.S. tool the Red Cross could endorse.
- 30% of the tool users are based in the U.S.
- Our preparedness committee was briefed on the process for creating and revising the tool, a modified Delphi Process.
- We are satisfied that the process aligns with best practices and incorporates relevant sciences, including epidemiology, public health, and notably science communication. It accommodates the pace of scientific information and immediate information needs of the public.
- The tool is being expanded to cover respiratory illnesses beyond COVID (pneumonia, RSV, flu).

Based on this evaluation, the Disaster Cycle Sub-Council recommends endorsement of the Calculator:

- We recommend revisiting this endorsement in three years or if we are notified of any change in the process for keeping the Calculator up-to-date or in the participation of the Public Health Agency of Canada.

-
- We also recommend that the Red Cross publicize this endorsement.
 - The Disaster Cycle Sub-Council will ask for an update about the Calculator every six months.

The Disaster Cycle Sub-Council sought Council approval of their recommendation for Red Cross to endorse the COVID Visit Risk Calculator Tool (covidvisitrisk.com). This request came as a seconded motion from the Sub-Council and the SAC Co-Chair opened the floor to discussion. A question arose about how this Risk Calculator compares to other available tools. Approximately twenty COVID Risk Tools/Calculators are currently in use but most focus on risk in large crowds. In contrast, with this tool, a visit is defined as a meeting, gathering or event that involves people from more than one household. The Calculator also evaluates factors such as personal risk (different ages and states of health), transportation to the event, and the nature of the event (e.g., indoors vs outdoors). An observation was made that this tool might also give us a window into how people think about risk and what factors influence their decision-making, information that could be applicable in Red Cross training.

The Council voted to approve the Disaster Cycle Sub-Council's recommendation that the Red Cross endorse the COVID Visit Risk Calculator Tool (covidvisitrisk.com).



Adult Resuscitation Sub-Council

Adult Resuscitation Sub-Council

The Adult Resuscitation Sub-Council evaluates science related to cardiopulmonary resuscitation (CPR), choking, basic life support in adults, advanced cardiac life support, and the optimized use of automated external defibrillators (AEDs).

Joshua M. Tobin, MD

Adult Resuscitation Sub-Council Chair
Member, SAC Nomination Committee
ASTM WK56860 Tourniquet Standard Task Group Liaison
Professor, Chief Trauma Anesthesia, UT Health, San Antonio, TX; Captain, Medical Corps, US Navy

Lynn White, MS, FAEMS

Adult Resuscitation Sub-Council Vice Chair
Prehospital Guidelines Consortium (PGC) Liaison

Heatherlee Bailey, MD, FAAEM, FCCM

Society of Critical Care Medicine (SCCM) Liaison
Attending Physician, Durham VA Medical Center; Representative, 48th President, 2019-2020, Society of Critical Care Medicine

Richard N. Bradley, MD, FACEP, FAEMS

Citizen CPR Liaison
Chief of Medical Response Services, Texas Division of Emergency Management

Wendell E. Jones, MD, MBA, CPE, FACP

Chief Medical Officer, Veterans Integrated Service, Network 17, Arlington, TX

Catherine Margaret Kuza, MD

American Society of Anesthesiologists (ASA) Liaison
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Andrew MacPherson, MD, CCFP-EM, FCFP

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Bryan F. McNally, MD, MPH

Cardiac Arrest Registry to Enhance Survival (CARES) Liaison
Professor of Emergency Medicine, Department of Emergency Medicine, Emory University School of Medicine, Atlanta, GA; Executive Director, Cardiac Arrest Registry to Enhance Survival (CARES); Associate Medical Director, Air Life Georgia

Ira Nemeth, MD

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Stephanie Streit, MD, FACS

Assistant Professor of Surgery, George Washington School of Medicine & Health Services

Bryan M. White, MD, FACC, FASE, RPVI

Rockville, MD

Triennial Review

Scientific Review: Active Compression-Decompression CPR Combined with an Impedance Threshold Device (ITD)

Reviewer: Richard N. Bradley, MD, FACEP, FAEMS

Question

Should active compression-decompression CPR with the use of an impedance threshold device be considered when treating adults with cardiac arrest?



Adult Resuscitation Sub-Council (continued)

Discussion and Findings

In the thirteen years since the Scientific Advisory Council first published a Scientific Review on impedance threshold devices, there have been five original research articles published along with two structured literature reviews. The evidence continues to be of limited reliability due to a high risk of bias.

In nearly all studies the impedance threshold device was used together with active compression-decompression CPR. Given that it is challenging to determine the individual impact of ITD vs compression-decompression, and that the preponderance of evidence combined ITD use with active compression-decompression CPR, the title of the original Scientific Review—Impedance Threshold Device—was changed to Active Compression-Decompression CPR Combined with an Impedance Threshold Device.

The evidence in human studies shows no significant difference in return of spontaneous circulation (ROSC) but a slight trend towards improvement in one year survival and neurologically intact outcome when active compression-decompression is combined with the use of the impedance threshold device. One study suggests that this benefit exists only when therapy is started within 18 minutes of EMS dispatch.

A request to the Council to reaffirm the prior recommendations came from the Adult Resuscitation Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion. Since no significant benefits have been demonstrated in the clinical data, the Sub-Council recommended that Red Cross instructor information stay silent on this topic.

Recommendations

Guidelines

None.

Options

Active compression-decompression CPR with the use of an impedance threshold device may be considered when treating adults with cardiac arrest (weak recommendation, very low certainty evidence).

Council Vote

The Council voted unanimously to reaffirm the recommendation.

Triennial Review

SAC Q&A: ABC vs CAB for CPR

Reviewer: Stephanie Streit, MD, FACS

Question

Should Red Cross programs teach adult resuscitation in the ABC or CAB format?

Discussion and Findings

This question was last examined in a June 2020 SAC Q&A and no strong data has been identified since that time to change the Council's recommendations. ABC - Airway, Breathing, Circulation - has served for decades as an effective mnemonic for prioritization of assessment and intervention during resuscitation. There are clinical situations, however, in which CAB—Circulation, Airway, Breathing—is more appropriate. "Circulation" may also more specifically mean chest "compressions" in the case of pulselessness. Neither ABC nor CAB is always correct.

For the lay responder, if the patient has abnormal breathing or is found to be pulseless, CAB is the correct approach. A single rescuer or a lay rescuer is unlikely to have the resources or information needed to make the complex assessment or the paralleled response that may unfold in a hospital setting. For the lay responder, compression-only or compression-first response is more likely to result in initiation of rescue and earlier initiation of rescue.

Whenever possible, for the trained rescuer and/or in-hospital resuscitation, a brief history of the clinical situation must inform whether an ABC or CAB approach should be taken. If the primary issue is determined to be the respiratory system—drowning, airway trauma or obstruction—then ABC should be followed as the patient requires immediate life-saving interventions regarding the airway and/or oxygenation and/or ventilation.

A request to the Council to reaffirm the answer came from the Adult Resuscitation Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion. The Sub-Council recommends that the next version of the ALS manual include a highlight regarding CAB vs ABC.

Answer

The Scientific Advisory Council recommends that Red Cross Programs continue to teach an ABC approach as the key message for both the public and professionals in how to correctly assess and triage interventions when approaching an adult victim.

The Council recommends that Red Cross Programs teach rescuers to perform compressions immediately after assessment in cases of adult non-hypoxic cardiac arrest.

Council Action

The Council voted unanimously to reaffirm the answer.

Review of the AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain

Reviewer: Bryan M. White, MD, FACC, FASE, RPVI

Question

In light of the 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain and the 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization, are there evidence-based or best practice-based changes that should be incorporated into the Red Cross ALS Manual for evaluation and diagnosis of chest pain?

Discussion and Findings

The Adult Resuscitation Sub-Council assessed the 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR (American Heart Association/American College of Cardiology/Association for Surgical Education/American College of Chest Physicians/Society for Academic Emergency Medicine/Society of Cardiovascular Computed

Tomography/Society for Cardiovascular Magnetic Resonance) Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. (Gulati et al 2021) This is a clinical practice guideline that provides recommendations and algorithms for clinicians to assess and diagnose chest pain in adult patients.

The Sub-Council also assessed the 2021 ACC/AHA/SCAI (American College of Cardiology American Heart Association/American College of Cardiology/Society for Cardiovascular Angiography & Interventions) Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. (Lawton J et al 2021)

The Adult Resuscitation Sub-Council identified the following factors as most significant in the new Guidelines:

1. A workup of acute chest pain.
2. A contemporary utilization of novel biomarkers (5th Generation Cardiac Troponins), ED Rapid Rule Out protocols, avoiding over testing, and the use of Coronary CTA (coronary CT angiogram) as an alternative to functional stress testing with imaging in the right patient population.
3. An understanding that women present differently, and their different presenting symptoms should be emphasized.
4. Use of clinical decision pathways to help guide the decision to admit vs discharge, and for hospitalized patients the decision to employ an early invasive strategy vs a conservative approach.



Adult Resuscitation Sub-Council (continued)

5. Emphasize that treatment decisions regarding coronary revascularization in patients with coronary artery disease should be based on clinical indications and not based on gender, race, or ethnicity.
6. Address that in patients in whom coronary revascularization is indicated but the optimal strategy is unclear, a Heart Team Approach using shared decision making is recommended.
7. Consider: In ACS (acute coronary syndrome), the recommendations for reperfusion therapy are based upon the time from symptom onset, or if the patient's presentation is complicated by cardiogenic shock, cardiac arrhythmias, or refractory angina.
8. Consider: The recommendation remains that in patients in whom PCI cannot be performed within 120 minutes of first medical contact, then they should be considered for fibrinolytic therapy.

Answer

Following a thorough review of the guidelines, the Adult Resuscitation Sub-Council concluded that the above recommendations are appropriate. We may take these recommendations into consideration in the upcoming revision of the Red Cross Resuscitation Suite™ BLS, ALS, PALS (Basic Life Support, Advanced Life Support, Pediatric Advanced Life Support).

A request to the Council to approve the answer came from the Adult Resuscitation Sub-Council as a seconded motion.

Council Action

The Council voted unanimously to approve the answer.

Review of ILCOR Systematic Review: Calcium During Cardiac Arrest

Reviewer: Catherine M. Kuza, MD

Question

In pediatric and adult patients in cardiac arrest, what is the effect of calcium administration on outcomes?

Discussion and Findings

The Adult Resuscitation Sub-Council used the AMSTAR2 pathway to assess an ILCOR Systematic Review on the effect of calcium administration on outcomes. (Hsu CH et al 2022) The population included adults and children in any setting with cardiac arrest. The Systematic Review identified 15 studies—4 randomized control trials (554 adults with out-of-hospital cardiac arrest, or OHCA), 8 observational studies of adults, and 3 observational studies of in-hospital cardiac arrest (IHCA) pediatric patients.

- Only one study looked at survival and favorable neurologic outcomes at a variety of different endpoints - one month, three months, six months, and twelve months—and was deemed to be without serious risk of bias (ROB) and with moderate certainty of evidence.
- All observational studies had a critical risk of bias.
- The review concluded that routine calcium administration during cardiac arrest in adults or children did not improve outcomes.

The Adult Resuscitation Sub-Council agrees with the recommended guidelines and options. A request to the Council to approve the recommendations came from the Adult Resuscitation Sub-Council as a seconded motion.

Recommendations

Guidelines

We recommend against the routine administration of calcium for the treatment of out-of-hospital cardiac arrest in adults (strong recommendation, moderate certainty of evidence).

We suggest against routine administration of calcium for the treatment of in-hospital cardiac arrest in adults (weak recommendation, low certainty of evidence).

Council Vote

The Council voted unanimously to approve the recommendations.

Review of ILCOR Task Force Systematic Review: Extracorporeal Cardiopulmonary Resuscitation (ECPR) for Cardiac Arrest

Reviewer: Lynn White, MS, FAEMS

Question

Is extracorporeal cardiopulmonary resuscitation (ECPR) an effective rescue therapy for adults with out-of-hospital cardiac arrest (OHCA) or in-hospital cardiac arrest (IHCA) when conventional cardiopulmonary resuscitation (CPR) is failing to restore spontaneous circulation?

Discussion and Findings

The Adult Resuscitation Sub-Council used the AMSTAR2 pathway to assess a 2022 ILCOR Task Force Systematic Review (TFSR) on extracorporeal cardiopulmonary resuscitation (ECPR) for cardiac arrest. ECPR is a procedure in which extracorporeal membrane oxygenation (ECMO) is initiated on patients who have experienced cardiac arrest and for whom conventional CPR has failed.

The 2022 TFSR originated with a 2018 Systematic Review (Holmberg MJ et al 2018) and included new evidence that became available on this topic. The updated Systematic Review identified 31 studies in adult patients, including 3 randomized controlled

trials (RCTs), 23 observational studies, and 6 cost-effectiveness studies (one was observational). Since the observational studies were limited by a critical risk of bias, only RCTs were considered for the updated Consensus on Science.

This population (cardiac arrest patients in whom conventional CPR is failing) has an extremely high mortality rate and ECPR is a complex intervention that requires considerable resources and training that is not universally available. The quality of evidence across studies is very low. ILCOR concluded that there is inconclusive evidence to either support or refute the use of ECPR for OHCA and IHCA.

The Adult Resuscitation Sub-Council agrees with the recommendation. A request to the Council to approve the recommendations came from the Adult Resuscitation Sub-Council as a seconded motion.

Recommendations

Guidelines

- Extracorporeal cardiopulmonary resuscitation (ECPR) may be considered as a rescue therapy for selected adults with out-of-hospital cardiac arrest when conventional cardiopulmonary resuscitation is failing to restore spontaneous circulation in settings where this can be implemented (weak recommendation, low certainty of evidence). ECPR may be considered as a rescue therapy for selected adults with in-hospital cardiac arrest when conventional cardiopulmonary resuscitation is failing to restore spontaneous circulation in settings where this can be implemented (weak recommendation, low certainty of evidence).

Council Vote

The Council voted unanimously to approve the recommendations.



ILCOR Systematic Review: Double Sequential External Defibrillation

Reviewers: Bryan F. McNally, MD, MPH; Bryan M. White, MD, FACC, FASE, RPVI; Joshua M. Tobin, MD; Lynn White, MS, FAEMS

Question

Does double sequential external defibrillation (DSED) compared with standard manual defibrillation improve survival to hospital discharge or good neurological survival in adult patients with shock-refractory ventricular fibrillation during out-of-hospital cardiac arrest?

Discussion and Findings

A Systematic Review was conducted on behalf of the Advanced Life Support (ALS) Task Force in 2020 and was updated in light of one new cluster-randomized trial with crossover among six Canadian paramedic services. It was updated in light of one new cluster-randomized trial with crossover among six Canadian paramedic services. This trial evaluated double sequential external defibrillation (DSED, or rapid sequential shocks from two defibrillators) and vector-change (VC) defibrillation (switching defibrillation pads to an anterior–posterior position) as compared with standard defibrillation in adult patients with shock-refractory ventricular fibrillation during out-of-hospital cardiac arrest. (Cheskes S et al 2022) DSED and VC have been proposed as defibrillation strategies to improve outcomes in patients with refractory ventricular fibrillation.

A total of 405 patients were enrolled in this study until it was halted by the data and safety monitoring board (DSMD) due to the COVID pandemic. 136 patients (33.6%) received standard defibrillation, 144 (35.6%) received VC defibrillation, and 125 (30.9%) received DSED. Survival to hospital discharge was more common in the DSED group than in the standard group (30.4% vs 13.3%; RR, 2.21; 95% CI 1.33 to 3.67) and more common in the VC group than in the standard group (21.7% vs 13.3%; RR 1.71; 95% CI 1.01 to

2.88). DSED was associated with a higher percentage of patients having a good neurologic outcome than standard defibrillation (RR, 2.21; 95% CI 1.26 to 3.88).

he Adult Resuscitation Sub-Council assessed the updated 2022 ILCOR Systematic Review and noted limitations:

- Only a single trial was reviewed. There were not numerous randomized clinical controlled trials, registry data, or a large retrospective analysis. The preceding scoping and systematic reviews were negative for a clinical benefit.
- The sample size (405) was small and the study was cut short due to COVID.
- There were smaller than expected primary outcomes (survival to hospital discharge).
- Treatment received which led to survival to hospital discharge is not impressive. Relative risk crossing the line of unity implies significant outcome bias, and the conclusions were based on randomization to specific treatment protocols, not actual treatment.

Answer

The Adult Resuscitation Sub-Council does not have a recommendation regarding the use of Double Sequential External Defibrillation at this time, as there is insufficient data to support one. Further study is needed.

A request to the Council to approve this answer came from the Adult Resuscitation Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion. Extensive discussion followed in which it was agreed that there is currently a very low certainty of knowledge on this topic.

Council Vote

The Council voted unanimously to approve the answer.

American Red Cross Position Statement: Teaching CPR to High School Students

The Scientific Advisory Council of the American Red Cross supports the required teaching of CPR to high school students as an important strategy to increase the provision of bystander CPR and save lives.

Discussion and Findings

Sudden cardiac arrest (SCA) is the unexpected cessation of mechanical cardiac activity that requires attempts to restore circulation. (Tsao et al 2023) The incidence of out-of-hospital SCA treated by EMS is 92.3 per 100,000 population in people of any age. More than 356,000 individuals become victims each year in the U.S., with a fatality rate of almost 90%. (CARES 2022 Annual Report) SCA is a public health crisis that affects individuals within all economic and ethnic backgrounds.

The chain of survival refers to a series of actions intended to maximize the chances of survival following cardiac arrest. Activation of the emergency response system, early CPR and early defibrillation are the first three links in the chain of survival. (American Heart Association 2023) For every minute of cardiac arrest without CPR or defibrillation, a patient's chance of survival falls by 7-10%. (Larsen MP et al 1993) This emphasizes the significance of community and bystander response for survival from out-of-hospital sudden cardiac arrest.

Early CPR is one of the critical interventions for achieving successful resuscitation. If CPR is started before an ambulance arrives, patients' chances of survival dramatically increase. There is wide variation in both the provision of bystander CPR and in the odds of survival across the United States.

A recent publication in the Journal of the American College of Cardiology evaluated the relationship between state legislation mandating CPR training for high school students and the odds of survival from SCA. (Vetter et al 2022) The authors reported that in December 2020, 39 of 50 states required CPR training for high school graduation, and that bystander

CPR was less frequent in states without legislation requiring CPR training. OHCA's occurring in states with laws enacted had higher odds of bystander CPR compared with OHCA's in states without such a law (OR:1.12; 95% CI: 1.08-1.15).

High School students who learn CPR can gain important lifelong skills and become part of a generation of responsible citizens who can help in emergencies. This can help make our communities safer and may also inspire students to pursue a career in the healthcare field.

A request to the Council to approve the Position Statement came from the Adult Resuscitation Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion.

Extensive discussion followed about the wording of the statement. The consensus was to keep the wording general and open-ended to reach the broadest and most inclusive audience.

Council Vote

The Council voted unanimously to approve the Position Statement.

SAC Q&A: Choking in a Bedridden Patient

Reviewer: Joshua M. Tobin, MD

Question

When a bedridden patient is choking, should they be moved from their bed to the floor or other firm surface to deliver chest thrusts/compressions? Are chest compressions more effective in bed or on the floor/hard surface?

Discussion and Findings

Since there were no studies that specifically examined this question as it relates to choking, the review focused on chest compressions in bed vs on the floor for CPR as the nearest comparable surrogate. Chest compressions in a choking bedridden patient depend upon generation



Adult Resuscitation Sub-Council (continued)

of sufficient positive intrathoracic pressure to dislodge an airway obstruction.

The efficacy of chest compressions has been called into question when carried out on a soft surface (e.g., bed) which does not support the resistance necessary to offer counter pressure to hard, fast chest compressions. Mattress compression may decrease sternum-spine compression and potentially reduce efficacy of chest compressions.

In one manikin study, chest compressions on a soft mattress vs a hard floor were compared. (Missel AL et al 2023) Eighty participants performed CPR in manikins in bed and on the floor in this crossover trial. Mean compression depth on the mattress was 2.9 centimeters (cm) vs 3.5 cm on the floor (mean difference 0.58 cm, 95% CI 0.18-0.98), suggesting less effective compressions on mattresses than on the floor. The clinical relevance of a difference of 0.6 cm, however, is not clear. Notably, the depth of compressions on both surfaces was below the recommended depth of 5-6 cm.

Firm surface CPR was also reviewed in a recent consensus statement. (Olasveengen TM et al 2020) A PICOST framework was utilized to compare CPR for adults and children on hard surfaces vs regular mattresses. Again, manikins were used. No difference in chest compression depth was noted between different mattress types. One study evaluated floor vs bed compressions and found no effect on chest compressions (mean difference in depth 4.29 mm, CI -0.7 to 9.27). Improved chest compression was found with the use of a backboard (mean difference 2.74 mm, 95% CI 1.19 to 4.28).

No studies reported survival outcomes or favorable neurological outcome metrics. The authors also cited a knowledge gap in out-of-hospital cardiac arrest.

Answer

There is no clinically significant difference between chest compressions performed on a bed or on a floor/hard surface. For a choking patient, manual chest compressions can be performed on a firm surface when possible. We suggest against moving patients in cardiac

arrest from bed to floor to improve chest compressions (weak recommendation, very low certainty of confidence). The movement of a patient to the floor from a bed can present logistical challenges that delay hard, fast CPR.

A request to the Council to approve the answer came from the Adult Resuscitation Sub-Council as a seconded motion.

Council Action

The Council voted unanimously to approve the answer.

Future Work

The Adult Resuscitation Sub-Council sought Council approval to conduct one Scoping Review. Discussion followed and the Council voted unanimously to approve the Review and tasked the Sub-Council to perform it and present the results at the next SAC meeting. The Review is:

- Blood Products in Prehospital Settings, a two-part review (Stephanie Streit, MD, FACS)

The Adult Resuscitation Sub-Council seeks to send a liaison to the American College of Surgeons Committee on Traumatic Arrest. This Committee is best known for its Advanced Trauma Life Support course. The Sub-Council would also like to identify other key players (business, operations, etc.) and engage in external collaborations as indicated.

Continuing projects of the Adult Resuscitation Sub-Council include:

- Effect of PPE on Cardiac Arrest Outcome & CPR (Review of Outside Systematic Review)
- Oxygen Saturation During Resuscitation (Good Practice Statement)

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Pediatric Resuscitation Sub-Council

Pediatric Resuscitation Sub-Council

The Pediatric Resuscitation Sub-Council evaluates science related to cardiopulmonary resuscitation (CPR), choking, basic life support in children, pediatric advanced life support, and the optimized use of automated external defibrillators (AEDs).

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Ad-hoc member

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Evaluation of ILCOR Scoping Review: Newborn Chest Compression Techniques

Reviewers: Sarita A. Chung, MD, FAAP and Jacqueline Bryngil Corboy, MD, MS

Question

In newborns receiving cardiac compressions, does the use of any other technique (2-finger or other) vs the 2-thumb, hand-encircling technique increase survival rates, improve neurologic outcomes, or decrease time to return of spontaneous circulation?

Discussion and Findings

The Pediatric Resuscitation Sub-Council critically appraised an ILCOR Scoping Review on newborn chest compression techniques. (Ramachandran S et al 2022) This Scoping Review identified 29 randomized crossover manikin studies, one observational, and one randomized study comparing various finger/hand positions, with main outcomes consisting of adequacy of chest compression depth and rescuer fatigue.

Data confirmed that the 2-thumb-technique resulted in higher chest compression depth, lower fatigue, and higher proportion of correct hand placement when compared to the 2-finger technique. Other finger and/or hand position techniques were also described, but

none resulted in better performance compared to the 2-thumb-technique.

Reviewers concluded that the review met high quality methodological criteria and identified no evidence to differ from its recommendation. A request to approve the recommendation came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Guideline

We recommend use of the 2-thumb, hand-encircling technique in newborn chest compressions.

Council Action

The Council voted unanimously to approve the recommendation.

Evaluation of ILCOR Systematic Review: Preterm Infant Normal Temperature Maintenance

Reviewers: Stephen R. Pratt, MD, MPH and Bruce J. Barnhart, MSN, RN, CEP

Question

What modalities are recommended to maintain normal temperatures in preterm infants below 34 weeks gestation?

Discussion and Findings

The Pediatric Resuscitation Sub-Council used the AMSTAR2 pathway to assess an ILCOR Systematic Review on the comparison of interventions to maintain normal temperature immediately after birth in preterm infants below 34 weeks gestation. (Dawson et al 2023) The Systematic Review identified 18 randomized controlled trials (RCTs) and 7 observational studies that provided data for review. Most studies compared bundles of interventions rather than single interventions, with primary outcomes consisting of survival to hospital discharge and rate of normothermia on admission to a post-delivery unit.

Seven major measures for warming newborns after delivery were evaluated:

- Increased room temperature greater than 23.0 degrees Celsius vs lower room temperature
- Thermal mattress vs no thermal mattress
- Plastic bag or wrap vs no plastic bag or wrap, with care to avoid covering the infant's face
- Cap or hat vs no cap or hat
- Heating and humidification of gases used for resuscitation vs no heating and humidification
- Radiant warmer servo control vs no servo control
- Skin-to-skin care vs no skin-to-skin care

The Pediatric Resuscitation Sub-Council agrees with the recommended best practice statements. A request to approve the recommendations came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statements

- Plastic wraps and hats are key methods to maintain temperature control in preterm infants.
- Other ways include elevated room temperature (if possible) above 23C, monitoring baby's temperature to avoid overheating, use of a thermal mattress with special care to avoid overheating and using a towel for insulation between mattress and infant skin to avoid burns, and warm humidified respiratory gases if available.
- In preterm infants born in settings with limited availability of external heat sources, skin-to-skin care should be considered as an intervention to maintain normal temperature after birth if allowed by the infant's condition.
- Insufficient evidence exists to recommend servo vs manual mode if a radiant warmer is used.



Pediatric Resuscitation Sub-Council (continued)

Council Action

The Council voted unanimously to approve the recommendations.

Evaluation of ILCOR Systematic Review: Heart Rate Assessment Methods

Reviewers: Sarah Copple, MSN, RNC-MNN, C-ONQS

Question

What are the best heart rate assessment methods in the delivery room immediately after birth?

Discussion and Findings

The Pediatric Resuscitation Sub-Council used the AMSTAR2 pathway to assess an ILCOR Systematic Review on the best heart rate assessment methods for newly born infants in the delivery room. (Kapadia VS et al, to be submitted) Both randomized controlled studies and non-randomized studies were eligible for inclusion. Important outcomes measured were time for first heart rate (HR) assessment from the device placement, time for first HR from birth, and accuracy of HR assessment.

For the purpose of this review, the electrocardiogram heart rate (ECG HR) was considered the gold standard. This was compared to other interventions: the use of auscultation, palpation, pulse oximetry, Doppler device, digital stethoscope, photoplethysmography, video photoplethysmography, dry electrode technology and any newer modalities.

Data suggests that ECG provides a more rapid and accurate assessment of heart rate in the delivery room when compared to newer modalities, but the certainty of evidence is very low. During newborn resuscitation, auscultation and/or pulse oximetry are reasonable alternatives to ECG when ECG has not been applied or is unavailable. Studies show that it is difficult to palpate the newborn heart and one can press too hard, especially when the baby is crumpling.

Reviewers concluded that the review met AMSTAR2 criteria and identified no evidence to differ from

its recommendations. A request to approve the recommendations came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Guideline

The Pediatric Resuscitation Sub-Council would not recommend palpation as the initial or sole means of assessing post-birth heartrate.

Best Practice Statement

Electrocardiogram (ECG) monitoring provides accurate and rapid assessment of heart rate. During newborn resuscitation, auscultation and/or pulse oximetry are reasonable alternatives to ECG when ECG has not yet been applied or is unavailable.

Council Action

The Council voted unanimously to approve the recommendations.

Evaluation of ILCOR Systematic Review: Exhaled CO2 Monitoring in Non-Invasive Positive Pressure Ventilation (PPV)

Reviewers: Sarah Copple, MSN, RNC-MNN, C-ONQS and Julie Bacon, MSN-HCSM, NE-BC, NPD-BC, CPN, CPEN, C-NPT

Question

In newborn infants receiving intermittent positive pressure ventilation (IPPV) by any non-invasive interface at birth, does the use of exhaled CO2 monitoring in addition to clinical assessment, pulse oximetry, and/or electrocardiogram (ECG) guide noninvasive ventilation?

Discussion and Findings

The Pediatric Resuscitation Sub-Council used the AMSTAR2 pathway to assess an ILCOR Systematic Review on the use of exhaled CO2, in addition to clinical assessment, pulse oximetry, and/or ECG, to guide noninvasive positive pressure ventilation at birth. (Solevåg AL et al 2022) The pre-specified

primary outcome was endotracheal intubation in the delivery room. In an extensive search of multiple databases, no eligible studies were identified. However, a number of ineligible studies provided useful data. 23 studies discussed data on exhaled CO₂ in infants receiving IPPV at birth by facemask. Notably, none had comparator groups.

As Sub-Council reviewers examined the data, they noted that there was insufficient evidence to make a recommendation for or against the use of exhaled CO₂ to guide IPPV with non-invasive interfaces in newborns. A robust discussion followed about the use of colorimetric devices (ETCO₂ detectors) with non-invasive ventilation devices in routine practice, with the conclusion that risk factors (dead space, the risk of contamination, and potential disruption of other vital aspects of resuscitation) prevented its recommendation.

The Pediatric Resuscitation Sub-Council agrees with the recommended best practice statements. A request to approve the recommendations came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statements

- There is insufficient evidence to suggest for or against the use of exhaled CO₂ to guide IPPV with non-invasive interfaces, such as facemasks, supraglottic airways, and nasal cannula, in newborns immediately after birth.
- The use of colorimetric devices (ETCO₂ detectors) with non-invasive ventilation devices (facemasks, supraglottic airways, and nasal cannula) in routine practice is not recommended due to dead space, the risk of contamination with gastric contents and medications, and potential distraction from other vital aspects of resuscitation.

Council Action

The Council voted unanimously to approve the recommendations.

Evaluation of ILCOR Scoping Review: Newborn CPR Feedback Devices

Reviewers: Sarita A. Chung, MD, FAAP and Jacqueline Bryngil Corboy, MD, MS

Question

In newborn infants receiving cardiac compressions, does the use of any feedback devices — such as end-tidal carbon dioxide monitors, pulse oximeters or automated compression feedback devices — improve outcomes following achievement of return of spontaneous circulation (ROSC)?

Discussion and Findings

This topic came under review by ILCOR to determine if there was sufficient new data since a 2015 CoSTR to perform a systematic review and re-evaluate whether evidence existed to justify the use of one or more feedback devices in the detection of ROSC during newborn cardiac compression. (Ramachandran S et al 2022)

The review included randomized controlled trials (RCTs) and non-randomized studies of the clinical observation of chest compression efficacy in newborns receiving cardiac compressions. Interventions consisted of the use of any feedback devices (end-tidal carbon dioxide monitors, pulse oximeters or automated compression feedback devices), with main outcomes consisting of decreased hands-off time, decreased time to return of spontaneous circulation (ROSC), improved perfusion, increased survival rates, and improved neurological outcomes. However, most studies involved manikins or animals and not human patients.

The Pediatric Resuscitation Sub-Council concluded that the evidence was not sufficiently robust to make a guideline-level recommendation on the use of newborn feedback devices, but found that the use of certain assistive compressive devices may improve the proportion of compression on target areas when compared to the two-thumb technique. Sub-Council members concluded that the review met high quality methodological criteria and a request to approve



Pediatric Resuscitation Sub-Council (continued)

the recommendations came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statement

- The use of certain assistive compressive devices may improve the proportion of compression on target areas when compared to the two-thumb technique. However, most studies of this topic involved manikins or animals and not human patients. A new systematic review or the development of new recommendations for clinical practice was not justified.

Council Action

- The Council voted unanimously to approve the recommendations.

Evaluation of ILCOR Scoping Review: Supplemental O₂ During Chest Compressions in Newborns

Reviewer: Sarah Copple MSN, RNC-MNN, C-ONQS

Question

In newborns receiving chest compressions, does the use of less than 100% supplemental oxygen lead to better outcomes?

Discussion and Findings

According to an ILCOR 2015 CoSTR, there are no human studies comparing the use of 21% oxygen vs 100% oxygen during chest compressions in newborns following cardiac arrest. A 2022 Scoping Review revisiting this question confirmed that this remained the case. (Ramachandran S et al 2022) Important outcomes to measure when comparing oxygen percentages are improved neurologic outcomes, decreased time to return of spontaneous circulation, and decreased oxidative injury. The Pediatric Resuscitation Sub-Council critically appraised this Scoping Review.

The review identified seven animal studies that compared 21% vs 100% oxygen during chest

compressions after cardiac arrest. The published literature demonstrated no difference in time to return of spontaneous circulation, mortality, inflammation, or oxidative stress. There was insufficient evidence to support conducting a systematic review or altering existing recommendations.

The Pediatric Resuscitation Sub-Council noted that data also shows that 100% oxygen, especially for premature infants, can lead to an increased risk of oxidative injury and mortality. Sub-Council members concluded that the review met high quality methodological criteria and a request to approve the recommendations came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statement

- Current newborn resuscitation guidelines from 2010 recommend positive pressure ventilation (PPV) resuscitation using 21% oxygen with increase to 100% oxygen at the initiation of chest compressions. Studies available using animal models were insufficient to recommend any change from current recommendations.

Council Action

The Council voted unanimously to approve the recommendations.

Evaluation of ILCOR Scoping Review: Compression-to-Ventilation Ratio for Newborn CPR

Reviewer: Sarah Copple MSN, RNC-MNN, C-ONQS

Question

Does the use of any other compression-to-ventilation ratio (5:1, 9:3, 15:2, synchronous, etc.) impact outcomes in newborn resuscitation?

Discussion and Findings

The standard resuscitation guideline is a 3:1 compression-to-ventilation (C:V) ratio in newborn chest

compressions. The 2015 ILCOR CoSTR suggested this recommendation based on animal and manikin studies, as there was no clinical evidence. 2020 evidence identified new animal and manikin studies and one clinical pilot trial, prompting an ILCOR Scoping Review in 2022. (Ramachandran S et al 2022) The Pediatric Resuscitation Sub-Council critically appraised this Scoping Review.

The review compared the use of the standard 3:1 compression-to-ventilation ratio with different C:V ratios, chest compression with asynchronized ventilation (CCaV), and chest compression during sustained inflations (CC+SI). The outcomes measured were short- or long-term (survival rates, time to return of spontaneous circulation, hemodynamic parameters, tissue oxygenation, lung/brain inflammatory markers, compressor fatigue).

The information from the studies identified was considered insufficient to alter existing recommendations. Other C:V ratios (i.e., 2:1, 4:1, 9:3, 15:2) did not improve time to return of spontaneous circulation or survival. The gaps in knowledge regarding optimal compression-to-ventilation ratios are significant and further research is required.

Reviewers concluded that the review met high quality methodological criteria and identified no evidence to differ from its recommendation. A request to approve the recommendation came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statement

- In newborn CPR, the 3:1 compression-to-ventilation ratio remains the standard.

Council Action

The Council voted unanimously to approve the recommendation.

Evaluation of ILCOR Scoping Review: Heart Rate for Starting Newborn Chest Compressions

Reviewer: Lynn Boyle MSN, RN, CCRN

Question

In newborns being resuscitated with ventilation who have a slow heart rate, are outcomes impacted when compressions are started at heart rates other than 60 beats per minute (BPM), which is the current standard?

Discussion and Findings

The standard heart rate guideline for initiation of cardiac compressions in newborns is 60 BPM or less. However, this guideline is based on expert opinion rather than clinical data. A 2022 ILCOR Scoping Review examined studies to determine whether evidence exists to identify an optimal threshold for resuscitating newborns with a slow heart rate. (Ramachandran S et al 2022) The Pediatric Resuscitation Sub-Council critically appraised this Scoping Review.

The outcomes measured were short- and long-term (increased survival rates, improved neurologic outcomes, decreased time to return of spontaneous circulation). No studies were found that examined different heart rate thresholds to initiate chest compressions on newborns in the delivery room. The review identified no data on the optimal heart rate either in animal models or the clinical setting.

The Pediatric Resuscitation Sub-Council agrees with the recommended best practice statement. A request to approve the recommendation came from the Pediatric Resuscitation Sub-Council as a seconded motion.

Recommendations

Best Practice Statement

- The standard heart rate of 60 BPM was selected by expert opinion and not derived from research-based evidence. The information from the review is thus insufficient to alter the current existing

recommendation of starting compressions when the heart rate is below 60 BPM after successful inflation of the lung.

Council Action

The Council voted unanimously to approve the recommendation.

Future Work

In the future the Pediatric Resuscitation Sub-Council seeks to conduct research into the neurological prognostic factors following cardiac arrest (CoSTR). These factors include:

- Clinical examination for the prediction of survival with good neurological outcome after return of circulation following pediatric cardiac arrest.
- Blood biomarkers for the prediction of good neurological outcome after return of circulation following pediatric arrest.
- Electrophysiology testing for the prediction of survival with good neurological outcome after return of circulation following pediatric cardiac arrest.
- Brain imaging for the prediction of good neurological outcome after return of circulation following pediatric arrest.

We'd also like to expand the Pediatric Resuscitation Sub-Council by adding Pediatric Respiratory Therapists and experts in Pediatric Anesthesia and Critical Care.

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Education Sub-Council

Education Sub-Council

The Education Sub-Council (ESC) works to engage members of every other Sub-Council in identifying effective methods for teaching skills and procedures to individuals and populations. We also seek the best ways to instill or build in people the confidence and desire to step forward and use those competencies to help people in need.

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Operationalization of Terms: Education and Training

The Education Sub-Council is committed to modernizing the Red Cross Learning Management System. We begin with the question—What does success look like?—and set Key Performance Indicators (KPIs) to validate that our training products encourage success. To do this, we need to make a distinction between “Education” and Training.” While these terms are often used interchangeably, there are significant differences in didactic learning and hands-on training.

Education

- The process of acquiring knowledge. Education is about gaining exposure to higher levels of knowledge such as theories, concepts or principles via classroom instruction or other instructional methods such as computer-based training. The overall goal is understanding of concepts and higher-level knowledge and is best tested by typical testing methods.



Education Sub-Council (continued)

Training

- Training is the process of learning a skill or behavior. It's the pursuit of ability and usually involves hands-on-instruction. This is best tested by skill assessment via observation of behavior or task. It's quantifiable and measurable.

It is important for the future development of the Red Cross Learning Management System that we be able to record and compare what a student learns in the didactic learning sessions vs hands-on training.

Triennial Review

Scientific Review: Motivation to Action of Lay Responders in a Cardiac Arrest or First Aid Event

Reviewer: Brian Miller, PhD, MS, MEd, CHES

Questions

What motivations exist for individuals/populations who attended a "first aid" course compared to those who did not attend?

Identify factors motivating learners to seek education, information, and training to prepare to respond to emergencies from observational studies.

Discussion and Findings

These questions were originally examined in a January 2020 Scientific Review: Motivation to Help. A search of PubMed (MEDLINE) and PsycNet from 2019 to 2023 identified no new evidence and there was a question about whether to reaffirm or retire this topic. The Education Sub-Council elected to keep the question open as members are working on research assessing motivations to act.

A request to the Council to reaffirm the recommendations came from the Education Sub-Council as a seconded motion and the SAC Co-Chair opened the floor to discussion. There was agreement about revisiting this question in a future TR rather than retiring it, as it would be extremely beneficial

to ascertain which factors are most important and modifiable. This could have a potential impact on the design of Red Cross training materials.

Recommendations

Guidelines

None.

Options

There is weak evidence to suggest that motivations to act in a first aid emergency are based on intrinsic factors (including altruism and perception of responsibility) and extrinsic factors (including training sources, societal expectations, and relationships with the person[s] needing help).

Council Action

The Council voted unanimously to reaffirm the recommendations.

Report on Original Research

Agreement between the instructorless CAE (computer-aided engineered) manikin and instructor-assessed cardiopulmonary resuscitation, choking, and first aid skills in the lay provider population

Researcher: Brian Miller, PhD, MS, MEd, CHES

Purpose:

- To assess the agreement between instructorless, manikin-based assessment of skill in the Adult CPR/AED/FA and BLS skills sessions.
- Demonstration of the efficacy of the instructorless process for OSHA (Occupational Safety and Health Administration of the United States Department of Labor) acceptance.

Research Questions:

- Is there statistical agreement (via Kappa, a statistic that takes chance agreement into account) between the CAE instructorless manikin and the in-person evaluations for each CPR/AED/FA skill?

- Do the performance outcomes for CPR/AED/FA statistically agree with ILCOR standards via the two one-sided test (TOST) method?
- Do the compression measures from the CAE manikin statistically agree with the Laerdal Medical CPR Meter 2 and wrist-worn accelerometer measures? (New question)

Initial SMART Manikin Scoring

Developed by CMO/SAC Chair:

- Each metric within a skill has equal weight
- Variable partial credit is possible

- Metrics are not critical: May fail a metric and still pass the skill
- Lay: >80% to Pass; Healthcare: >84% to Pass

Challenge/Discussion:

- Eliminate partial credit, but allow for reasonable margin of error: 20% +/- desired performance for full credit

We are examining the current practice of giving each metric equal weight and in the future may rank metrics according to level of importance.

Initial SMART Manikin Scoring

- Developed by CMO/SAC Chair
 - Each metric within a skill has equal weight
 - Variable Partial credit is possible
- Metrics are not critical: May fail a metric & still pass skill
- Lay: >80% to Pass; Healthcare: >84% to Pass

Compressions	Ventilations	CPR Cycles
Equal 20% weighting	Equal 33% weighting	Equal 11% weighting
Depth	Volume	Compression metrics+
Rate	Rate	Ventilation metrics+
Hand Placement	Airway Open	Cycle Count
Recoil		(9 total)
Hands off time		



C-Depth	100% for 5 – 6 cm Partial: Subtract 10% for each mm off (ex: 47 mm = 70%)	>2" = >5.1cm Range: 4.6cm-6.0cm (-10%, +20%)*
C-Rate	100% for rate 100 – 120. Partial: Subtract 10% for each 10 bpm (70 bpm = 70%)	80-144 bpm (+/- 20%)
Hand placement	Center = 100% Partial: Right / Left = 50%	Pass with 80%/84%
Recoil	Complete = 100%	Pass with 80%/84%
Hands off chest	Time 0-9 sec – 100% Time 9-10 sec – 90% Time 10 -11 sec – 50%	Range: 8 sec – 11 sec (-20%, +10%)*
V-Volume	400-700ml – 100% 700-800ml – 50% 300-400ml – 50%	Range: 320ml – 840ml (+/- 20%)
V-Rate	5-7 seconds – 100% 4-5 seconds, 7-8 seconds – 50%	Range: 4.8-7.2 seconds (+/- 20%)
Airway Open	Complete = 100%	Pass with 80%/84%
Cycle Count	29-31 – 100% 27-28, 32-33 – 50%	Range 24-36

Overview of Methods

- (1) All learners complete the Blended Learning online course.
- (2) Learners will report to the training center to complete the CAE Manikin-Based Skills Session.
- (3) Tri-View Video Recording of the full session.
- (4) Export of all manikin data.
- (5) First Skills Assessment Attempt video reviewed by LTP and Red Cross Instructor.
- (6) Pass/Fail Evaluation of each skill based on video.

We film students throughout the process and send videos out to instructors for evaluation.

Results of Alpha-Pilot

- Preassessment of Instructor Focus
 - Bias toward technique when not guided
- Results of the Maximum Variation Pilot
 - Good Technique – Pass
 - Bad Technique – Pass
 - Good Technique – Fail
 - Bad Technique – Fail
- Creation of metrics to measure end-user experience and session metric assessment

The Education Sub-Council noted that more results from this study are forthcoming and will be presented at the next SAC meeting.

Operation of the Council

Operation of the Council

The Council's professional diversity gives it an important advantage: a broad, multidisciplinary foundation for evaluating the scientific evidence for emergency response methods and techniques in emergency procedures, disaster actions, nursing care, water instruction and drowning prevention, and in the educational methods used to teach this information.

In addition to being experts in their own specialties and conducting original research outside of the Red Cross, the Sub-Council members are also knowledgeable in evaluating scientific literature, research methods, study designs and evidence grading, so they can fairly judge the quality and strength of the research they review.

The Scientific Review Process

Council members continuously monitor their fields of expertise for important developments in emerging science and bring these events to the attention of the Council.

Council action can also begin elsewhere, such as when a new technology or product enters the field, or with an inquiry from a local Red Cross chapter or instructor about how to best handle a particular situation or emergency.

Once a subject merits further investigation, a Sub-Council proceeds on a structured course that may initially be undertaken in the form of a Scoping Review. When sufficiently robust evidence exists, a Scoping Review will lead to a more rigorous Scientific Review or a SAC Q&A, accompanied by an Advisory. Scientific Reviews and SAC Q&As are updated every three years with a Triennial Review. Additionally, a literature update is conducted on reviews annually to identify any significant new or landmark studies that might impact previous recommendations and lead to an updated review before the Triennial Review period. This in effect makes the evidence evaluation process continuous for SAC.

A single Sub-Council member is assigned to lead the structured review process, with a second member helping to select the reference materials, former clinical trials, published texts, expert opinion, and other evidence-based sources that will be considered. (If there is disagreement about the choices, the Sub-Council Chair will act as arbiter.) The Council also has a rigorous conflict of interest process in place to assure that only scientific evidence is included in the discussions and recommendations.

The Sub-Council discusses this scientific information, summarizing the available quantitative and qualitative evidence on a standardized template designed to ensure rigor and precision, and, when warranted forwards the research and its opinion to the full Council. The final product may include recommendations for a Scientific or Triennial Review (guidelines, options, or best practice statements); Council Answers for a Q&A; or an Advisory.

The full Council hears the recommendations presented by the Sub-Council, and all participating members vote on whether to accept the review, including the proposed recommendations, or to modify or take other action. Each recommendation is assigned a strength, based on an assessment of the current state of scientific and medical research on the subject.

The different strengths are classified as follows:

- **Guideline(s):** Strong recommendation, high/moderate/low certainty of evidence
- **Option(s):** Weak recommendation, low or very low certainty of evidence
- **Best Practice Statement(s):** No strength of recommendation is given, no quality/certainty of evidence noted

Lastly, the Sub-Council drafts any recommended changes to existing Red Cross materials and programs including suggestions for implementation by the Red Cross. After being issued, recommendations and their assigned strengths come under regular Sub-Council review, and may be updated as new evidence and other scientific advances become available.

Operation of the Council (continued)

An approved recommendation is also made available to the public at large through a variety of news media and on Red Cross websites, free of charge.

The Scientific Advisory Council is also conducting a new type of review. Sub-Councils are using the AMSTAR2 pathway to assess outside systematic reviews completed by organizations other than the Red Cross. If the review meets the AMSTAR2 criteria and serves the needs of Red Cross shareholders and customers, Sub-Council reviewers will use this data to help inform and formulate a Red Cross set of guidelines and recommendations. Once approved by the Scientific Advisory Council, these recommendations will likewise be made available to the public.

Council Follow-Up

The Red Cross field organization serves as a resource for the Council, allowing it to quickly augment its scientific and medical expertise with actual data from the field. Many Council members work in the field with the Red Cross and other organizations, gathering firsthand knowledge of what works best under actual emergency conditions.

The Council seeks feedback on the effectiveness of all its recommended techniques after they are issued to the field. A range of follow-up processes includes scrutiny of program feedback from the instructors and students and on-going, proactive reviews. For example:

- Disaster Health—Fatality data after disasters including house fires are captured after each event.
- Aquatics—Data are collected on rescues by lifeguards not only in the United States but also in Canada.
- First Aid—National and international data on injuries and illnesses are reviewed to establish where education is needed. Surveys are conducted in the field to determine how recommended techniques are being taught, if they are clearly understood, and how well the techniques are remembered. This last aspect is very important. For example, these surveys have determined that occasional short refresher courses

have a major impact on trainees' recall of course material and proper technique.

Every new recommendation is reviewed and updated three years after being issued, and all recommendations are reviewed in the light of new research such as ILCOR every five years.

Scientific Advisory Council Recommendations

The Council regularly issues recommendations on establishing the standard in first aid care, resuscitation, aquatics, preparedness and disaster health, and nursing and caregiving. Some of the issues that the Council has advised on include the following:

- Bandage Choice
- Chain of Drowning Survival
- Circle of Drowning Prevention
- Compression-Only CPR
- Control of Life-Threatening Bleeding
- CPR Skill Retention
- Critical Incident Stress Debriefing (CISD)
- Dental Avulsion Management
- Drowning and Lack of Efficacy of Abdominal Thrusts
- First Aid Kit Content
- Hypoglycemia Management
- Hyperthermia
- Infant AED
- Medical Examination Gloves for First Aid Providers
- Lightning and Pool Safety
- Minimum Age for Swimming Lessons
- Spinal Motion Restriction
- Swimming Competency
- Stroke Assessment Tools

American Red Cross Scientific Advisory Council Position Statements

Position Statements are occasionally issued by ARCSAC Sub-Councils. These statements focus on a topic of concern that is typically related to public health and prevention of injury, illness or death. Statements provide background information on a topic, any supporting evidence to support a position, the ARCSAC position, and information that may help guide future legislation related to the topic.

Leadership of the Scientific Advisory Council

Within the Red Cross organization, the Council is part of the Training Services Division, with the Council Co-Chairs reporting directly to the Division President. The purpose of SAC is to serve as an independent scientific and technical advisory group to the American Red Cross.



**American
Red Cross**

Scientific
Advisory Council

The American Red Cross Scientific Advisory Council is a panel of nationally recognized experts in emergency medicine, sports medicine, emergency medical services (EMS), emergency preparedness, disaster mobilization and other public health and safety fields. The Council ensures that all Red Cross programs are fully current with the latest science, address current needs, and are prepared for future changes.

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Testimony re: Oversight: Advancing Diversity and Equity in NYC Public Schools - Res. No. 929
/ T2025-3647

Submitted to:
New York City Council Committee on Education and Civil & Human Rights
Submitted by Cindy Treminio, Director of Immigration Initiatives, Hispanic Federation

June 20, 2025

Thank you, Councilmembers, for taking the time to read this testimony submitted by Hispanic Federation, the leading Latino umbrella organization with a network of 850 members and partners, 185 of which are in New York City.

Hispanic Federation (HF) is presenting this testimony in response to T2025-3647, a resolution calling on the New York State Legislature to pass A.5373/S.4735, known as the Protect Our Schools Act, in relation to protecting students, faculty and staff from civil arrest while attending or participating in school activities.

HF strongly supports efforts to ensure schools remain safe sanctuaries, free from the fear and disruption caused by immigration enforcement. However, the urgency to protect children demands more than symbolic action. Passing the Protect Our Schools Act without greater clarity, comprehensive well-being supports, and both pre- and post-enforcement protections risks leaving millions of students and their families vulnerable to the unprecedented overreach and unconstitutional actions of current and future administrations. Now more than ever, we must act decisively to uphold the safety, dignity, and rights of all children.

The Harm of Immigration Enforcement on Students & Their Families

Students experience devastating academic, physical, and mental health outcomes as a result of immigration enforcement.¹ Responding to this issue is of utmost salience to New York City, where one in two children, amounting to nearly two million, have at least one immigrant parent.² Related to academic outcomes, a study conducted by the *Latino Politics and Policy Institute* found that increases in immigration-related arrests are correlated with a 9% decline in English Language Arts scores for Latinx English Language Learners.³ Furthermore, immigration enforcement has been found to increase the probability of repeating a grade by 14% for 6–13-year-old children of undocumented immigrants, and the likelihood of dropping out by 18% for

¹<https://www.kff.org/racial-equity-and-health-policy/issue-brief/children-of-immigrants-key-facts-on-health-coverage-and-care/>

²<https://vera-institute.files.svdcn.com/production/downloads/publications/profile-foreign-born-population-new-york-city.pdf>

³<https://latino.ucla.edu/research/immigration-impact-students/>



14–17-year-olds.⁴ In the long term, these outcomes have far-reaching economic impacts. For instance, throughout their lifetime, high school graduates generate higher revenues and lower government spending by approximately \$148,000, experience better health outcomes, and have a lower likelihood of being involved in the criminal justice system.⁵ Ultimately, dropping out, and interruptions to education that may prompt it, impedes opportunities for socioeconomic mobility, affecting both the student and broader society.

Around the country, schools have also experienced decreased enrollment and chronic absenteeism in the aftermath of immigration enforcement.⁶ For example, in January of 2025, in Chelsea, Massachusetts, approximately 17% of all students in the district were reported absent the day after an Immigration and Customs Enforcement (ICE) raid.⁷ Studies have also indicated that fear of immigration enforcement in students' neighborhoods leads to high rates of absenteeism.⁸ This harm has already begun impacting the communities our students call home.

Despite New York City Public Schools (NYCPS) prohibiting immigration enforcement without a valid warrant, following Trump's inauguration, many fearful families in migrant intake and shelter centers in midtown Manhattan and Bushwick refrained from sending their children to school.⁹ As a leading model in providing critical services to communities of color, Hispanic Federation has directly witnessed this fear. Through our CREAR (College Readiness, Achievement, and Retention) Futuros Jr program, an initiative that provides NYC high school students from migrant families with job preparation skills, professional networking, and college preparation, we have seen how fear undermines students' abilities to invest in their futures. Without more robust sanctuary measures, students will continue attempting to build their education and future under pervasive fear, exacerbated by limited resources and an increasingly hostile political climate that directly targets them and their families.

A.5373/S.4735, known as the Protect Our Schools Act, in relation to protecting students, faculty and staff from civil arrest while attending or participating in school activities.

While the provisions under the Protect Our Schools Act, which would codify NYCPS policy, are incredibly necessary, they must be expanded to ensure the utmost safety of our students and their families. Immigration enforcement, whether experienced nearby or in fear of it, disrupts students' educational environment and achievement, regardless of their immigration status. Measures must be bold, robust, and pre-emptive, providing our vulnerable students and communities with both tangible protections and a clear message that elected and school officials are committed to protecting an education environment free from fear. Below, we detail our concerns and propose recommendations for advocacy.

Unintended Consequences

⁴<https://latino.ucla.edu/research/immigration-impact-students/>

⁵<https://blog.csba.org/long-term-economic-impacts-high-school-graduation/>

⁶<https://www.cbsnews.com/boston/news/massachusetts-schools-immigration-fears-absences/>

⁷<https://www.cbsnews.com/boston/news/massachusetts-schools-immigration-fears-absences/>; <https://profiles.doe.mass.edu/profiles/student.aspx?orgtypecode=5&fycde=2025&orgcode=00570000>

⁸<https://latino.ucla.edu/research/immigration-impact-students/>

⁹<https://www.thecity.nyc/2025/01/24/migrant-students-parents-deportation-trump-fears-nyc-schools/>



1. **Exceptions for “Imminent Safety Situations”:** The proposed act allows for immigration enforcement activity on school property without a valid court order or a judicial warrant if there is an “imminent safety situation.” Considering that this exception is not defined any further, and given that the Trump Administration has cited the claim of immigration as an “imminent threat” to justify escalated immigration enforcement¹⁰, this vague language may leave students and families vulnerable to a loophole for immigration enforcement on school-operated property.
2. **Lack of Preemptive Reactionary and Remedial Measures:** The proposed act defines “immigration enforcement” within the parameters of the federal Immigration and Nationality Act or authority granted by immigration-related laws. As such, the bill lacks measures that recognize that ICE can and has acted outside of its legally sanctioned authority.

Additionally, the bill does not recognize that the same negative outcomes, whether in academic performance or mental health, result from enforcement occurring outside of schools as well, especially in students’ neighborhoods.¹¹ Thus, there is an urgent need for reactionary and remedial measures that address the aftermath of possible, unprecedented immigration enforcement actions not only on school property but also in the larger environment students learn in.

3. **Focus on Children in Records-Sharing:** The proposed act prohibits school personnel from disclosing student records containing immigration status. By not extending the prohibition to the records of parents, legal guardians, or family members, community members could inadvertently be put at risk of immigration enforcement.

Recommendations and Safeguards

Recommendations for Exceptions for “Imminent Safety Situations”:

1. The proposed act must define an “imminent safety situation” to the fullest extent possible. Considering that this language is used at the federal level to describe ICE’s authority in sensitive areas, memoranda and other materials may serve to provide greater detail.¹² For example, both the *Civil Immigration Enforcement Actions in and Near Courthouses Memoranda* and the *Enforcement Actions at or Focused on Sensitive Locations Memoranda* have similarly defined exigent circumstances as:

“(1) it involves a national security threat, or (2) there is an imminent risk of death, violence, or physical harm to any person, or (3) it involves hot pursuit of an individual who poses a threat to public safety, or (4) there is an imminent risk of destruction of evidence material to a criminal case.”¹³

¹⁰<https://www.whitehouse.gov/presidential-actions/2025/01/declaring-a-national-emergency-at-the-southern-border-of-the-united-states/>

¹¹Kirksey, J. J., Sattin-Bajaj, C., Gottfried, M. A., Freeman, J., & Ozuna, C. S. (2020). Deportations near the schoolyard: Examining immigration enforcement and racial/ethnic gaps in educational outcomes. *AERA Open*, 6(1). <https://doi.org/10.1177/2332858419899074>

¹²See <https://www.ice.gov/sites/default/files/documents/ciEnforcementActionsCourthouses2.pdf#page=2>, *Civil Immigration Enforcement Actions in and Near Courthouses Memoranda*; and <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf> *Enforcement Actions at or Focused on Sensitive Locations Memoranda*

¹³<https://www.ice.gov/sites/default/files/documents/ciEnforcementActionsCourthouses2.pdf#page=2>; <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>; also see

2. Furthermore, ambiguity can be accommodated with the measures explored below.

Recommendations for Lack of Preemptive Reactionary and Remedial Measures:

To protect against ICE enforcement in schools, the proposed act must implement proactive and remedial measures. In doing so, it can draw from existing initiatives in sanctuary school policies nationwide, which provide critical guidance on restricting access to school grounds and safeguarding student information. Additionally, the act should explore frameworks rooted in community accountability, restorative justice, and immigrant rights advocacy. These approaches offer complementary tools to establish clear response protocols, build trust with affected communities, and ensure rapid legal and emotional support for students and families targeted by enforcement actions.

1. **Rapid Response Network:** The proposed act must include supports for students who are affected by immigration enforcement. A framework that represents this provision is present in Milwaukee, WI. The city's sanctuary school policy requires the creation of a rapid-response network in partnership with community-based organizations, social services, and legal-service providers to support families and children in preparation for and in response to the event that the family is separated due to immigration enforcement.¹⁴
2. **Well-being Measures:** The proposed act must implement measures responsive to students' mental health and overall well-being. A study published by the *National Institutes of Health (NIH)* demonstrates the value of school safe-zone policies when coupled with the availability of counseling that addresses immigration issues. Children in safe-zone policies were 65% more likely to report working hard than those in zones without them. This propensity increased to 75% when students attended safe-zone schools that also provided culturally sensitive counseling services.¹⁵ Sanctuary school policies in San Francisco, Milwaukee, and Chicago demonstrate a framework to look further into. Their policies provide that counselors, alongside other school personnel, receive training in inclusive strategies, immigrant rights, and career opportunities relevant to the needs of students from mixed-status families.¹⁶
3. **Partnering with HF and Community-Based Organizations to Provide Holistic Protections:** The proposed act must ensure that proposed initiatives are not only critical but also culturally responsive in their design and implementation. One strong example is the Hispanic Federation's recent collaboration with community-based organizations and the New York City Department of Education's Office of Multilingual Learners (OML). For the 2024–2025 school year, OML partnered with HF to deliver a series of workshops focused on Culturally Responsive-Sustaining (CRS) family engagement. These workshops addressed topics including immigration, social-emotional well-being, and

https://www.ice.gov/doclib/news/releases/2021/021821_civil-immigration-enforcement_interim-guidance.pdf for further clarification.

¹⁴ <https://milwaukee.ic-board.com/attachments/f102d5d3-9199-45a7-a841-1c6c3698d289.pdf>

¹⁵ <https://pubmed.ncbi.nlm.nih.gov/36909276/>

¹⁶ [https://go.boarddocs.com/ca/sfusd/Board.nsf/files/AMJ3BH061246/\\$file/171-10A1%20Triple%20U.pdf](https://go.boarddocs.com/ca/sfusd/Board.nsf/files/AMJ3BH061246/$file/171-10A1%20Triple%20U.pdf);

<https://milwaukee.ic-board.com/attachments/f102d5d3-9199-45a7-a841-1c6c3698d289.pdf>;

<https://www.ctulocal1.org/posts/resolution-for-the-chicago-board-of-education-sanctuary-and-safe-schools-for-all-students/>

Know Your Rights training for educators and school-based staff who interact directly with families.

This initiative, and others like it, demonstrate the vital role that trusted CBOs can play in equipping school leaders, educators, social workers, guidance counselors, and other key stakeholders with the tools and knowledge they need to support immigrant families as they navigate increasingly complex immigration issues. Thus, it is crucial to implement financial investments to create a coordinated response with CBOs, who can leverage their expertise and social capital. Ensuring that administrators are trained in both the logistical and socioemotional aspects of immigration is a necessary step toward building an inclusive and protective school environment.

4. **Justifying Measures Under *Plyler v. Doe*:** Across the country, sanctuary policies and their robust measures have been justified under *Plyler v. Doe*.¹⁷ By applying similar legal language, safeguards can be based on the equal protection guarantees established by the case and affirming the right to an education regardless of immigration status.

Recommendations for Records-Sharing Provisions:

1. **Specificity in Records-Sharing Provisions:** The proposed act must clarify that school personnel are also prohibited from releasing the immigration records of parents and legal guardians.

In conclusion, measures that minimize ambiguity, respond to the possible outcomes of ICE activity on or near school grounds, and support socioemotional needs can help students and families exercise their right to an education, free from fear. This will protect the role of schools as places of learning, safety, and support. Hispanic Federation urges the final resolution to advocate for these safeguards. Thank you for the opportunity to submit this testimony.

¹⁷<https://www.nilc.org/wp-content/uploads/2018/08/sanctuary-schools-practice-advisory-2018.pdf>

**TESTIMONY of The Integration Coalition
Facilitated by New York Appleseed**

**THE NEW YORK CITY COUNCIL
COMMITTEE ON EDUCATION**

June 18th, 2025

My name is Rochelle Du, and today I am speaking on behalf of the Integration Coalition, a coalition of various organizations and advocates formed to further New York City Public Schools (NYCPS) efforts in addressing school segregation. New York City public schools continue to be one of the most segregated school systems in the country. With the rise of harmful national rhetoric and students' well-being on the line, it is becoming increasingly clear that NYCPS and City leaders must continue to commit publicly towards ensuring that equity, access, and inclusion are centered in policies and practices and that they sustain their policies and programming that seek to honor and uplift the vast diversity present in NYC's schoolchildren.

Over the past 3 years, this mayoral administration has not demonstrated itself as the ally NYC's most vulnerable students need, especially on the topic of school segregation. Under the current administration's leadership, NYCPS has reinstated harmful policies and programs that reinforce segregation. Just in enrollment changes alone, they expanded segregated Gifted and Talented programming while ignoring guidance on adopting schoolwide enrichment models, reinstated previously paused selection criteria for selective middle school programs, and made the pool of students who receive first priority to highly sought-after, screened public high schools much smaller and exclusionary particularly toward English Language Learners and students with disabilities.

The transition away from combating school segregation holistically is also present in the constant fight to equitably fund schools and programming. Advocates, educators, students, parents, and much of the City Council have had to fight relentlessly in recent years to preserve funding that ensures access to quality education for New York City's most marginalized students, such as Multilingual Learners/English Language Learners, students in temporary housing, and students with disabilities. And as of May 2025, the State has approved changes to the Foundation Aid formula that would result in NYC schools receiving nearly \$350 million less. Now more than ever, we need City Leadership to support crucial services, like literacy programs and mental health supports, for NYC's most vulnerable students will be at risk.

Meanwhile, funding for initiatives aimed at advancing school integration is noticeably absent. It has either been quietly abandoned during the transition between mayoral administrations and the pandemic—such as the modest \$1 million allocated to support five school districts in developing diversity plans—or slashed outright, as seen with the \$202 million earmarked for a K-12 culturally responsive curriculum, which was among the first to be cut in 2022.

The coalition firmly believes that this administration has not done nearly enough to address segregation and its harmful consequences. However, it is also important to acknowledge the policies that have sustained progress, reaffirming their purpose and underscoring the need to maintain them. For example, the changes to middle school and high school admissions, such as the end of individual high schools ranking student applicants with no public oversight, as well as the elimination of inequitable selection criteria for both middle and high schools, like state test scores and attendance, must be protected. Further, we are encouraged by steps to include diverse curricula offerings through NYCPS's Hidden Voices series.

In fall of 2021, the Integration Coalition wrote recommendations for the then-incoming administration's first 100 days in office. Our recommendations were guided by a call for solidarity as a means to combat the harmful policies and practices that accompany a scarcity mindset. We define a scarcity mindset as perpetuating the falsehood that there are not enough opportunities for everyone in the school system; therefore, students and families must fight each other for them. We define solidarity as a remedy to the perpetuation of the scarcity mindset.

With the nation's political climate changing once again and many students no longer feeling safe, it is the NYCPS and City leaders' responsibility to continue striving toward closing the disparities in access, opportunities, and resources, offering a system that values solidarity, abundance, and inclusion. As a coalition, we stress that there must be additional efforts made to prioritize vulnerable students in enrollment, create the conditions and accountability structures necessary for Real Integration, and develop community outreach that elevates the voices of parents, students, and community members in decision-making processes.

The Integration Coalition is facilitated by New York Appleseed and welcomes any questions and can be contacted at rdu@nyappleseed.org.

Little Cypress-Mauriceville

Consolidated Independent School District

Kelly Meadows RN, BSN

Director of Health Services

LCI School Nurse

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June 16, 2025

To the New York City Council,

I am Kelly Montagne-Meadows, the Director of Health Services for the Little Cypress-Mauriceville Consolidated Independent School District (LCM) and the nurse for the Little Cypress Intermediate School in Orange, Texas. In the fall of 2020, I received a phone call from one of our elementary nurses, Maddie Meyers, that was concerned about a student who had a weak esophagus that cause her to be at high risk for choking. Mrs. Meyers asked if I could come and teach the staff that would be in the cafeteria while she was eating how to clear an obstructed airway. I contacted Robert Crane NREMT-P (Nationally Registered Emergency Medical Technician-Paramedic), Operations Manager for Acadian Ambulance of Southeast Texas and asked if he would be interested in teaching the staff since he dealt with clearing obstructed airways frequently. Robert agreed to teach the class and discussed a new product called LifeVac that was now available that might be helpful. I ordered one. Robert taught the staff how to clear the airway using the traditional abdominal thrust and although they were engaged in the class there was a look of uncertainty on their faces. He then showed them the LifeVac device and how to use it. Once they had the opportunity to practice with it there was a sense of confidence in the air. We immediately ordered a LifeVac for each of the other 5 cafeterias in our district. Next we taught all our cafeteria staff and nurses how to use it.

In March of 2022, we began to develop an innovative collaborative program between the LCM Health Services, Transportation and Maintenance Departments called ***Safety on the Move***. The goal of this program was to equip our staff with the training and supplies that they needed to be able to respond to a medical emergency while waiting for help to arrive. That August we trained all our Transportation, Maintenance and Child Nutrition Departments on how to use the LifeVac Device, CPR and Bleeding Control. In December we began equipping our buses with the LifeVac Devices, starting with those that serve our special needs students.

By now, you may be asking yourself, what is so special about a LifeVac and why are they needed in the schools and on the buses.... Imagine that you are sitting in a crowded high school cafeteria during lunch and one of the football players begins to choke. Immediately trained personnel begin to perform abdominal thrust, but they are unsuccessful. No one is strong enough or has long enough arms to encompass his well-developed torso effectively and he collapses to the ground unconscious. Or what if the middle school student council president that is in a wheelchair begins choking on a piece of candy during an assembly.

Or if a kindergarten student is chewing on a toy while riding the bus and suddenly starts choking. The bus is packed with screaming kids as he collapses in his seat. The driver must pull the bus over safely, stop, call for help and try to clear his airway while all the other students are watching. What if a teacher that is 8 months pregnant chokes in the teachers' lounge.

What do you do???? The abdominal thrust did not work on the football player, the middle school student is confined to the wheelchair and there is no protocol/training given on how to clear the airway in this type of situation, there's not enough room on the bus to stand up behind the student much less lay them down to give the abdominal thrust, and the thought of performing them on someone that is pregnant is scary to say the least. The LifeVac device can be used easily and effectively in each of these situations. Each LifeVac device comes with a pediatric and adult mask. The physical size of the mask is the only difference between them. You simply choose the one that best fits over the individual's nose and mouth, insert it into the device, push down and pull. The effectiveness of a LifeVac is not determined by the individual's size, whether they are standing, sitting or lying down. *(The mask manufacturer for the LifeVac recommends it using it on individuals that weigh 22# or greater.)*

One of our parents, Natasha Dobbins said this when asked her thoughts about **Safety on the Move**: "I have a unique opportunity to share my thoughts in two different lights. The first one is as a bus driver. We have training on CPR, Stop the Bleed and the LifeVac device, every year. Which I think is amazing because now we can assess and handle situations until EMT or first responders can get to us. I feel confident in the way these devices and training have been provided allowing us to handle situations safely. Secondly, I get to experience it as not only a mom to regular child but to one that has special needs-the LifeVac itself is an amazing tool. My child has a pacemaker, so the battery box is in his lower stomach and doing the Heimlich maneuver (abdominal thrust) could be dangerous or even life threatening to him so the LifeVac device being available if he is choking is a game changer for us. I feel confident, putting my child or anyone's child on the bus knowing that that driver or aid has the training in all the situations, it gives us moms a piece of mind in my opinion."

Our district has now placed LifeVac Devices in every cafeteria, clinic, special needs classrooms, and in all vehicles that transport children with an additional 16 devices distributed throughout our elementary schools. There are at least 3 other school districts in Southeast Texas that have implemented parts of the **Safety on the Move** program by placing the LifeVac devices on the buses, in the cafeterias and special needs classrooms.

We recognize that the LifeVac has not been FDA approved however, it is FDA registered. **Safety on the Move** has been endorsed by our District Physician Consultant, Dr. Calvin Parker; Superintendent, Stacey Brister, LCM School Board, LCM School Health Advisory Council, LCM District Safety Committee; LCM Education Foundation, Parent Teacher Organizations for LCM; Orange Fire Fighters Association Local 143; Acadian Ambulance Service; North American Rescue; LifeVac LLC and numerous First Responders (EMS and LEO). The LifeVac device has been credited with 4,000+ saved lives. It is relatively inexpensive, easy to use and will be

replaced for free if it is reported to have been used to save a life. Bottom line, at the end of the day, if someone chokes to death in a school and the staff did not at least have the opportunity to try to intervene with a LifeVac would you find yourself wrestling with the statement, "If only they had....."

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Oversight: Advancing Diversity and Equity in NYC Public Schools

New York City Council Committees on Education and Civil Rights

June 18, 2025

Good Afternoon. My name is Karen Rogel, and I thank you for the opportunity to provide comments on behalf of all seventeen partners who collaborate in the City Council's only early literacy initiative, **City's First Readers (CFR)**. This is an extremely important topic, and we believe that, just as learning to read begins at birth, the foundation for equity in our public school system is laid before a child walks through the schoolhouse door. Diversity and Equity cannot be achieved in our public schools if these values are not reflected throughout civic life.

Each CFR partner may approach early literacy from different angles. Still, we share the goal of creating access to stimulating and supportive programming for every family in New York City as a means to benefit not only individuals served but also as a strategy for building a more equitable city..

In discussing the importance of CFR programs, our Council testimony generally emphasizes facts like the narrow window of brain development (80% of a child's brain is developed by age three) or talks about developmental benchmarks and the consequences of not meeting them. Today, we want to share what City's First Readers has done in the past year to advance diversity and equity in early literacy programs across New York City:

We realized that it would benefit all partners to meet on the topic of diversity, equity, inclusion, and access to share strategies and challenges we face in moving toward these concepts in our work. The **DEIA Committee** meets weekly this year and has helped us collectively to incorporate practical, achievable goals in practical ways into our programs. Providing materials in multiple languages is a basic tenet. Recording or virtual workshops are always provided in two languages. Incorporating physical accessibility into program location sites is another routine consideration in a city where some neighborhoods have many impediments to access.

Growing out of the current national climate and in recognition that many families served by City's First Readers are vulnerable, City's First Readers

- **Started a CFR United for Families Committee**
 - Which helps the partners support each other during these tough times
 - Collect family and partner voices
 - Help strategize on our response
- Developed and published a [DEIA Statement on the CFR website](#) in response to January's Executive Orders
- Collaborated with NY Immigration Coalition and provided a Professional Development workshop series for all partners on "Trauma and Immigration" that included:
 - Know Your Rights
 - Trauma and Immigration
 - Trauma and Development
 - Trauma and ADHD





Designed and distributed over 600 DEIA-Safety Kits to partners for family distribution, which included:

- “Know Your Rights” cards
- Guidance on talking to children about sensitive topics
- Copies of judicial warrants for reference
- Story-based audio resources for children
 - Developed a “Be Prepared” checklist

How do CFR partner activities like these support our NYC Public Schools?

#1 - Families and children who participate in City's First Readers programs arrive at school with positive associations to books and reading.

#2 - Children arrive having experienced the socialization that is critical to successful classroom behavior as well as key pre-reading activities (singing, drawing, talking with, being read to by a trusted adult)

#3 - The families we serve represent the very essence of our diverse city

#4 - Parents/caregivers have been introduced to resources in their own community; knowledge that will strengthen their child's school experience.

In short, CFR's work serves as an aligned prequel to the goal of advancing diversity and equity in our public education system.

Should you have any questions, thoughts, or concerns, please do not hesitate to reach out to me.

In community,

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**Written Testimony of Allen Liu, Policy Counsel at the NAACP Legal Defense Fund
Before the New York City Council Committee on Education and Committee of
Civil and Human Rights on “Oversight –Advancing Diversity and Equity in
NYC Public Schools”
June 18, 2025**

Good morning. My name is Allen Liu. I serve as a Policy Counsel at the NAACP Legal Defense and Educational Fund, Inc. (“LDF” or the “Legal Defense Fund”). Thank you for the opportunity to testify about advancing diversity and equity in New York’s public schools and the seventy years of progress after the landmark *Brown v. Board of Education*¹ decision that desegregated public schools in this nation – a mandate that LDF still carries forward today. Founded by Thurgood Marshall, who would later become our nation’s first Black U.S. Supreme Court Justice, LDF is America’s premier legal organization fighting for racial justice. This year, in 2025, LDF commemorates eighty-five years of using the power of law, narrative, research, and people to defend and advance the full dignity and citizenship of Black people in America.

Adopted on June 11, 2025 by the New York City Council, LDF wholly supports and expresses gratitude for the resolution to establish a Thurgood Marshall Day in New York City. Justice Marshall lived and worked in New York City for many years of his storied life and career. Following his graduation from Howard University School of Law, he returned to his hometown of Baltimore where he began practicing law. He would soon thereafter move to New York to join the NAACP under the leadership of Charles Hamilton Houston. He litigated landmark civil rights cases in the Supreme Court while living in New York City including *Smith v. Allwright*, *Morgan v. Virginia*, *Shelley v. Kraemer*, *McLaurin v. Oklahoma State Regents*, *Sweatt v. Painter*, *Cooper v. Aaron*, and *Brown v. Board of Education*. Justice Marshall would then become a judge on the U.S. Court of Appeals for the Second Circuit, which sits in New York City. While living in New York City, Justice Marshall raised his two sons and was an active parishioner of St. Philip’s Church in Harlem. Justice Marshall’s ties to New York City run deep. It is fitting for New York City to lionize figures in our history whom we want future generations to emulate. Therefore, LDF enthusiastically endorses the establishment to create a Thurgood Marshall Day in the city he called home for so many years.

I. The Promise of *Brown v. Board of Education*

Brown v. Board of Education transformed America by marking the end of state-sanctioned segregated schools. Chief Justice Earl Warren wrote on behalf of a unanimous Court, stating that an equal public education was “perhaps the most important function of state and local governments” and “the very foundation of good citizenship.” Good citizenship requires a quality educational experience that respects the intelligence, dignity, and humanity of *all* students. In *Brown*, Chief Justice Warren further described education as “a principal instrument in awakening the child to cultural values, in preparing him for later professional training, and in helping him to

adjust normally to his environment [...] Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms.”²

For seventy years, our constitutional principle of equal protection under the law has mandated that school districts, postsecondary institutions, states and the federal government provide equal educational opportunities for all students, including Black students and other students of color, LGBTQIA+ students, students with disabilities, immigrant students and other historically underserved populations. However, while *Brown* has transformed the United States in profound ways, this country, including New York City, still has much work ahead to fulfill its promise of guaranteeing equal access to a quality educational experience that respects the intelligence, dignity, and humanity of Black students.

In many ways, *Brown*’s promise is one that parallels the promise of America; it calls on each of us to dismantle systemic barriers to equal opportunity, eliminate the vestiges of decades of legal discrimination and ensure every individual’s right to life, liberty, and the pursuit of happiness. As the guardians of *Brown*’s legacy, LDF vehemently opposes the false rhetoric that this decision supports a so-called colorblind society whereby race cannot be considered for the purpose of advancing racial equity. Indeed, *Brown* sought to end a racial caste system premised on the white supremacist tenet that some people are superior to or more deserving of respect, dignity, and opportunity than others.

II. Disparities and Segregation in New York City Public Schools

We still face challenges in providing equitable educational opportunities for all children, particularly Black children in New York City. New York City’s public school system is the largest and most diverse in the nation – and it is no secret that it is also among the most racially segregated.³ New York City’s segregation problem is systemic – it was created and has been maintained by selective school admissions, barriers to housing, school zoning, and enrollment policies.⁴ For example, District 3 in Manhattan is racially diverse, consisting of 27.3% white students, 23.7% Black students, 34.4% Latino students, and 8.1% Asian students.⁵ However, of the district’s forty schools, sixteen schools have 35% or more Black students with an average of 4% white students while eleven schools have over 35% white students with an average of 8% of less Black students.⁶ The City Council can examine District 15’s middle school equitable choice lottery system which has reduced economic segregation in sixth grade by 55% and racial segregation by 38% in one school year.⁷

Moreover, Black and Latino students who applied to New York’s selective high schools were more than twice as likely to be sorted into the lowest-priority admission tier, compared to white and Asian applicants.⁸ Likewise, students who are English language learners, students with disabilities, students in temporary housing, and students who are eligible to receive free or reduced-price lunch consistently fall into the lowest categories of priority for admission to New

York's selective schools.⁹ As a 2021 UCLA Civil Rights Project study found “[e]ssentially all students of color attend predominantly nonwhite schools, whereas two-thirds of white students do the same.”¹⁰ A lawsuit challenging New York’s segregated school system is currently being litigated.¹¹

New York’s specialized high schools are likewise notoriously racially segregated. In 2024, although nearly two-thirds of New York City public school students are Black or Latino, just 4.5% of offers of admission to specialized high schools went to Black students and 7.6% to Latino students.¹² LDF is encouraged by the implementation of the Discovery Program, which offers seats at these specialized high schools for economically disadvantaged students who just missed the test score cut-off after completion of a summer preparation session.¹³ Race neutral programs to equalize access to opportunity like the Discovery Program should be encouraged and the system of test-only admissions, which does not assess true academic merit, must be eliminated. In a lawsuit challenging the constitutionality of race-neutral programs for New York’s specialized high schools, LDF has filed briefs and presented oral argument on behalf of a multiracial coalition of intervenors that seek to desegregate New York’s public schools.¹⁴

New York City’s public schools are also failing Black, Latino, and Native students in graduation rates and test scores. Between 2012 and 2020, 89.6% of Asian students and 86.7% of white students graduated high school in four years.¹⁵ In the same period, 75.2% of Black students, 74.3% of Latino students, and 74.5% of Native students graduated high school in four years.¹⁶ Likewise, the data set of third to eighth graders in New York City demonstrate a wide gulf of disparities. In 2024, 70% of Asian students scored in the top two levels of English Language Arts (“ELA”) proficiency.¹⁷ 65.8% of white students scored in the top two levels of ELA proficiency.¹⁸ In contrast, just 38.6% of Black students and 36.4% of Latino students scored in the top two levels of ELA proficiency.¹⁹ The same picture can be painted for math proficiency: in 2024, 79.7% of Asian students and 72.4% of white students scored in the top two levels of math proficiency.²⁰ In the same year, 38.4% of Black students and 39.7% of Latino students scored in the top two levels of math proficiency.²¹ These trends in ELA and math proficiency continue between 2018-2023.²²

III. Fulfilling *Brown*’s Promise

LDF envisions and has spent over eight decades fighting for a future in which all people, regardless of race or other constructs and characteristics, have access to high-quality, integrated educational opportunities from pre-school to higher education. In addition to representing Black students in the fight to desegregate schools, LDF also advocates for equal educational opportunities for all students. Fair and equitable schools require an unrelenting commitment to eliminate all forms of discrimination – whether intentional or in effect. Furthermore, education should be rigorous, accurate and inclusive. To achieve these goals, we must reject laws and

policies that seek to exclude historically marginalized communities' history, perspectives, and experiences from classroom instruction and materials, and school initiatives, raise educational standards, and fully and equitably resource our public school system.

Robust Enforcement of Federal, State, and City Civil Rights Protections

The Trump administration's open attacks on *Brown*, along with federal civil rights protections, seek to roll back decades of progress. In January, the Trump administration issued three executive orders targeting diversity, equity, inclusion, and accessibility programs in the public and private sector including requiring federal agencies to terminate "equity-related" grants and contracts, denying the existence of transgender people and ordering their exclusion from government recognition and protection, and prohibiting diversity, equity, inclusion, and accessibility programs and initiatives in the federal government.²³ The administration also seeks to reframe efforts to advance equal opportunity as discrimination and to weaponize *Students for Fair Admissions v. President and Fellows of Harvard College*, 600 U.S. 181 (2023) (*SFFA*) to reverse and foreclose critical gains toward equality. In February, the Department of Education issued a disinformation-filled "Dear Colleague" letter and subsequent frequently asked questions (FAQs) document that grossly misstates the law and *SFFA*'s holding and threatens to cut federal funding to pre-K through 12 schools, colleges, and universities that invest in steps to level the playing field for students, faculty, and staff.²⁴ In April, the Department of Education issued letters to State Education Agencies requiring their certifying compliance with the Administration's false understanding of Title VI requirements.²⁵

By attacking diversity, equity, and inclusion, President Trump is attempting to divide and segregate our country, further limit access to opportunity, and hoard opportunity for the top one percent. Equal opportunity and antidiscrimination obligations are enshrined in the U.S. Constitution and our federal civil rights laws, including Title VI of the Civil Rights Act of 1964, which governs schools and other institutions that receive federal funding. Many diversity, equity, inclusion, and accessibility programs can help schools comply with these anti-discrimination laws by helping them identify and break down unfair barriers to equal opportunity that impede student success, block equal employment opportunities, and create negative campus climates. The Supreme Court's decision in *SFFA* did not alter the legality of initiatives that advance diversity, equity, inclusion, and accessibility²⁶ and President Trump cannot change that by executive order. In February, LDF filed a lawsuit challenging Trump's unconstitutional executive orders²⁷ and a federal judge in Maryland has since blocked parts of Trump's executive orders on diversity, equity, and inclusion.²⁸ In April, LDF won an injunction enjoining parts of the Department of Education's "Dear Colleague" letters.²⁹ LDF has also created educational materials for the public to separate fact from fiction.³⁰

The New York Council must act with clarity to uphold federal, state, and city civil rights laws as the federal government has not only clearly abdicated its role as protector of civil rights

but is also attempting to dismantle the civil rights that New Yorkers enjoy. The New York City Council must also remedy the deep disparities in education, close the racial opportunity gap, and unparalleled segregation right here in New York's public school system. The Council should consider passing legislation or working with the New York State Legislature to pass legislation that would enshrine civil rights protections into city and state law. Without federal oversight, there will be no guarantee that educational institutions will adequately comply with federal education and civil rights laws such as the Elementary and Secondary Education Act, Higher Education Act, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990. The New York City Council, in concert with the New York City Board of Education, should issue guidance reminding schools and the public about the importance of civil rights compliance and clearly state its commitment to remove unfair barriers to deny some students equal educational opportunities.

Integrated, Inclusive Schools

The New York City Council should continue to encourage the use of programs that help increase diversity, equity, inclusion, and accessibility to improve outcomes for all students. These programs can also help equalize opportunities for students who are unfairly disadvantaged. For example, these programs can include pathway programs that expose students to science, technology, engineering and math careers, direct admissions programs for selective magnet schools and higher education institutions, and broad outreach and recruitment measures to expand the college applicant pool. Moreover, numerous studies have found that students who learn in an inclusive educational community are more apt to develop a positive identity and succeed academically.³¹ Ultimately, diversity, equity, inclusion, and accessibility programs benefit all students, as diverse learning environments help build critical thinking, problem-solving ability, and intellectual self-confidence³² and prepare students to thrive in our increasingly global economy.³³

Access to High-Quality Educators and Instruction

Racially and socio-economically segregated schools are, too often, underfunded, understaffed, and under-resourced, limiting postsecondary opportunities and denying access to the American dream. Across the country, Black students are more likely to attend schools that have high percentages of novice teachers, first year teachers, and uncertified teachers.³⁴ In New York City, 57% of schools do not have a Black school teacher and 67% of schools do not have a Latino school teacher.³⁵ Likewise, New York City public schools that serve the largest share of students of color have some of the highest teacher turnover.³⁶

Additionally, Black students across the country are less likely to have access to Advanced Placement ("AP") and International Baccalaureate coursework as well as dual enrollment or dual

credit programs.³⁷ New York is no different. In New York City between 2016-2022, on average, approximately 62% of Asian students and 48% of white students took one or more AP exam.³⁸ At the same time, on average, just approximately 28.0% of Black students and 32% of Latino students took one or more AP exam.³⁹

Moreover, disparities in test scores from elementary school to college, especially in AP exams, are well documented across the country⁴⁰ and persist in New York City today. In New York City between 2016-2022, on average, roughly 45% of Asian students and 33% of white students scored 3 or higher in those exams.⁴¹ However, on average, roughly 7% of Black students and 17% of Latino students scored 3 or higher in those exams.⁴² Studies show that the racial opportunity gap in education can be attributed to factors including⁴³ state-sponsored housing segregation⁴⁴ and teacher bias⁴⁵. However, a 2023 College Board study found that the most compelling factor in driving disparities in AP exam scores was the quality of academic preparation prior to taking AP courses⁴⁶. By controlling for high school grade point averages and prior test scores, the study found that “AP students from different racial/ethnic subgroups with the same prior test scores and HSGPAs are similarly likely to earn scores of 3 or higher on AP Exams.”⁴⁷ New York City must invest in “equitable academic resources and opportunities in earlier grades” because they “are critical to eliminating racial/ethnic performance gaps in advanced classes.”⁴⁸

LDF’s 2024 report entitled *Black Educators as Essential Workers* found that schools with racially diverse student populations and a diverse educator workforce demonstrate stronger academic outcomes for *all* students.⁴⁹ Students of all races, including white students, can benefit significantly from racially diverse educational settings through improved social-emotional learning during their formative years and enhanced cognitive and interpersonal skills during adolescence and beyond.⁵⁰ Research that randomly assigned upper-elementary students to a Black or white teacher found significant improvements in a range of academic outcomes, such as better math and language test scores and lower chronic absenteeism, for both Black and non-Black students with Black teachers.⁵¹ Diversity in New York’s teacher workforce and turnover rates of New York’s Black teachers must be addressed to improve academic outcomes for all students. In New York, over 83% of students identify as individuals of color,⁵² yet the latest report showed that teachers of color comprised only 42% of the public school teaching workforce.⁵³ Additionally, a New York University study showed that Black teachers left their jobs at higher rates overall than other groups.⁵⁴ However, it also found that Black teachers were significantly more likely to remain at their schools if the school had a Black principal and a critical mass of Black colleagues.⁵⁵ The New York City Council must examine and remedy these systemic problems in access to high-quality educators and instruction for Black and Latino students.

Safe, Healthy School Climates

Racial disparities in exclusionary school discipline have plagued America's public school system for decades. Black students are routinely subjected to overly punitive school discipline practices that lead to school pushout, exacerbate the school-to-prison pipeline and hinder academic achievement.⁵⁶ The 2020-2021 Civil Rights Data Collection (CRDC) showed that Black students were almost twice as likely to be suspended or expelled compared to their white peers.⁵⁷ There is no evidence suggesting that students of color misbehave more than their white peers, yet they are persistently over-represented in school suspensions, expulsions, corporal punishment and other forms of school discipline.

In 2019, the U.S. Commission on Civil Rights observed that:

[s]tudents of color as a whole, as well as by individual racial group, do not commit more disciplinable offenses than their white peers – but [B]lack students, Latino students, and Native American students in the aggregate receive substantially more school discipline than their white peers and receive harsher and longer punishments than their white peers receive for like offenses.⁵⁸

Research has also shown that school discipline policies with subjective offenses, such as disobedience and disruptive behavior, are significant contributors to the disproportionate exclusionary discipline of students of color.⁵⁹

Alarming, racial disparities in exclusionary school discipline begin as early as preschool⁶⁰ and are more evident when examining suspension and expulsion rates at the intersection of race, gender and disability status.⁶¹ For example, the Government Accountability Office recently reported that Black girls face more frequent and harsher school discipline than other girls based on multiple forms of bias, including adultification, colorism, and gender stereotypes.⁶² These harms are exacerbated by the prevalence of school-based law enforcement. Research shows that police do not create safety in schools and instead may foster hostility – and sometimes violence.⁶³ Black students are overrepresented in school-based arrests and referrals to law enforcement. The 2020-2021 CRDC revealed that while “[B]lack students represented fifteen percent of the total student enrollment, they accounted for eighteen percent of law enforcement referrals and twenty-two percent of those subjected to school-related arrests despite the fact that Black students do not generally have higher rates of misbehavior than other students.⁶⁴ Black students are also more likely to attend schools staffed with law enforcement but without a counselor, social worker, nurse, or school psychologist.⁶⁵ Overall students require a safe and nurturing environment for learning, and police in schools are not only incompatible with this goal, but they also divert limited federal funds away from evidence-based practices to improve school climate, and therefore student achievement.

Between 2023-2024, New York’s public school system enrolled 912,064 students comprised of 42.2% Latino students, 19.5% Black students, 18.7% Asian students, and 16.2% white students.⁶⁶ In that period, there were over 36,000 instances of students being removed or suspended from public school classrooms.⁶⁷ Black students comprised around 37.03% of all removals and suspensions but just 19.5% of the overall student population.⁶⁸ Latino students comprised 39.51% of all removals and suspensions and 42.2% of the overall student population.⁶⁹ Taken together, Asian and white students comprised 15.20% of all removals and suspensions and together, comprise 34.9% of the overall student population.⁷⁰ In the same period, there were a total of 1,956 instances of removal or suspension arising out of contact with the New York Police Department (“NYPD”).⁷¹ Black students comprise 780 of those instances, or 39.87%, and Latino students comprise 701 of those instances, or 35.83%.⁷² Taken together, Asian and white students together comprise 260 instances of removal or suspension when the police were contacted, or together just 13.29%.⁷³ New York’s public schools disparately remove Black students from the classroom. Thurgood Marshall’s aspiration for the justice system was one that treated Black and Brown kids equally and fairly. Today, New York City public schools systematically discipline Black and Brown kids more than others and permit students to be labeled as gang members in the NYPD’s Criminal Group Database (commonly known as the “gang database”) based on racially discriminatory criteria.⁷⁴ Additionally, these egregious disparities in New York’s exclusionary disciplinary practices demand drastic remedial action. To appropriately honor Thurgood Marshall’s legacy and Brown’s promise, the New York City Council must end the discriminatory practice of exclusionary school discipline and pass Intro 798, which would abolish the NYPD gang database and prohibit any new gang databases from taking its place.

IV. Conclusion

Public schools in America, including those in New York City, must deliver quality education for all regardless of race, ethnicity, sexual orientation, gender identity, immigration status, disability, religion, or any other identifying characteristic. New York City must fulfill the promise of *Brown* by desegregating its public schools and supporting a public education system that welcomes, includes, and is safe for all and provides equitable high quality academic instruction. Education is a civil right and a public good for all. Thank you for the opportunity to provide testimony. Please do not hesitate to contact Allen Liu at aliu@naacpldf.org if you have any questions or concerns.

Respectfully Submitted,

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¹ *Brown v. Board of Education*, 347 U.S. 483, 493 (1954).

² *Id.*

³ Errol Louis, *Why are New York City Schools Still So Segregated*, N.Y. MAG., MAY 22, 2024, <https://nymag.com/intelligencer/article/why-are-new-york-city-schools-still-so-segregated.html>.

⁴ EdTrust-N.Y., *In New York City Public Schools, Brown v Board Remains... Unfulfilled*, May 17, 2024, <https://newyork.edtrust.org/in-nyc-brown-v-board-remains-unfulfilled/>.

⁵ 2025 student data available from District Dashboard, Demographics Tab, IntegrateNY.org, <https://integrateny.org/district/> (accessed June 16, 2025).

⁶ *Brown v Board Remains... Unfulfilled*, *supra* note 4.

⁷ *Id.*

⁸ Michael Elsen-Rooney, *How the NYC High School Admissions Process Sorts Kids by Race, Poverty, Disability*, Chalkbeat N.Y., Oct. 16, 2024, <https://www.chalkbeat.org/newyork/2024/10/16/nyc-high-school-admissions-sorts-students-by-race-poverty-and-disability/>.

⁹ *Id.*

¹⁰ Danielle Cohen, *NYC School Segregation Report Card: Still Last, Action Needed Now* 11, UCLA C.R. Project, June 10, 2021, https://www.civilrightsproject.ucla.edu/research/k-12-education/integration-and-diversity/nyc-school-segregation-report-card-still-last-action-needed-now/NYC_6-09-final-for-post.pdf.

¹¹ Troy Closson, *Court Allows Case Challenging Segregation in N.Y.C. Schools to Advance*, NY TIMES, May 2, 2024, <https://www.nytimes.com/2024/05/02/nyregion/nyc-schools-segregation.html>.

¹² Alex Zimmerman, *NYC Specialized High School Offers to Black and Latino Students Inch up but Remain Stubbornly Low*, Chalkbeat NY, June 18, 2024, <https://www.chalkbeat.org/newyork/2024/06/18/specialized-high-school-offers-to-black-and-latino-students-increase-but-remain-low/#:~:text=Admission%20to%20eight%20of%20the,been%20blamed%20for%20cementing%20segregation..>

¹³ NYC Pub. Sch., *Specialized High Sch., Summer 2025 Discovery Program Information*, <https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/specialized-high-schools/discovery-programs>.

¹⁴ Legal Def. Fund, *Equal Protection Initiative*, <https://www.naacpldf.org/equal-protection-initiative/> (accessed June 18, 2025).

¹⁵ NYC Pub. Sch., *InfoHub, Graduation Results*, <https://infohub.nyced.org/reports/students-and-schools/school-quality/information-and-data-overview>.

¹⁶ *Id.*

¹⁷ NYC Pub. Sch., *InfoHub, Test Results*, <https://infohub.nyced.org/reports/academics/test-results>.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

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TESTIMONY of New York Appleseed

THE NEW YORK CITY COUNCIL COMMITTEE ON EDUCATION

June 18th, 2025

My name is Nyah Berg, and I serve as Executive Director of New York Appleseed, a nonprofit that advocates for integrated schools and communities across New York City and State. The topic of today's hearing strikes at the heart of our organization's mission and values. For the past decade, our organization has advised multiple diversity planning initiatives, participated in commissions and task forces, examined research, published reports, and, most importantly, engaged directly with students and families on the issues of school segregation and advancing Real Integration.

To move something forward, I believe we must understand where we've been. So, in the most succinct way possible, I want to provide a brief timeline of progress to help shape a clearer direction for the future:

- **2012:** The *New York Times* published a report naming New York City as one of the most segregated school systems in the country, catalyzing public awareness and urgency. Publicly naming NYC's historic and continuing segregation meant that City and its leadership could no longer hide behind also being one of the most diverse cities in the country.
- **2013:** The first "Diversity in Admissions" (DiA) program was created. Today, there are over 200 DiA programs citywide.
- **2014:** New York State created the Socioeconomic Integration Pilot Program, providing initial funding to 25 districts—including Districts 1, 3, 9, 13, and 16 in NYC—to develop diversity plans and initiatives.
- **2015:** The New York City Council passed the School Diversity Accountability Act, which requires annual reports on NYCPS demographics across grades, schools, and districts and tracks systemwide diversity-supportive programming.
- **2017:** NYCPS released its first-ever citywide diversity plan, publicly committing to specific goals for equity and integration. Unfortunately, these goals were not revisited or evaluated, despite being set to be achieved by 2022.
- **2018:** The District 15 Middle School Diversity Plan was approved—the first of its kind to result from a comprehensive, community-driven process. The plan included a formal evaluation, which revealed some challenges but also clear successes: before the plan, District 15 middle schools ranked as the second most socioeconomically segregated in NYC; by the 2022–23 school year, they ranked 19th out of 32.

- **2017-2019:** The mayor commissions the School Diversity Advisory Working Group, which after two years of work produced two seminal reports that essentially became a blueprint for how NYC could advance diversity, equity, and integration across public schools. The report had roughly 113 recommendations, of which 62 were adopted from the first report. Evaluation of the progress of these adopted recommendations has not been revisited by the NYCPS.

Our May 2024 report on the State of Integration in New York City, estimates that despite current stagnation, more than half of the adopted goals are “in progress” or “complete,” often due to smaller initiatives and/or programming led by bureaucrats, school leaders, or even communities committed to educational equity and integration.

- **2019:** The City Council passed local laws 224 & 225. Once established, a permanent citywide diversity working group and the other required that every school district have a diversity working group by 2024.
- **2020 - 2021:** The COVID-19 pandemic hit. However, the pandemic led to exacerbating disparities across the school system that already existed due to segregation. This once again, catalyzed further actions, particular in how we enroll students in selective programming— NYC could no longer hide that selection criteria used at the middle-school and high school levels, and policyds like the 4 year old test for admission to gifted and talented programs were unfairly segregating and excluding students from public educational opportunities.

In the wake of the pandemic and amid an unprecedented set of challenges, such as a change in mayoral administrations and shifting priorities at NYCPS, the urgency that once drove New York City’s integration efforts has faded. Hard-won initiatives stalled, while several admissions policies quietly reverted toward the status quo, forcing advocates to fight merely to preserve earlier gains.

That slide backward makes today’s hearing both timely and essential. Between 2012 and 2021, the City took real strides toward equity and integration, demonstrating that systemic reform can and must coexist with—and even strengthen—other policies supporting our most vulnerable students. Those advances were often guided by the **5 Rs of the Real Integration** framework, developed by students and later embraced by school communities, national organizations, NYCPS in district diversity planning, and the SDAG reports. The 5 Rs remind us that integration is more than moving bodies; truly integrated schools (1) are racially, ethnically, and economically diverse, (2) have leadership that is representative of their communities, (3) cultivate relationships across difference, (4) practice restorative justice, and (5) ensure equitable resources and opportunities for every child.

Lastly, I want to draw a parallel considering the national moment we’re living in. Advocates created a resource—integrationhub.nyc—that provides a robust timeline of New York City’s integration movement. From 1954 to 1971, there was considerable momentum, spurred by

national and local urgency following the Supreme Court's decisions in *Brown v. Board of Education* I and II. New York City even established a commission that issued six reports with concrete recommendations for integrating its schools.

Yet after 1971, the timeline goes quiet until 2012. In those four decades, we saw a national backlash to integration efforts, particularly in the courts, in addition to witnessing the erosion of policies and political will. While I cannot account for every detail of that gap, we must acknowledge that in the wake of progress, history often delivers backlash. And today, we find ourselves in another pivotal moment where the most vulnerable among us are again being pushed back.

We must not let that happen. Not as a city, not as a school system. We cannot afford another 40-year lapse where plans are abandoned, goals dismissed, community voices ignored, and the right to quality education put on hold.

New York Appleseed remains steadfast in our commitment to advocate for a school system that is equitable, inclusive, and integrated. We will continue to remind both current and future leadership of our history so that we can move toward a better future.

To that end, we offer a few recommendations for immediate next steps:

- **Reinvest in comprehensive diversity planning** for schools and districts seeking support in designing and implementing integration-centered strategies. This includes replicating successful models like the District 15 middle school plan and the Arts & Letters 305 United merger.
- **Fully fund and implement Local Law 225 (2019)**, which calls for the establishment of diversity working groups in every school district. These groups are critical for grassroots community building and for developing district-level integration plans rooted in the 5 Rs of Real Integration.
- **Prioritize fairness, transparency, and equity** in all admissions reforms, including maintaining the centralized high school admissions process, to ensure that opportunity is not only offered, but accessible.

Let's not waste another decade, or another generation, waiting. Let's act now.

Thank you for your time,

Nyah Berg



Testimony to the New York City Council on
Advancing Diversity and Equity in NYC Public Schools

Creating Integrated Early Childhood Education for New York City's Youngest Learners

June 18, 2025

Halley Potter

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Thank you for the opportunity to testify today on advancing diversity and equity in New York City's public schools. My name is Halley Potter, and I am the director of pre-K-12 education policy at The Century Foundation. Century has been doing research on school integration for more than two decades, including research on New York City's school enrollment policies and its pre-K program. Since 2020, we have also run the Bridges Collaborative, a national network of school systems and housing organizations working to advance integration that includes several of New York City's community school districts and intentionally diverse charter schools.

I am testifying today to emphasize the critical importance of efforts to create diverse and integrated learning environments for New York City's youngest learners, children from birth to five years old. If New York City is serious about working toward lasting and meaningful school integration all the way through high school and beyond, it needs to begin its efforts where children begin their education.

Why Diversity in Early Education Matters

The racial and socioeconomic diversity of preschool classrooms is a key component of their educational quality. Decades of [research on K-12 education](#) show that low-income students see gains to their reading and math skills from learning in socioeconomically integrated environments as opposed to attending schools with high concentrations of poverty.¹ [Racially integrated classrooms](#) also help foster critical thinking skills and reduce racial biases—important traits in today's complex, multicultural world.²

[New research](#) finds that the benefits of diverse learning environments begin before kindergarten.³ [One study](#) using data from eleven state pre-K programs found that preschool children in classes with higher average socioeconomic status learned more on average than those in low-SES classrooms—regardless of the children's own backgrounds.⁴ A follow-up [analysis](#) found that

racial diversity of pre-K classrooms was independently associated with children’s outcomes, offering advantages for all students.⁵

Even after controlling for instructional quality in the classroom, children in diverse preschool settings still show increased learning outcomes. This suggests that peer effects may be at work—children learn by interacting with peers in the classroom. Because children’s exposure to math and language skills outside the classroom is [highly correlated with their socioeconomic background](#), low-SES children benefit, on average, from having some middle- or high-SES classmates.⁶

Perhaps even more importantly, diverse preschool classrooms can help young children learn to empathize and coexist with people from other races and classes. Children typically develop awareness of racial and social categories by kindergarten, and [exposure to peers helps shape these perceptions](#).⁷ [Research](#) suggests that children in racially integrated classrooms may be less likely than those in homogeneous classrooms to show racial bias toward other groups.⁸ Creating more racially and socioeconomically diverse settings for infants, toddlers, and preschoolers in New York City will help unlock these important cognitive and social-emotional benefits for more children and lay a foundation for diversity in K-12 classrooms.

NYC’s Strengths and Challenges

New York City has many of the right ingredients in place already to create diverse early learning environments. The city has a diverse population and has made large public investments in early learning. NYC is [ahead of the curve nationally in providing universal access to early childhood education](#) for four-year-olds and three-year-olds.⁹ As of 2023-2024, 59,841 children were enrolled in pre-K and 43,914 were enrolled in 3-K.¹⁰ The city also has a robust subsidized early education program for eligible low-income infants and toddlers using federal child care funding and Head Start programs. And with all of these programs now operated through New York City Public Schools, there is the opportunity for a coordinated approach.

However, despite these investments, NYC’s early childhood options, even those that are touted as universal, are still highly segregated by race and class. According to [analyses published by The Century Foundation](#), Pre-K and 3-K classes in public schools are typically as racially segregated as kindergarten classes in those schools, while pre-K and 3-K classes in community-based programs show significantly higher levels of racial segregation. Publicly available data from the most recent year available, 2018–19, shows that half of all children in community-based pre-K programs were in fairly racially homogeneous settings where 71-100 percent of the student body comes from a single racial/ethnic group, and only one in five were in highly diverse settings with no racial or ethnic group comprising more than 50 percent.¹¹ (Unfortunately, more recent data is not publicly available because the [demographic data published by NYCPS](#) from 2019 to 2024 no longer includes data on pre-K and 3-K in community-based organizations, which are the majority of pre-K and 3-K programs.¹²) For children under three, the landscape of early care and education is largely divided between public programs that offer access to eligible low-income families and a private market serving higher-income families as well as lower-income families that are not served, due to lack of eligibility or availability, by public programs.¹³

This segregation occurs at the same time that the city is [losing families with young children](#) who are moving away because the city's cost of living—[and the cost of childcare](#)—is too high.¹⁴

The Path Forward

We need policy changes and increased public investment in early education to expand access to diverse early learning environments for more of our youngest New Yorkers and help keep more families with young children in the city. In particular, the city should take the following steps:

1. **Ensure enough seats for Pre-K and 3-K** to serve all families that want them, with locations and program hours that match their needs. This will require expanding options for enrolling Pre-K and 3-K children in programs before school, after school, and during school breaks.
2. **Fund a new Universal 2-Care program and a pilot of non-income-tested care for children 0-12.** These programs would build off the work started with Pre-K For All and 3-K to extend the benefits of universal access to even younger children and create more opportunities for integration.
3. **Work toward simplifying systems to allow and encourage providers receiving different public funding streams to blend their programs in order to integrate classrooms.** These funding streams include Head Start and Early Head Start, universal-eligibility school-day-and-year pre-K and 3-K seats, and extend-day-and-year pre-K and 3-K seats with additional eligibility criteria. The administrative burden of blending programs should shift more to the central office rather than placing it on individual providers. The [complexity of managing multiple funding streams](#) with different requirements currently creates an undue and often unmanageable burden on many early childhood providers, particularly single-site programs or family child care programs with limited administrative staff.¹⁵
4. **Encourage more early childhood providers to house public programs as well as private-pay seats, and require blending of programs for those that do.** Creating these opportunities for socioeconomic integration requires individual day care centers to receive different funding streams and then mix children from different programs in individual classrooms.
5. **Include discussion of and data on birth-to-five programs in broader conversations about socioeconomic and racial diversity across grades in the public school system.** The work on school integration and early education should not remain separate. Integration efforts need to be coordinated from birth through high school graduation, and NYCPS's demographic snapshots should include data on all 3-K and pre-K programs, including those in community-based programs.

Conclusion

The path to a racially just and thriving future for the next generation must include creating high-quality early education programs for all families who want them, where children of all backgrounds can learn together. New York City has important building blocks already in place, but it will take considerable problem-solving and intentional work—from policymakers and providers—to capitalize on existing opportunities for integration as well as open additional opportunities.

Diversity is a key aspect of program quality for early childhood education. If we work merely to expand a system of siloed opportunities, the city runs the risk of cementing lines of segregation that perpetuate inequality, even when we achieve universal access. As New York City continues to expand and improve early childhood education, we must seize opportunities for diversity where they exist and lay the groundwork for broader integration throughout the early education system.

Thank you for your time and consideration of these important issues affecting our youngest New Yorkers.

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TESTIMONY
The Legal Aid Society
to
The New York City Council

Committee on Education
and
Committee on Civil and Human Rights

June 18, 2025

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Introduction

The Legal Aid Society welcomes the opportunity to testify and thanks Chairperson Joseph, Chairperson Williams, and the Committees on Education and on Civil and Human Rights for their leadership on issues affecting New York City students.

The Legal Aid Society is the nation's largest and oldest provider of legal services to low-income families and individuals. Throughout our 149-year history, The Legal Aid Society (LAS) has been a tireless advocate for those least able to advocate for themselves. Our mission is simple: we believe that no New Yorker should be denied their right to equal justice because of poverty. From offices in all five boroughs, the Society annually provides legal assistance to low-income families and individuals in nearly 200,000 legal matters each year, including education advocacy for school-age children and youth. Our practice encompasses three practice areas: the Criminal Defense Practice, the Civil Practice and the Juvenile Rights Practice.

The Criminal Defense Practice is the premier public defender program in the country, handling 125,000 criminal matters in a typical year. Our victories in and out of the courtroom protect the constitutional rights of our clients and strive for greater humanity in the criminal legal system. Many thousands of our clients with criminal cases in Criminal Court and Supreme Court are school-age teenagers and young adults who need and are legally entitled to receive educational services and many of them are young parents with children who also require educational services.

The Civil Practice provides specialized, comprehensive, legal assistance across a range of civil legal practice areas that benefits more than 135,000 New Yorkers each year. Through our efforts, we secure essentials of life such as ensuring our clients have stable housing, family law assistance, access to health care, obtain life-changing immigration law assistance, and can

effectively care for themselves and their families. Many clients of the civil practice are parents of children who attend New York City Public Schools.

The Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear in New York City's Family Court due to involvement with the family regulation system, the juvenile legal system, and other proceedings affecting children's rights and welfare. Our Juvenile Rights staff typically represents a total of more than 30,000 children each year. Our work with these most vulnerable New Yorkers keeps them safe and makes our city's families and communities stronger.

Our Civil, Juvenile Rights, and Criminal Defense Practices engage in educational advocacy for our clients, in the areas of special education, school discipline, and school placement and programming through the Education Advocacy Project in the Juvenile Rights and Criminal Defense Practices and the Education Law Project in the Civil Practice. In addition to representing hundreds of children each year in administrative hearings, appeals, and court proceedings, we also pursue impact litigation and other law reform initiatives on behalf of our clients.

Our perspective comes from our daily contacts with children, youths, and their families as well as our frequent interactions with courts, social service providers, and NYC agencies, including the Departments of Education (DOE), Health and Mental Hygiene (DOHMH), and Homeless Services (DHS); the Administration for Children's Services (ACS), and the Human Resources Administration (HRA).

The Education Advocacy Project and Education Law Project of The Legal Aid Society submit the instant testimony.

Support for Intro 142 – Internet Access Reporting for Educational and Civil Rights Equity

We submit this written testimony to strongly support Intro 142, which would require the Department of Education to conduct a biannual study of access to internet and devices among public school students in New York City.

For decades, disparities in educational resources have been tied to race, poverty, language, and disability. Digital access is one of the clearest and most consequential lines of inequity. Students without consistent, high-speed internet at home, and devices to access it, are unable to complete assignments, access online services, or communicate effectively with teachers. These barriers have long-term academic and social-emotional consequences, and they disproportionately affect students whose families cannot afford to pay for internet service. Black and Brown students, students living in poverty or in shelters, English language learners, students with disabilities, and students in foster care or transitional housing are the most likely to have unreliable access to internet and devices.

In 2020, The Legal Aid Society filed a class action lawsuit to force NYC to ensure that all shelters housing families with school aged children were connected to the internet during the pandemic when schools were offering remote instruction. In a settlement, NYC agreed to provide Wi-Fi for all families with children shelters in operation at the time when remote schooling was offered by the DOE. However, since that time, we have received reports of a lack of internet access in family shelters that were not in use at the time of that lawsuit. In addition, many non-shelter resident NYC families cannot afford internet connections. Some families rely on cellular service for access; however, even in NYC in 2025, there are still neighborhoods where cell service is spotty to nonexistent. Regardless of the reason why, there is no doubt that students without reliable internet access at home are at a marked disadvantage compared to their peers.

Through its Big Apple Connect program, residents of many NYCHA buildings are eligible for free cable tv and internet. Non-NYCHA resident families receiving public benefits may be eligible for low-cost internet through the Affordable Broadband Act, but for many low- to no-income residents, paying even \$15-\$20 per month is not feasible. While NYC's efforts to increase digital access across the board are laudable, there remains a substantial group of NYC residents who simply cannot afford, or otherwise have no access to, reliable internet service.

Requiring reporting on digital access will serve two goals: one, ensuring an accurate count of how many students do not have access; and two, identifying specific demographics, neighborhoods, and schools where internet access is lacking. Data collected via surveys can provide valuable information on who is most affected by the digital divide, and direction on where to focus efforts to improve access.

While we strongly support requiring the Department of Education to survey student internet access, we also believe that reporting every two years is inadequate. With affordable housing at an all-time low and shelter populations at an all-time high, changes in housing, and thus potential changes in digital access, affect many students every year. As a result, a survey conducted at the start of one school year might not reflect a student's digital access status at the end of that school year, much less the beginning of the next one. We recommend requiring at least annual reporting on this issue to ensure that changes in internet access are promptly identified.

Moreover, we believe that data should be disaggregated in the same manner as many other DOE reports: by borough, school district, race, ethnicity, income level, primary language, housing status, disability status, and grade level, to ensure an accurate assessment of who is most impacted by the digital divide. The reason for the lack of access, e.g. affordability, limited cellular service, building restrictions, broken or malfunctioning devices; should also be included.

Finally, we believe that each report should trigger a coordinated response by the DOE and city agencies, including the Department of Buildings and the Office of Technology and Innovation, to address infrastructure deficiencies that prevent residents of certain neighborhoods from obtaining broadband service. This data can support proposals for infrastructure to improve access throughout the city.

Support for Res. No. 929 – Resolution for Passage of A.5373/S.4735, known as the Protect Our Schools Act

We also support Res. No. 929 calling on the New York State Legislature to pass, and the Governor to sign, A.5373/S.4735, known as the Protect Our Schools Act, in relation to protecting students, faculty and staff from civil arrest while attending or participating in school activities.

With the Trump 2.0 administration’s promise of mass deportations underway nationwide¹ and a new quota to arrest 3000 non-citizens daily,² our non-citizen family members, neighbors, and loved ones are being told repeatedly that ICE will hunt them down. On January 20, 2025, the U.S. Department of Homeland Security revoked long-standing guidance protecting certain locations from Immigration and Customs Enforcement (ICE) enforcement actions.⁴ ICE is fully encouraged now to conduct arrests and raids in sensitive locations such as churches and religious sites, schools, funeral homes and hospitals. On January 22, 2025 and later modified on May 27, 2025, ICE issued further guidance clarifying that it can and will conduct arrests in and near local courthouses, consistent with local laws, including in non-criminal courts.³ On June 12, 2025, the

¹ See <https://www.nytimes.com/interactive/2025/02/01/us/politics/ice-arrests-trump-immigration.html>.

² See <https://www.theguardian.com/us-news/2025/may/29/trump-ice-arrest-quota>

³ See <https://immpolicytracking.org/policies/ice-issues-interim-guidance-for-civil-immigration-enforcement-at-or-near-courthouses/#/tab-policy-documents>; <https://www.ice.gov/doclib/foia/policy/11072.4.pdf>.

U.S. Department of Justice filed a lawsuit against New York regarding its Protect Our Courts Act legislation protecting individuals from courthouse arrests.⁴

Non-citizens in New York City – whether recent arrivals or long term residents - no longer feel safe accompanying their children to school, going to school themselves, seeking medical care, attending a religious service, attending New York state court proceedings as a respondent, witness, or party, let alone going to their own Immigration Court hearing because they fear that ICE will summarily detain and deport them.

It is clear that our federal government's priority is to detain and deport as many people as it can. This federal government is also trying to funnel more non-citizens toward removal orders or otherwise ready them towards expedited removal. In the past two months, the Department of Homeland Security began requesting that the Immigration Court recalendar thousands of previously administratively closed cases nationwide, reviving many cases that are over a decade old for active removal proceedings. The intent here is not to give these individuals justice in the Immigration Court system; instead, it is to push this administration's Immigration Court to quickly issue these individuals removal orders, making it easier for these DHS to quickly remove them from this country.

Additionally, ICE is now detaining non-citizens in Immigration Court, for those who are fully complying with immigration laws and trying to have their day in Immigration Court. In a coordinated effort between the DHS prosecutors and Immigration Court judges, these non-citizens have their court cases quickly dismissed or otherwise canceled, and then ICE officers detain them right outside the courtroom. These dismissals by the Immigration Court are intended to give DHS the sole legal authority over what happens to these non-citizens, subject them to

⁴ See <https://www.reuters.com/world/us/us-justice-department-files-lawsuit-against-new-york-blocking-immigration-2025-06-12/>.

Expedited Removal,⁵ a process by which the non-citizen has very limited rights to defend themselves against immediate deportation.⁶ Many of these non-citizen New Yorkers will never have the opportunity to have their asylum claims heard in an unbiased manner, and many will likely be detained and quickly removed back to their home countries. This has happened already to two New York City school students⁷ and, tragically, they will not be the last.

In this moment of devastating immigration detentions and savage targeting of non-citizens nationwide, this City and our State can take bold action like A.5373/S.4735, known as the Protect Our Schools Act, to do what we can as New Yorkers to protect our own and uphold the rule of law. We must have state and citywide protocols to prohibit immigration enforcement activities in public and charter school settings without a warrant signed by a judge. We cannot allow access to student records without a judicial order or subpoena and must create clear protocols for school superintendents and local district attorneys to assess the documentation provided by law enforcement prior to taking any action. Our school system should be nurturing and educational spaces, not locations to traumatize our youngest New Yorkers and their families. We must do whatever we can to provide a safe environment for all New Yorkers to attend school.

Conclusion

Thank you for your leadership and commitment to equity. The Legal Aid Society urges the City Council to vote in favor of these important laws and resolutions and to ensure that their implementation lives up to their promise.

⁵ See <https://nipnlg.org/sites/default/files/2025-05/alert-protecting-noncitizens-er.pdf>.

⁶ See <https://theintercept.com/2025/05/21/ice-agents-courts-arrests-immigrants-deport/>.

⁷ See <https://gothamist.com/news/dylan-bronx-high-school-student-arrested-by-ice-speaks-out-from-immigration-detention>; <https://www.nbcnewyork.com/queens/queens-high-school-student-detained-ice-immigration-appointment/6293461/>.

We are happy to answer any questions you may have.

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June 18, 2025 Testimony of Phil Heimlich before the Committee on Education

I am testifying in response to bill number Int 1002-2024 to require schools in New York City to acquire so-called anti-choking devices. I am the son of Dr. Henry Heimlich (My father passed away in 2016.) I am also an attorney in Cincinnati, and a former assistant prosecuting attorney, Cincinnati City Councilman and County Commissioner. Since our father invented the Heimlich Maneuver in 1974, untold numbers of choking victims have been saved by his procedure around the world. Each week, there are dozens of news reports on lives saved by his method, and it's extremely rare that the Heimlich Maneuver is not effective. Last December Fox News [aired](#) a story about a second-grader in Arizona who saved the life of his classmate who was choking on a grape.

Our father crusaded – in his writings and media appearances – to teach as many people as possible how to use the Heimlich Maneuver. He also made it his mission to warn the public against unsafe and ineffective methods, such as anti-choking devices. In Dad's autobiography, [Heimlich's Maneuvers](#), he said, “The drawbacks of such devices are obvious: They require that such instruments be handy in the unexpected instance that a person chokes. And it would be virtually impossible for choking victims to use these devices on themselves...

I knew there was no time for people to depend on a household instrument to perform the ‘pushing’ technique. What if the device was not handy at the time it was needed?”

A similar bill as the one you have introduced was proposed this year in the Kentucky Legislature but was abandoned when the senators became aware of the risks of these devices.

As pointed out in the [Lexington Herald Leader](#), “First-aid experts warn, and research shows, the devices are not reliably effective and could potentially cause more harm...health agencies warn against widespread distribution of them, as their effectiveness 'has

not been established,' according to the U.S. Food and Drug Administration...The Red Cross still does not advise the use of anti-choking devices in its official protocol for administering first aid to children or adults who are choking.”

The Food and Drug Administration [does not recommend](#) anti-choking devices. In its April 22, 2024 report, the FDA stated that these devices "require removal from packaging and assembly and could delay using established rescue protocols.” The FDA also noted that it was aware of reports of problems with these devices, including a “failure to resolve a choking incident due to lack of suction, bruising around the face, lips, and mouth, and scratches in the back of the throat.”

The *N.Y. Times Wirecutter* newsletter referenced a [study](#) that showed that one of the leading brands of anti-choking devices “failed to dislodge grapes and cashews from the body’s throat—it could only remove saltine crackers...With the exception of ... removing saltine crackers, all trials were entirely unsuccessful in relieving foreign body aspiration. Additionally, both devices may cause significant pressure and injury to the oral cavity in a clinical setting.”

From the onset of choking, the victim will suffer brain damage or death in four minutes if the choking object is not dislodged. There is no time to locate a device that may be kept in a utility closet or school lunchroom. There are numerous reports of young children using the Heimlich Maneuver to save the lives of their friends and family members because it is simple for anyone to learn - complicating the instructions by suggesting they find some device wastes precious seconds.

Our father believed in education over profits to save lives. In the interest of saving lives, we urge City Council to reject the use of unproven devices and instead *require school personnel to be trained in the Heimlich Maneuver and given immunity from civil or criminal liability for their efforts to save choking victims.*

On behalf of our late father, my sister, Janet Heimlich, and I respectfully request the opportunity to testify before the appropriate committee when this bill is being considered.

Sincerely,

Phil Heimlich

Philip M. Heimlich

Law Offices of Michael K. Allen & Associates

4010 North Bend Road, Suite 200

Cincinnati, OH



From: [Phil Heimlich](#)
To: [Testimony](#)
Subject: [EXTERNAL] Additional Testimony from Phil Heimlich on Int 1002-2024
Date: Wednesday, June 18, 2025 2:11:40 PM

[REDACTED]

I am the son of Dr. Henry Heimlich, inventor of the Heimlich Maneuver. I previously provided you a copy of my letter to the members of the committee regarding the studies demonstrating the dangers of so-called anti-choking devices. In addition, here is a tragic story from Tampa last October where a schoolchild died when the anti-choking device did not work; by the time the Heimlich Maneuver was applied, the child was already unconscious: <https://www.fox4now.com/naples/new-details-in-deadly-child-choking-incident-involving-naples-student>. My late father believed the use of these devices put the lives of schoolchildren at risk - my sister, Jan Heimlich and I urge you to not support the proposed law requiring anti-choking devices in New York City schools.

Sincerely,

Phil Heimlich
Attorney At Law

Philip M. Heimlich

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[REDACTED]

Testimony of Alia Soliman

The New York City Council Committee on Education

June 18th, 2025

My name is Alia Soliman and I am junior at the Bronx High School of Science. I'm here today to speak not against the Discovery Program, but against the way we abandon students after its brief 3–5 week window. This program was created to provide access and opportunity to students who show promise but may not have had the same resources as their peers. But once those few weeks are over, they're dropped into a high-pressure school environment with little to no sustained support. And while the intention may be equity, the result is often harm.

These students are left to fend for themselves in schools that, frankly, do not have the infrastructure to provide the academic, emotional, or cultural support they need. These students are left to navigate schools still shaped by deep-rooted segregation. They're placed in environments that weren't built to support their emotional, cultural, or academic needs, because those supports were never designed for students from underserved backgrounds. Meanwhile, their peers, often from wealthier and better-resourced middle schools, continue to excel, not because they're more capable, but because the system has always worked in their favor. At Bronx Science, I've watched as Discovery Program students are often quietly labeled and treated as "less than", seen as having received a handout. They're isolated, judged, and told in a hundred subtle ways that they don't belong. And the data reflects what students already know: many Discovery students struggle to keep pace with peers from more affluent middle schools. That's not a failure of the students, it's a failure of the system.

So I propose an extension of the Discovery Program. Not just a summer boot camp, but a full-year program embedded within the school. Provide stipends for students to attend weekly meetings, mentorship circles, and academic support sessions for their Freshman year. Give them a seat at the table, not just a foot in the door. Over time, this extension would close that achievement gap, build confidence, and create a pipeline of diverse, empowered students who feel they truly belong and are equipped to lead.

If the DOE truly believes in equity, it needs to move beyond quotas and numbers, and commit to a real investment in these students' success.

Thank you.

June 18, 2025

Good afternoon, my name is Alison O Jordan. I am here to share my reasons for supporting Resolution 362-A and the Social Work Workforce Act. I am a licensed social worker, beginning my career as Program Director in NYC's largest senior center, and graduating from CUNY's Hunter College School of Social Work.

I retired from NYC government after 39 years at HRA and the Health Department. I now support implementation of proven models and volunteer with national organizations to advocate for policies that support continuity of care and services after incarceration.

Throughout my career, I encouraged many to enter the field of social work and mentored dozens of primarily Black and brown social work students and early career professionals, signing off on thousands of completed internship hours. Then, one day, I would need to have "The Talk" – and advise my mentees that in order to pass the LMSW exam, you need to "think like an older white woman – afraid of Black and brown men – and take the exam through that lens." Those who find a way to pass, often after many tries, must ignore best practices and social work values, take expensive prep courses, and carry extreme financial burdens. White women pass the exam. People of color do not.

We know that the exam is unnecessary and indeed detrimental to the profession. Initially, it was waived for those with experience and supervisors' attestations. Today the exam is a disservice – creating barriers to accessing social work services for those with the greatest need – and needs to be eliminated. People incarcerated are overwhelmingly Black and brown. Those from the poorest areas are Black and brown. Social workers with lived experience, reflective of the people in need of social workers most, matters. It matters to the profession. It matters to us all.

Thank you for your time. I submit this testimony in support of the Resolution submitted by Council Member Bottcher, and the Social Work Workforce Act as sponsored by Senator Brouk and Assemblymember Jessica Gonzalez-Rojas.

June 18, 2025

Good afternoon, my name is Alison O Jordan. I am here to share my reasons for supporting Resolution 362-A and the Social Work Workforce Act. I am a licensed social worker, beginning my career as Program Director in NYC's largest senior center, and graduating from CUNY's Hunter College School of Social Work.

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Thank you for your time. I submit this testimony in support of the Resolution submitted by Council Member Bottcher, and the Social Work Workforce Act as sponsored by Senator Brouk and Assemblymember Jessica Gonzalez-Rojas.

Testimony of Amena Mohamed

The New York City Council Committee on Education
June 18th, 2025

Thank you Chair Joseph and members of the Committee on Education as well as the Committee of Civil and Human Rights for giving me the opportunity to talk to you today. My name is Amena, and I'm a NYC public high school student. I am here today as an activist with the Center for Anti-Violence Education. Most of all, I am here as an advocate for my community. I have decided to put all my efforts toward standing up for them.

I am very grateful to go to a school that is pretty diverse, and does a great job with bringing resources to its students from different backgrounds. However, in my position as a youth community organizer and a high school student who has friends that go to other high schools, I am very well aware that not all schools are like this.

My friends have to walk through metal detectors and have their bags checked every morning. Their guidance counselor doesn't have enough time in the day to get to them amidst the other 300 students they are responsible for. My friends in areas with large black populations are at disproportionate risk of ending up on an unethical gang database. Every person from my community that goes to a specialized highschool struggles because their specific needs as people of color are not being met. My friend Azrin isn't allowed to pray at school. Eid holiday was misscheduled by the D.O.E, and my friend Hana still couldn't miss school on Eid day because she had an important test.

The thing that makes my school and community organization work so well is the implementation of restorative justice practices. I am in spaces that prioritize me. Now, the Citywide Council for High Schools (CCHS) is passing a resolution to halt all funding [CCHS Resolution to Suspend Restorative Justice Practices in New York City Public Schools]. They want to suspend restorative justice in schools so they can go back to suspending our students. It scares me to read the news about a "right-wing power grab" on my education.

I don't want to lose my privileges and resources.

But I will use them while I have them to fight for my friends and family. It is unfair that the location or the majority demographic of your school dictates how much resources you have access to. This is segregation.

I want you to listen to the experts on this and those most affected by it: the restorative justice specialists, the guidance counselors, and most importantly the students. Protect the funding that prioritizes me and my friends. We want to go to school knowing we will be listened to by our educators. We don't want out-of-touch employees to make decisions about our education without taking us into consideration.

My name is Angelina Ojeda. I am an Addiction Counselor, a social work student, a proud Latina mother, and a lifelong New Yorker from Hollis, Queens. I stand before you today not just to represent myself, but to speak out for the many social workers of color—especially those from BIPOC and other marginalized communities—who are being denied entry into this profession because of a licensing exam that was never built with us in mind.

The ASWB exam is a structural barrier, not a valid measure of competency. I say this as someone who has spent years working directly with underserved populations—people dealing with substance use, trauma, poverty, housing instability, and systemic violence. These are the people I serve every day. And yet, the licensing process asks me to prove my knowledge through a standardized test that is disconnected from the cultural, racial, and economic realities that shape our clients' lives.

The vast majority of ASWB exam questions are written through a white, middle-class, Western lens. They do not reflect the nuanced ways culture, race, and socioeconomics impact decision-making, client behavior, or practitioner response. Let me give you an example from a practice exam:

The “correct” answer, according to the test, is to terminate services due to noncompliance.

But if you're a social worker who understands structural racism, poverty, or immigration-related fear, your response might be entirely different. You might ask:

- Does the client have reliable access to a phone or transportation?
- Are they experiencing homelessness or domestic violence?
- Are there cultural or linguistic barriers?
- Is there trauma, fear of systems, or criminal legal involvement that's causing them to avoid contact?

Choosing to terminate services without exploring these factors is not only culturally incompetent—it's potentially harmful and unethical. But on the exam, that kind of critical, culturally attuned thinking is marked wrong.

This example is just one of many. The exam fails to account for the reality that people of color live in systems that criminalize poverty, pathologize cultural expression, and ignore intergenerational trauma. Social workers from those same communities are often uniquely equipped to navigate these complexities, but instead of being valued, we are being filtered out.

New York City is facing a severe shortage of social workers. Our communities are in crisis—especially Black, Brown, and immigrant communities. The people who are best suited to serve these populations are often the very ones being shut out of licensure due to a test that reinforces inequality.

I'm not asking for lowered standards—I'm asking for equitable ones. Standards that reflect cultural humility, lived experience, and the real-world skills that BIPOC social workers bring to the table every day. It's time to eliminate the ASWB exam requirement and replace it with a more inclusive, practice-based licensure model.

Let us show up for our communities in the ways they need and deserve. Let us remove the barriers that keep us from becoming licensed not because we're unqualified—but because we're under-resourced and over-surveilled.

Social work was built on values of dignity, worth, and justice. Let's make sure our licensing reflects those values too.

Thank you.

Oversight Hearing Testimony of Antonia Ferraro Martinelli
“70 Years after Brown v. BOE- Advancing Diversity and Equity in NYC”

June 18, 2025

Good morning City Council Education Chair Rita Joseph and Members of the City Council Education Committee.

Thank you for holding this morning’s Oversight Hearing entitled “70 Years after Brown v. BOE- Advancing Diversity and Equity in NYC.” My name is Antonia Ferraro Martinelli and I am truly grateful for the opportunity to provide my testimony as the parent of three NYC Public School children. While I currently serve as President of the Community Education Council in District 15 these remarks reflect my own views.

I sat before this education committee eight years ago to demand changes to District 15’s middle school admissions. Today I am thrilled to be here to talk about the success of the [District 15 Diversity Plan](#), the positive impacts I experienced as a parent, the impact I see in the district, and the need, in spite of recent federal threats, to forge ahead with ending discriminatory screened admission, and adopt race-neutral admissions policies like the D15 Diversity Plan, in what [City Council has acknowledged](#) are still some of the most socio-economically segregated schools in the nation.

I am an enthusiastic supporter of the D15 Diversity Plan (the Plan). My child experienced the highly competitive middle school admissions process before the Plan. I was a member of CEC15 during the development of the Plan and my third child applied to middle school after the D15 Diversity Plan was implemented. I participated in the ridiculous *Hunger Games* type process before and experienced the relief after. Screened middle school admissions made it apparent that school choice is a fallacy. It was principals selecting their students. And parents competing in a game of self-segregation.

The screening process was a proxy for discrimination that resulted in the second most racially segregated middle schools in the most racially segregated school system in the nation. D15 used to screen 10 & 11 year- olds through tests, grades, attendance, discipline, letters of recommendation, auditions, essays, and open house attendance. Principals would badger other principals on behalf of parents to admit their students and principals would even select students by the ethnicity that their name implies. Admissions to a middle school is a child’s civil right, yet these screens functioned as tools of discrimination. It is no surprise that when the screens were eliminated in accordance with the District 15 Diversity Plan, the majority of the schools integrated.

As a requirement of the Plan, we conducted a [Five Year Evaluation](#) through which we clearly saw the Plan’s success. Due to the elimination of screens for 10 and 11 year olds, 9 out of 11 middle schools¹ met the Priority in Admissions (PIA) Targets in the first year of the Plan’s implementation.² As of SY

¹

<https://www.chalkbeat.org/newyork/2022/11/14/23453347/nyc-middle-school-admissions-selective-lottery-district-15-diversity-plan-integration/>

² The D15 Diversity Plan adopted a framework for enrollment targets similar to the framework outlined for charter schools in amendments to the NYS Charter Law. NY Charter schools have to make good faith efforts to enroll

2022-23, 10 out of 12 middle schools in D15 fall within the target range of PIA students. The Plan also eliminated the stress that families had about middle school admissions as families expanded the schools that they perceived as viable choices. Families express high levels of satisfaction. District 15 students, including low-income students, demonstrated greater proficiency on both ELA and Math state exams than their peers citywide. Suspensions in D15 remain low compared to other districts and declined after implementation. During the pandemic, our middle schools were insulated from higher rates of enrollment loss experienced citywide. And we were able to stem the bleeding of families to middle school Charters.

My experience as a CEC member through this admissions policy transition taught me many things. First and foremost, all families want the same thing. They want a safe, enriching environment relatively close to home. It taught me that ALL schools in District 15 are good schools. “Good schools” and “Bad schools” are generally a perception. When families perceive that a school is bad, then they are willing to travel. And unfortunately, often that perception is based on the color of the students in the school. It taught me that integration is not just about moving bodies. It is about creating a welcoming environment through trained staff, curriculum and fair disciplinary processes. It also taught me that while resources can follow affluence, they can also follow integration. Integrated schools are utilized schools. Utilization equals money, far more money than the Title One funds our Federal government threatens to withhold. While the loss of Title One funds at some of our schools stings, they've got enrollment they've never had.

When I speak to District 15 parents of young children today, they often have no knowledge of the District 15 Diversity Plan. They are shocked to learn that D15 used to screen 10 & 11 year-olds. It is a bit ironic to me now, that a highly debated change, one that required a year of public engagement, is now the norm and no one is asking to go back.

That's how lasting change is made. It is slow. It weighs all the facts and presents the challenge, often with large maps and charts. It takes no voice for granted. It doesn't just make people *feel* listened to, it enables participants to shape the policy. Some ideas are better than others, but those better ideas are always child-centered and support all students. Because of these lengthy processes, like the one our district went through with WXY and the subsequent Participatory Action Research process we went through in coordination with Brooklyn College on a rezoning, I am confident we won't go back because no one wants to go back.

Unfortunately, District 15 7th graders enter a highly competitive high school admissions process that screens students with grade point averages less than 94.25% for less resourced schools. The difference between a 7th grader with a GPA of 94% and one with a 94.3% could determine whether they have access to a school that offers Calculus and lots of Advanced Placement courses and those that don't. So-called merit-base screening processes are proxies for discrimination. They are a major contributor to the racial and socio-economic segregation in NYCPS's alleged school choice system. New York City has plenty of work to do to end discriminatory screening and we need City Council's help.

comparable numbers of students who qualify for Free and Reduced Lunch, are designated English Language Learners and Students with Disabilities as compared with the Community School District in which they are located. For District 15 that Priority in Admission (PIA) target range was set at 40%-70% based on a district average of 52% of PIA students.

Lasting change requires more funding for public engagement processes from state and city sources. It is clear that Federal Integration Grants will not be available. We need more New York State Integration Project (NYSIP) grants and grants from our City Council and Borough Presidents' office to conduct voluntary, race-neutral and completely constitutional school integration plans. This work needs to continue in spite of and in open opposition to threats from the new administration. We cannot wilt at letters from the Trump Administration. We cannot shudder and relinquish our constitutional rights without a legal fight and the DOE must be ready and willing to fight.

Finally, Kamala Harris has spoken about the importance and impact of attending integrated schools. I shudder to think what our nation would have lost if Kamala went to a racially isolated school. Our democracy depends on school integration. How much national potential is being stunted in racial isolation, where students never have the opportunity to engage the world. And I am not just speaking about the Black child in racial isolation. We all benefit from the stimulation of cross community relationships. We must have the courage to continue the work of integration, smarter having learned from past mistakes and standing on small but significant successes.

Sincerely,

Antonia Ferraro Martinelli
Brooklyn, NY

I am Darrin Chambers, co-founder of Mavericks Legacy, a non-profit my wife Kimberly and I founded in memory of our son Maverick who was the victim of a choking accident at nearly 5 months old in April 2022. Through Maverick's Legacy we are determined to save lives by advocating for choking awareness, and prevention.

I am here today to express my fierce support for the implementation of airway clearance devices in schools. It is crucial to recognize the importance of having accessible, life-saving tools available in the event of a choking emergency. Every year over 5,000 people needlessly die due to choking, tragically 80% of those deaths are children and teenagers under 18. In addition, there are over 20,000 non-fatal ER visits each year for those 18 and under, which while not fatal could lead to lifelong permanent injury.

Basic Life Saving protocols which include the Heimlich maneuver and back blows are not always successful, more so than many realize. Depending on the level of training and situation, those methods are only 50-75% successful, leaving a dangerous gap. Airway Clearance Devices bridge that gap, significantly increasing survival rates and improving outcomes of survival, getting closer to the goal of 100%.

It must be stressed that these devices are not intended or implied to replace the Heimlich or back blows but instead be used in addition to. They need to be treated as part of a system and not as a standalone device. This way the proven 50-75% success rate is maintained and then built upon increasing the survival rate. When BLS Protocols fail or can't be used, these devices provide for a fast and effective option to save lives and reduce injury. They are inherently safe and pose no additional risk when used with BLS protocols. Think about it, without it the victim is going to die. With it, the victim has another chance to live. An additional option can mean the difference between life and death.

This is fully supported by the American Red Cross, who in 2023 updated their guidance to include these devices. They directly state, "If standard first aid for management of choking or foreign body airway obstruction is not effective or not feasible, anti-choking devices may be considered for attempted relief of airway obstruction."

These devices have been documented to save lives, thousands of people have been saved by them after BLS protocols failed. 7 lives have been directly saved due to our efforts with Mavericks Legacy over the last 2 years, thanks to our donations of these devices. One of those saves was in a High School in Essex County. A 16-year-old boy was choking on his lunch, and all THREE nurses on staff responded but were unable to clear the blockage, even with their considerable BLS training. They then

used the airway clearance device we donated to them, and the blockage was quickly removed. That boy is here today because of these devices.

In addition, 4 of our saves were by Police Departments responding to choking emergencies. These are BLS trained individuals who experienced situations where the Heimlich failed. One of which was a firefighter in a firehouse who was surrounded by BLS trained people, but even though he was surrounded by trained people, that training FAILED to remove the blockage. Thankfully, about a year before that incident we donated airway clearance devices to their local police department. When police arrived they were able to quickly and effectively clear the blockage with that device. That firefighter is here today because of these devices.

They are easy to use, require minimal training, cheap and can be the difference between life and death in high-stress situations. Schools are responsible for the safety of students in their care, and just as we equip schools with AEDs, fire extinguishers, and first aid kits, we should ensure that airway clearance devices are readily available in cafeterias, nurse's offices, and other key locations.

Any concerns about these devices stem from misunderstandings, faulty assumptions or a lack of firsthand experience. However, when you look at the facts, proven research, and data coupled with and real-world evidence from School Staff, First Responders, and parents, their effectiveness is undeniable. The only concern should be why are these devices not in every school, daycare and police vehicle already.

In an emergency, having the right tool for the job to assist a choking victim is always preferable to having no options at all. I would trade everything I own on this planet to have one of these devices on the day of Mavericks accident, for even just the chance to save his life.

I urge this committee and the state as a whole to take proactive steps in safeguarding our children, let's not wait for another tragedy to act. Requiring airway clearance devices in schools is a simple, cost-effective measure that can and will save lives. Our children deserve every possible chance of survival. The time to act is now.

For those that would like to see one of the devices in action, I have some with me along with a manakin. You are encouraged to come try it out and see for yourself!

Thank you for your time and consideration.

From Phil Heimlich's Letter

1. *Rare that Heimlich doesn't work:*
 - a) 50-75% of the time it works,
2. *Takes too long to find the device*
 - a) Talked about as-if it's a replacement, an addition
 - b) Per AHA training, rescue efforts are parallel, not sequential. While efforts are being performed per standard protocol, the device is retrieved and set up by another person.
 - c) Assumes the user is not familiar with the device and must read the instructions. As with Heimlich, training/practice is recommended.
3. *They are not safe, could cause more harm*
 - a) How? If used per guidance, after Heimlich has failed, they only increase chances. It can not make things worse. If any injury is given by a device, it is always a better option than death. Just like when giving CPR, a rib may break which is undoubtedly better than death
4. *Not covered under Red Cross Guidance*
 - a) They are as of June 2023
5. *FDA Letter - Follow FDA Guidance per April 2024 letter*
 - a) The FDA Letter is generic, and is broadly applied to all devices. Just like all other products, there are good and not as good versions. Some of the devices available are FDA compliant while others are not.
 - b) They state "Our recommendations are intended to help avoid delaying use of the established rescue protocols listed above if people choose to use these devices."
 - c) Consumers should be aware that using anti-choking devices first could delay action, as consumers usually have to take them out of packaging, assemble them, and follow device instructions, which may delay the use of established rescue protocols.

From NJ DOH Letter:

6. *These devices are not approved by the United States Food and Drug Administration.*
 - a. *FDA Approval is not required the same way as medications. They must be registered, but can be exempt from the premarket notification (510k) process.*
 - b. *Some, like LifeVac and V-Vac are FDA compliant, while others like no-name branded or knock-offs and counterfeits are not.*
7. *Use of this type of device is not within the National EMS Scope of Practice for the management of airway obstruction at any provider level.*
 - a. *Use of these devices is 100% allowed under the National EMS Scope of Practice for the management of airway obstruction.*
 - b. *It does not list what devices are allowed to create this suction, that is left to the individual providers.*

- c. *I have personally confirmed this with the David Bryson and Gam Wijetunge of the Department of Transportation, National Highway Traffic Safety Administration who oversee the scope of practice.*
 - i. David is an EMS Specialist
 - ii. Gam is the Director of the Office of EMS
 - d. *School Nurses and First responders have numerous devices that are in this same category of FDA registered and not approved.*
8. These types of devices are not endorsed for use by healthcare organizations, such as the American Heart Association (AHA).
- a. *Covered under Red Cross Guidance since June 2023*
 - b. Red Cross, AHA, and other similar organizations do not endorse products.
9. There is currently insufficient research documenting safety and efficacy in the use of this device (Dunne et al., 2020; Dunne, Osman, et al., 2022; Dunne, Queiroga, et al., 2022).
- a. This referenced document contains a completely faulty assumption which skews the opinions of the authors.
 - b. They state, "...suction-based airway clearance devices (ACDs) have recently been marketed as an alternative."
 - c. They have not been marketed as such. For example, LifeVac and DeChoker both make it clear that standard protocol should be performed first, and if that does not work to clear an airway blockage, to then use the device, as intended.
 - d. They state, "the safety and effectiveness profile remain promising, then acknowledging ACDs as an alternative to traditional techniques is appropriate."
 - e. they should be viewing these devices as an addition to current protocol instead of an alternative.
 - f. If they did, the safety and effectiveness profile would dramatically raise because they would not be viewed as an independent device, but instead as part of a system.
 - g. If used in addition to current protocol, as the producers advertise, there are virtually zero safety concerns.
 - h. If current protocol is unsuccessful, a life will be lost.
 - i. If these tools are used after current protocol, there is no risk.
 - j. If they work, a life is saved; if they don't, the situation is the same as with current protocol.
 - k. A life can be saved with virtually no risk.

Brands/Competitors:

- 1. Bellows Based
 - a. LifeVac
 - b. ArixMed (aka ALYack; Amzany; Anti Choking Device; LiFE STAGES; Mumany; Ofrinxs; senvok) Bellows
 - c. V-Vac (Bellows)
- 2. Piston Based
 - a. Dechoker

- b. Willnice
- c. Sonmol (Automatic, Piston based)

Appendix

Not having these is a violation of the Americans with Disabilities Act (ADA), Under Title II of the ADA, state and local government services, including EMS, are required to ensure that their programs and services are accessible to people with disabilities. This means that they must make reasonable modifications to policies, practices, and procedures to ensure that individuals with disabilities have equal access to their services. NJ has countless citizens that standard choking rescue/Airway Clearance protocol can not be used, thus necessitating an airway clearance device be available for use. This class of NJ citizen is also generally at greater risk for choking, and your actions are resulting in them having little to no chance of rescue.

These devices, as per Title II of the ADA, fit under:

- Accessibility of Medical Equipment: Medical providers, are required to have accessible medical equipment to accommodate individuals with disabilities. This includes medical devices, and any other equipment used in the provision of medical services.
- Equal Access: Individuals with disabilities have equal access to healthcare services, and this includes access to medical equipment. Medical equipment should be designed and positioned to be accessible to individuals with disabilities, ensuring they can receive the same level of care as individuals without disabilities.
- Reasonable Accommodations: Medical providers are required to make reasonable accommodations to ensure that individuals with disabilities can use medical equipment.
- Training and Awareness: Medical providers should ensure staff is trained and aware of ADA requirements, including the need to provide accessible medical equipment and services to individuals with disabilities.

Ultimately, the ADA's goal is to ensure that individuals with disabilities have equal access to medical services and that they receive appropriate care. By not allowing these airway clearance devices you take away that access putting you in direct violation of the ADA.

The Impact of Segregation for Folks of Color, Emphasizing Mental Health

My name is Gisela Rosa and I am an Alumna of The Brotherhood Sister Sol.

Being born and raised in New York City, I quickly understood that where I lived and where I went to school would determine the quality of life I'd receive.

Segregation has deeply affected Black, Indigenous, and People Of Color communities historically and continues to do so. It has never stopped. Segregation was never about separate schools, water fountains, buses, or neighborhoods. It was never about ensuring safety. It was never about protecting certain groups or cultures. It was always about upholding white supremacy and control. It was always about intentional institutional harm to continue excluding Black, Indigenous, and People of Color access to resources and opportunities. It was about keeping us marginalized and denying us equal rights, opportunities, and overall resources.

As an Afro-Latina, a Black woman, growing up in Harlem and attending public schools in Harlem, I quickly began to recognize that our schools were underfunded with no proper resources, limited academic opportunities, overworked and underpaid teachers, cuts in after school programs and clubs, and a huge lack of student support staff related to mental health. Public schools across the United States are funded through local property taxes meaning that wealthier white communities receive the most funding while our communities struggle with fewer or no resources at all. Then people sit here and blame folks of color for deciding they no longer want to attend school. Why would I? Why would we? Constantly giving us scraps and expecting us to build a life out of leftovers. Expecting us to pull ourselves up from our bootstraps and create this quality of life that never existed for us. But one thing Black, Indigenous, and People of Color do receive in schools compared to their white peers are metal detectors. The message is clear that students of color are treated as threats rather than kids, scholars, and just people. An increased police presence leading to over-policing, harsher disciplinary policies and pushing BIPOC students into the school-to-prison pipeline. Black and Latinx individuals make up most of the prison population in America. I wonder why. We often celebrate the end of slavery and legally sanctioned segregation without considering the origins of our law enforcement. Historically, these institutions were established to recapture enslaved individuals who sought freedom. Today, similar mechanisms of control are evident in our schools, where overpolicing and punitive disciplinary measures have contributed to a school-to-prison pipeline that disproportionately affects marginalized communities. Moreover, the 13th Amendment permits forced labor as a consequence of incarceration, effectively turning those behind bars into modern-day slaves. Ironically, the prison population is predominantly made up of individuals from the very communities that are often marginalized, denied equal rights, opportunities and overall resources. BIPOC communities. BIPOC folks.

Beyond education, there is still economic inequality, food deserts, health disparities (both physically and mentally). Economic inequalities meant unequal distribution of wealth, income, and resources, often leaving marginalized communities with fewer opportunities for financial stability and upward mobility. Housing segregation, a result of discriminatory policies like redlining and racially restrictive covenants, has historically forced BIPOC families into underfunded neighborhoods with limited access to quality schools, healthcare, and job opportunities, perpetuating systemic poverty and widening the racial wealth gap. Food deserts meant that fast food was more accessible than fresh groceries, contributing to chronic health conditions like diabetes and hypertension at alarmingly high rates.

And yet again, no one talks about the impact segregation has on folks of color's mental health. There's this expectation of getting over it or working harder to get to where you want to be. Segregation has severe mental health consequences for BIPOC communities, leading to increased psychological distress, chronic stress, anxiety, and trauma due to systemic racism, economic deprivation, and limited access to resources. Research shows that individuals in segregated neighborhoods experience 20-30% higher rates of anxiety and depression, yet only 25% of Black and Latinx individuals in these areas receive adequate mental health care. This disparity is driven by a lack of access to psychiatric services, historical mistrust in the healthcare system, and the compounding effects of environmental and economic stressors which stem from segregation.

The lack of investment in our neighborhoods sent a clear message: our lives, our dreams, and our futures were not priorities. We deserve better, and it's time for those in positions of power to act accordingly. Segregation never truly ended—it simply evolved.

Like Zora Neale Hurston said, "If you are silent about your pain, they'll kill you and say you enjoyed it."

Thank you.

Ingrid Amorini-Klimek, Ph.D.

June 17, 2025

Re: Airway Clearing Device Use in Public Schools

Dear NYC Education Committee:

My name is Dr. Ingrid Amorini-Klimek. I have fulfilled many roles in the field of Education: Special Education teacher, Administrator, Educational Psychologist, Early Interventionist, you name it. However, I am here as a sister and guardian of an adult with severe intellectual disabilities, and most importantly, as his advocate.

One issue that continues to present itself across situations and over the years is the issue of "access." This is one of the central tenets of the Americans with Disabilities Act, and one that I always strived to live by as a professional and demand as a family member. A few years ago, I met Mrs. Toni L'Abbate and she introduced me to the issue of access in first aid situations. It was the first time I realized that for a certain subset of the population of students with disabilities, access to immediate care in a choking situation may be delayed due to their condition.

How is access delayed in these types of situations? People with mobility issues, for example, that use a wheelchair, would have to be removed from the wheelchair by two people in order to apply an abdominal thrust. They may also receive it sitting in the wheelchair, but the delivery may be far from optimal and yield no results. In other situations, the person with disabilities may have extreme sensory issues that may make it impossible for anyone to deliver any type of abdominal thrust as physical contact is the hallmark of such a procedure.

An airway clearing device would assist in providing children with disabilities (and all children for that matter) with an option to support their lives should a choking situation occur. We have all heard stories of children who died needlessly, and could have been saved, had an option been present.

People with disabilities need to have ACCESS to a variety of ways to assist them in choking situations. We already provide them with accommodations and adaptations in the classroom. Let's provide them with an option and an opportunity to survive in a life-or-death situation.

Please help my brother have this option and provide him with an opportunity to live should this happen to him.

Thank you for your time.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ingrid Amorini-Klimek', with a stylized flourish at the end.

Ingrid Amorini-Klimek, Ph.D.

6/10/2025

My name is Janice Francois, and I hold a Master of Social Work (MSW) degree. I am writing to express my strong support for eliminating the mandatory ASWB licensing exam, which has become a major barrier not only to my personal career advancement, but to the strength and equity of our mental health workforce as a whole.

The ASWB exam has shown persistent and troubling disparities in pass rates, especially for test-takers of color and those from marginalized communities. Despite successfully completing a rigorous, accredited graduate program and receiving the education and training necessary to support individuals and families in need, I like many of my peers am prevented from advancing in my career solely because of a standardized test that does not reflect the skills, empathy, or cultural competence required to serve in this field.

This barrier is not just personal it is systemic. We are in the midst of a serious mental health crisis in this country. Communities are experiencing historic rates of trauma, anxiety, depression, substance abuse, and homelessness. The need for licensed, qualified professionals is more urgent than ever. And yet, talented, trained, and passionate MSW graduates are being blocked from providing care due to a single test that has been proven to disproportionately exclude candidates of color and first-generation graduates.

By removing the LMSW exam requirement, we can take a vital step toward equity, access, and justice. Doing so would:

- Eliminate a racially biased barrier that disproportionately harms BIPOC professionals and reinforces systemic inequality in mental health care.
- Strengthen the workforce, allowing more qualified individuals to practice and help address the overwhelming need for mental health services.
- Allow people like me to advance in our careers, earn a living wage, and serve our communities to our full potential.

I am not asking for standards to be lowered I am asking for standards to be fair, relevant, and reflective of real-world competence. I have already proven my dedication through my academic work, internships, and direct service. The only thing standing in my way is a test that has little to do with the realities of practice and everything to do with gatekeeping.

In this moment of crisis, we cannot afford to uphold systems that exclude the very professionals our communities need most. I urge you to support efforts to eliminate the ASWB exam requirement and to open pathways for equity, access, and healing.

Thank you for listening.

Jeffrey Harper, LCSW, ACSW
Psychotherapy
45 West 89 Street, #GB
New York, NY 10024
NY License #: PR038689-1

Testimony Resolution #362 Supporting the Social Work Workforce Act

My name is Jeffrey Harper, and I am a Licensed Clinical Social Worker living in your district. I have been a licensed social worker for nearly 37 years. During my training and career, I have worked in mental health clinics in a Bronx high school, at Lehman College, in the outpatient psychiatric clinic of Our Lady of Mercy Medical Center (now Montefiore North) in the Bronx, and I am also the former assistant director of a university mental health clinic in Manhattan. I am now in private practice, providing counseling and psychotherapy to a wide variety of individuals.

I wish to respectfully express my **opposition to Resolution #362** and the Social Work Workforce Act, which proposes to eliminate the requirement for entry-level social workers to pass the Association of Social Work Boards (ASWB) exam as a condition of licensure.

Every profession that serves the public is grounded in a foundation of standardized knowledge, verified through a formal examination. If a profession cannot demonstrate its practitioners possess specialized knowledge, it is not, by definition, a profession.

Physicians, certified public accountants, architects, engineers, licensed master plumbers – even barbers and cosmetologists—must pass licensing exams to practice. While these exams may not and could never be expected to anticipate every possible career trajectory, these exams play an essential role in ensuring a foundational level of professional knowledge – a minimum standard of competence required to perform a job and represent one’s profession. Social work, a profession that regularly serves individuals in crisis and distress, should not be an exception.

Licensed social workers serve as vital public safeguards. In hospitals, they are responsible for ensuring safe discharges—often in complex cases involving homelessness, serious mental illness, or inadequate support systems. In schools, they are key to students' emotional, academic, and social well-being, working across prevention, intervention, and long-term care.

In mental health emergencies, licensed social workers are part of mobile crisis teams empowered to issue involuntary removal orders for psychiatric evaluation—an authority shared only with physicians, licensed psychologists, and registered nurses, all of whom must pass rigorous licensure exams. The ability to temporarily suspend an individual's right to self-determination demands the utmost care, training, and professional judgment.

The racial disparities seen in ASWB exam pass rates are also seen in other professions, including medicine. But the disparity in outcomes does not in itself demonstrate

bias. That can only be demonstrated by scientific analysis of the questions and determining if they actually test knowledge that all social workers should possess. The medical field uses tools such as Differential Item Functioning (DIF) analysis and Bias/Sensitivity Reviews (BSR) to identify and address biased test items. Similarly, the American Bar Association adopted Standard 316, which holds law schools accountable for a minimum bar passage rate of 75% within two years of graduation—ensuring institutions are responsible for adequately preparing students for professional practice.

Deciding that because one is concerned about the outcome of a test that there should be no test is not only irrational; it jeopardizes the profession and the people it serves by abandoning any standards or knowledge and professional competence.

It is crucial to recognize that many individuals served by social workers in New York City are from economically disadvantaged and racially marginalized communities. Lowering the licensure standard for those serving these populations risks creating a dual standard of care—one in which underprivileged communities are seen as undeserving of professionally competent services. Equity does not mean different standards; it means ensuring everyone has access to the same high-quality, well-prepared professionals.

Yes, there is a documented shortage of licensed social workers. But the solution lies not in diminishing professional expectations. Rather, we should elevate the profession—through better compensation, greater public awareness of social workers' contributions, and institutional respect. Too often, social work is misunderstood or undervalued, and the title "social worker" is used loosely by individuals without formal training. Promoting a true understanding of the social work profession will attract bright, committed young people, especially from underrepresented communities, to pursue and excel in the field.

Finally, I find it deeply problematic, if not grossly offensive, to assume, implicitly or explicitly, that Black and Latino social workers are less capable of passing licensing examinations. This assumption is not only unfounded but harmful. It underestimates the potential of talented individuals of color and does nothing to address the root causes of disparities in educational access, preparation, and institutional support.

Unlike those proposing this resolution, I do not believe Black and Latino social workers are innately incompetent and incapable of passing tests. This resolution silently signals its belief in the inherent intellectual inferiority of these groups – a terrible implication to confirm by adopting this resolution, which would only tarnish the reputation and standing of *all* competent Black and Latino social workers.

In closing, I urge the Council to oppose Resolution #362. Upholding rigorous and fair professional standards is essential—not only to protect clients but to preserve the integrity and future of the social work profession.

Thank you for the opportunity to testify.

Yours truly,

Jeffrey Harper, LCSW, ACSW

Written Testimony – June 18, 2025

To the New York City Council, Committee on Education and Committee on Civil and Human Rights,

My name is Khadizha Muschett, and I am a proud mother of two boys — Khaidyn and Kenai — who attend public school in the Bronx. I'm here to urge the Council to recognize American Sign Language (ASL) not as an elective, but as an essential part of our children's education — starting as early as 3K.

My son Khaidyn and I have always shared a deep connection to ASL. We both admired the language from a young age — not because we were exposed to it in school, but because we felt its power, its expression, and its beauty. That shared fascination has become a calling. Together, we launched a petition to bring ASL into our school system. But this is bigger than our story — this is about what New York City owes its children.

ASL is not a “foreign language.” It is a fundamental form of communication that bridges communities and builds equity. And studies have shown that teaching sign language to children — especially at early developmental stages — directly enhances cognitive development, improves emotional regulation, and strengthens language skills across the board. Babies and toddlers who are taught basic sign language show stronger problem-solving skills and earlier language acquisition than their peers.

That's why I'm not asking the City to offer ASL the way it offers Spanish or French — as an option. I am calling on this Council to mandate ASL instruction starting in 3K, Pre-K, and early childhood settings across the DOE. Inclusion should not be optional. Communication should not be a privilege.

Equipping our youngest learners with ASL not only supports Deaf and hard-of-hearing communities — it prepares **all** students to thrive in a world that is more diverse, more interconnected, and more compassionate.

This is also about access to careers and civic spaces. ASL in school leads to ASL in the workforce — interpreters, healthcare providers, social workers, artists, educators. When we normalize ASL from the start, we create a city where Deaf individuals are truly seen and included in every area of public life.

I understand that implementing a citywide ASL mandate will require investment — in certified instructors, in training, in curriculum. But this investment will save the city money long-term through earlier intervention, stronger literacy skills, and a more connected population. It's not just a moral argument — it's a strategic one.

New York is one of the most powerful, diverse cities in the world. But until every child — hearing or Deaf — is given the tools to communicate, we are leaving voices behind.

Let's lead. Let's mandate ASL in NYC public schools. From daycare to high school. From playtime to public service. Let's build a city where everyone is understood.

Respectfully and with hope,
Khadizha Muschett

Written Testimony – June 18, 2025

To the New York City Council, Committee on Education and Committee on Civil and Human Rights,

Good afternoon, Chair Joseph, Chair Williams, and esteemed members of the Committees on Education and Civil and Human Rights. Thank you for the opportunity to speak today. I extend my respect to every council member present — especially the women seated before me who continue to represent and lead in service to our city.

My name is Khadizha Muschett. I come before you not only as an advocate, but as a first-generation Caribbean-American woman — and the proud mother of two second-generation, multi-racial Caribbean-American boys, Khaidyn and Kenai, who attend public school here in New York City.

With over 1.1 million students in NYC public schools and nearly 219,000 receiving special education, we have a responsibility to meet diverse communication needs. New York City is home to people from all walks of life, speaking more than 800 languages. It is one of the most culturally and linguistically diverse cities in the world.

Yet even with that richness, Deaf and Hard-of-Hearing students still don't have equal access to learning. Today, there are only two NYC public schools offering full ASL immersion — one elementary and one high school — leaving thousands without early ASL exposure.

ASL isn't a "foreign language." It's a vital, visual language that connects communities and builds equity. Studies show that early ASL exposure improves cognitive development, emotional regulation, and overall language skills — for all children.

That's why I'm urging this Council to mandate ASL instruction starting in 3K, Pre-K, and early childhood classrooms. Inclusion should not be optional. Communication should not be a privilege. Early access to ASL gives every child — hearing or Deaf — the tools to connect, empathize, and thrive.

This is also about long-term opportunity. ASL in schools leads to ASL in the workforce — from interpreters to educators to healthcare professionals. When we normalize ASL from the start, we create a city where Deaf individuals are not just accommodated — they're fully included.

Yes, it will require investment in trained instructors and curriculum. But with only two ASL immersion schools today, the gap is glaring — and the need urgent. That investment pays off through stronger literacy, earlier intervention, and a more connected city.

The ones who can't see, speak, hear, or walk still deserve to be seen, heard, stood for, and spoken for. That's what justice looks like.

"Liberty cannot be preserved without general knowledge among the people." That was John Adams. If we want our children to preserve liberty — to speak, to connect, to understand one another — then language is where it starts. ASL must be part of that freedom.

I'll close with something that stood out today. I heard there was difficulty securing ASL interpretation for this hearing. I may not need one personally, but the moment speaks for itself. If access isn't certain here, in this space, what does that mean for classrooms across the city?

This is our moment to change that.

Let's lead. Let's mandate ASL in NYC public schools. From daycare to high school. From playtime to public service. Let's build a city where everyone is understood.

Respectfully and with hope,

Khadizha Muschett

Hello, my name is Kim Chambers and I am here to speak on behalf of my son, Maverick Chambers, and Maverick's Legacy in favor of **(Bill 1002-2024)- Requiring portable anti-choking devices be placed in New York City schools.** I would like to share with you the story of Maverick's choking accident, and why I believe having a portable anti-choking device would have saved my son's life.

It was Earth Day in 2022 and I was planting seeds to celebrate Spring with our older children. Maverick was a curious 4-month-old baby and was sitting in his stroller next to us. I was only a few steps away from him and realized when he coughed that he had a packet of dried pea seeds open and in his mouth. He coughed, followed by a sharp inhale, causing one of the seeds to become lodged in his trachea. He stopped making sounds and I realized quickly that he had a total blockage of his airway.

I am trained in infant first aid and CPR and I did not hesitate to administer aid. I immediately pulled him out of his stroller and flipped him face down on my arm. I started back blows and instructed my husband to call 911 and to run across the street to get help from the neighbor, an NJ State Trooper. Within about 90 seconds of Maverick's accident, a trained professional was providing life saving aid taught to him in a professional first responder setting.

Additional officers arrived and began CPR to prolong Maverick's life while waiting for the volunteer EMTs and ambulance to arrive. They continued to administer back blows and were able to see the pea in his trachea, but they could not remove it. Ultimately, the Advanced Life Support team used an intubation tube to push the pea further into his airway. At this point

the damage to Maverick's heart and brain was already done, he had been without oxygen for too long. Although they were able to stabilize him to transfer him to the hospital, we lost him later that night.

Living without our son is an inescapable pain and longing. Our hearts yearn for him with every beat. It is difficult to process the fact that we will never hear him say Mama or Dada, he will never go to kindergarten or learn to ride a bike. The only time we can take a photo with all our children together is in a cemetery. I do not want any more parents to experience a tragic loss like ours because of a choking accident.

I need you to understand that the response that we received from everyone involved was impeccable. The officers and EMTs arrived well under the average response time in NJ. Everyone worked together seamlessly to give Maverick his best chance at life, we simply did not have the right tool to save him. If we or any of the first responders had a **portable anti-choking device** to use when back blows failed, I firmly believe that Maverick's choking accident would have had a different ending. We would still be building his life instead of Maverick's Legacy.

Installing portable anti-choking devices in schools will give every student their best chance at surviving a choking emergency. This is not a replacement for the current protocol and rather is simply an additional tool to be used to save the most precious members of our society, our children. Thank you, and I hope that you choose to be a part of saving lives today when you vote on the progression of **Bill 1002-2024**.

Social Work Licensing Exam NYC Council Testimony

City Council Members,

I write this testimony as a social worker who has spent the last 20 years working with the most vulnerable members of our community and as a social work educator who strives to prepare the next generation of organizers, advocates and clinicians to continue this work. I have personally witnessed brilliant, compassionate and ethical professionals kept out of positions that needed them, barred from advancement due to the biased nature of the licensing exam. The exam does not protect the profession or the community from unethical or incompetent social workers, it serves to perpetuate a culture rooted in white supremacy and hegemonic domination. The social workers who have the lived experience needed to deeply connect with vulnerable communities and to create change from within are the most at risk for failing this exam. Exam failure leads to lack of employment, pay disparity and a lack of competent and ethical social workers.

As a practitioner with my LCSW-R, I truly understand the impact of not having enough social workers available to serve our communities. People in crisis are on long wait lists, are often served inadequately when caseloads are unmanageable, and the mental health and addiction crises continue to increase. I also have seen the damage done when people who are not adequately trained and who have no understanding of cultural humility try to work with vulnerable people. In NY, our communities deserve to be served by competent, trained and attuned social workers. I have never seen a social worker fail the exam and thought to myself that the individual should not be licensed. In fact, I have witnessed the opposite. Social workers I know who are skilled and talented have failed due to language and cultural barriers and the exam's inherent biases. These are the people we need the most, and they are being kept out of the profession.

As a social work educator, I know that the students who graduate from our program are ready to take on the roles available to them as social workers. They complete rigorous training that adequately prepares them to serve our communities. The exam does not contribute to maintaining the standards of the profession, and I truly believe it only serves to reinforce historical and social patterns of discrimination. NY state has been a bastion of human rights, implementing policies that uphold equity. I implore this council to continue this important work by supporting the Social Work Workforce Act.

Thank you for your time,

Dr. Leah Topek-Walker, DSW, LCSW-R

Testimony on June 18, 2025, to the Education Committee of the New York City Council by Professor Limarys Caraballo of Teachers College, Columbia University to the Latinidad Curriculum Initiative—in support of the Y26 budget proposal.

Good evening, Chairs Joseph and Williams, Committee members, and members of the Council,

My name is Limarys Caraballo, associate professor and researcher at the Gordon Institute at Teachers College, Columbia University, as well as the co-director of the Latinidad Curriculum Initiative. We are grateful for the City Council's support in our first year, and for the opportunity to address you all in regards to the request for continued funding for the next and very important phase of this project. As Chair Joseph has indicated, there is an urgent need to address gaps in access and opportunity among diverse NYC student populations, and the Latinidad Curriculum Initiative (LCI), seeks to continue important work by the City Council in addressing inequities.

Although 42% of our city's students identify as having Latine, Latino, or Hispanic heritage, their diverse histories, leadership, and contributions of these students and their families to our City have been under-represented in the curriculum. Recognizing that students learn most effectively by making connections between new information and what they already know, the LCI is grounded in commitments to culturally responsive and sustaining pedagogies, intercultural awareness, inclusivity, accessibility, and intergenerational collaboration as a way to center youth voices and nondominant community perspectives in classroom learning. Our team is uniquely positioned to continue to lead this collaboration among stakeholders who are deeply engaged and invested in the learning, achievement, and postsecondary success of *all* students in New York City Public Schools. *(Indeed, one of the youth who testified with in person before this initiative on June 18th is also a youth collaborator on the Initiative, and another is part of the Circle Keepers youth organization, who were also testifying in the Chambers during the same hearing.)*

[In year 1, we have led with our expertise and engaged educators, community members, and youth collaborators. Our team has worked collaboratively to include multiple voices in developing the Latinidad Curriculum Initiative Blueprint, which outlines the vision, conceptual framing, and scope of the initiative.](#)

The Latinidad Curriculum Initiative (LCI) Blueprint is grounded in commitments to culturally responsive and sustaining pedagogies, transcultural awareness, inclusivity, accessibility, and intergenerational collaboration as a way to center youth voices and nondominant community perspectives in classroom learning. In keeping with our teaching and learning stance, the LCI blueprint depicted in this brochure draws connections between various resources, materials, and stakeholders for ongoing collaboration (Page 1), presents a conceptual framework and design principles for dynamic teaching and learning (Pages 2-3), and illustrates the mapping of sample lessons (Page 3). The blueprint will continue to evolve throughout the design and implementation phases of the project, based on feedback from all stakeholders.

To develop the conceptual framework for this initiative, the LCI project team envisioned broad outcomes related to the rich complexity of Latino cultures, histories, and contributions in New York City. Our conceptual framework is based on a collaborative vision of Latinidad(es) that is grounded in core values and commitments to belonging and community, an intersectional approach to knowledge and teaching, and essential competencies and skills that students should learn, practice, and apply in and beyond school. The **four pillars** of the conceptual framework are operationalized via the **three** main **design principles** that guide the design and planning of curricular and pedagogical resources. In this infographic, each of these design principles is described as it might inform curriculum and pedagogy, followed by possible **indicators or sample focal questions** that exemplify how each of the principles might be enacted across multiple grade levels and academic disciplines.

In consultation with multiple stakeholders, including youth and community members, we started with these broad goals and used a backward design approach to identify the four main pillars that form our framework—a foundation for all phases of our project, from input to design to implementation. This infographic explains how the relationships between multiple partners and stakeholders throughout the scope of the initiative—from lesson plans, teacher planning guides, and curriculum resources, to an upper division elective course—are all guided by the conceptual framework for a Latinidad Curriculum.

This blueprint is now publicly available on our website, along with our strategic report, which expands on the rationale and research base for the project and the work completed during the first year. The blueprint draws connections between the design principles for dynamic teaching

and learning in our conceptual framework, and all of the resources and materials that we will curate as part of the project as well as how we will map them to the existing curriculum and standards. The blueprint will continue to evolve throughout the design and implementation phases of the project, based on feedback from all stakeholders.

With the continued support of the Council, **in Year 2 we will be able to expand our collaboration with educators, youth and communities, to develop the curriculum**, including an upper division elective on Latinidad, pilot the curriculum in partner schools, and design a professional development plan to support the implementation of the full curriculum in Year 3.

With the City Council's full support, we will follow the vision articulated in our blueprint, as exemplified in the four sample lessons, to expand the curriculum to all grades and subject areas over the coming year. The commitment to develop this curriculum in full collaboration with youth and community collaborators, as well as educator buy-in, can be realized with the support of City Council and NYCPS partnership. Our team will create curriculum materials in collaboration with educators and youth stakeholders, as well as develop a professional learning plan to support citywide implementation of the Latinidad Curriculum Initiative in New York City.

We look forward to contributing to the important goals of this committee of making equity and access a reality for all students but especially those who are most underrepresented.

Thank you so much for your time.

Latinidad Curriculum Initiative: A Blueprint for NYC Schools

The Latinidad Curriculum Initiative (LCI) Blueprint is grounded in commitments to culturally responsive and sustaining pedagogies, transcultural awareness, inclusivity, accessibility, and intergenerational collaboration as a way to center youth voices and nondominant community perspectives in classroom learning. In keeping with our teaching and learning stance, the LCI blueprint depicted in this brochure draws connections between various resources, materials, and stakeholders for ongoing collaboration (Page 1), presents a conceptual framework and design principles for dynamic teaching and learning (Pages 2-3), and illustrates the mapping of sample lessons (Page 4). The blueprint will continue to evolve throughout the design and implementation phases of the project, based on feedback from all stakeholders.



View blueprint updates

Conceptual Framework & Scope

To develop the conceptual framework for this initiative, the LCI project team envisioned broad outcomes related to the rich complexity of Latino cultures, histories, and contributions in New York City. In consultation with multiple stakeholders, including youth and community members, we started with these broad goals and used a backward design approach to identify the four main pillars that form our framework—a foundation for all phases of our project, from input to design to implementation. This infographic explains how the relationships between multiple partners and stakeholders throughout the scope of the initiative—from lesson plans, teacher planning guides, and curriculum resources, to an upper division elective course—are all guided by the conceptual framework for a Latinidad Curriculum.

PARTNERSHIP & COLLABORATION

Belonging, as a core value, is enacted via ongoing partnership, through students, families, and communities' participation and opportunities for engagement in curriculum development and students' learning experiences.

CONNECTIONS TO STANDARDS & NYCPS RESOURCES

LCI builds on critical skills across subjects to expand and deepen understandings, experiences, and critical perspectives about Latinidad and connections to other cultures, histories, and systems in New York City and beyond.



EVOLVING CURRICULUM

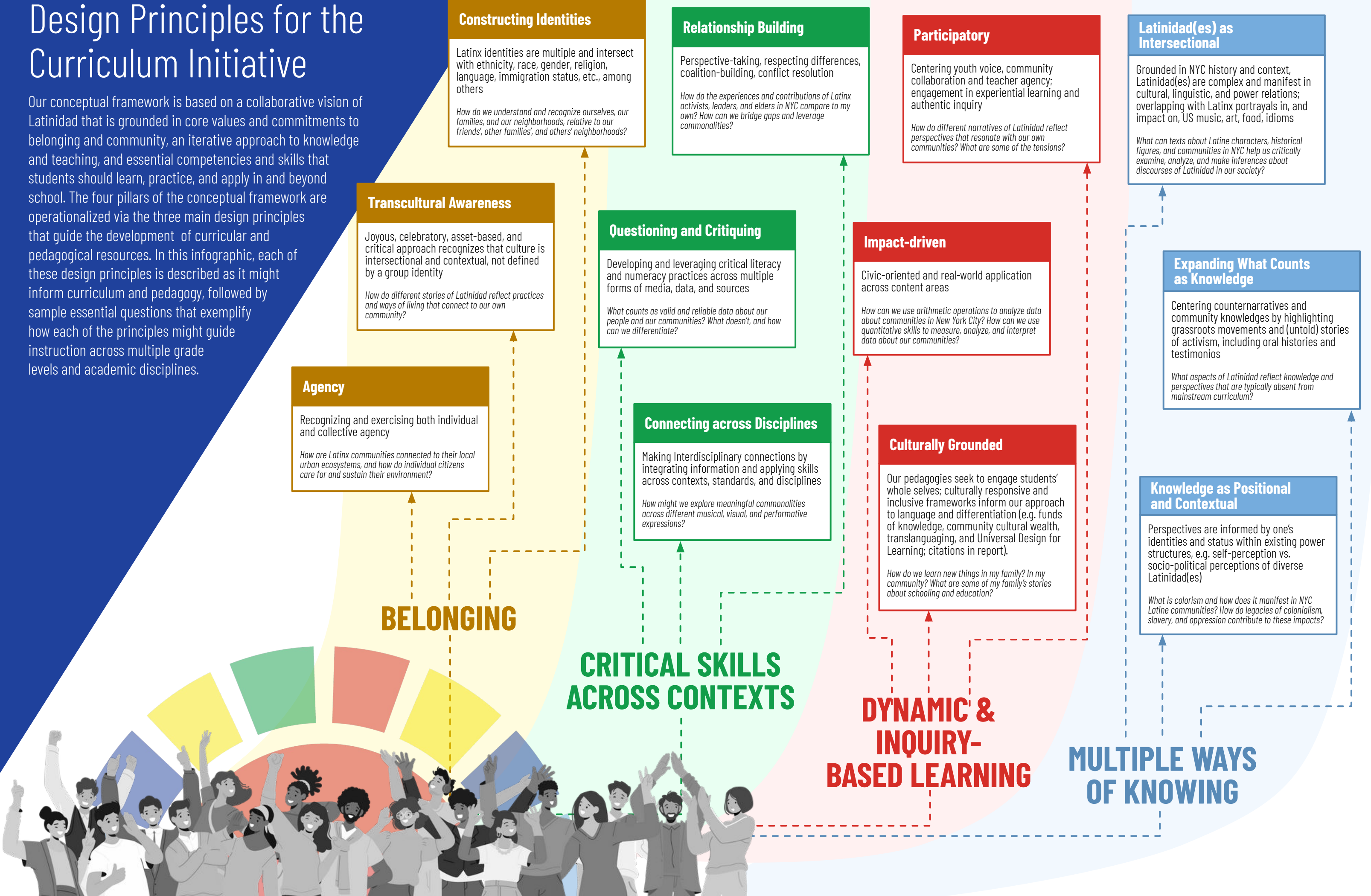
Our approach seeks to expand what counts as knowledge and whose perspectives are included in the curriculum by disrupting mainstream norms and recognizing youth and communities of color as knowledge producers.

COMMUNITIES OF PRACTICE

Because educators' identities, experiences, and content knowledge influence their pedagogies, LCI communities of practice range from district and school collaborations to individual teachers using the Latinidad conceptual framework to revisit their own curricula.

Design Principles for the Curriculum Initiative

Our conceptual framework is based on a collaborative vision of Latinidad that is grounded in core values and commitments to belonging and community, an iterative approach to knowledge and teaching, and essential competencies and skills that students should learn, practice, and apply in and beyond school. The four pillars of the conceptual framework are operationalized via the three main design principles that guide the development of curricular and pedagogical resources. In this infographic, each of these design principles is described as it might inform curriculum and pedagogy, followed by sample essential questions that exemplify how each of the principles might guide instruction across multiple grade levels and academic disciplines.



From Conceptual Framing to Curriculum Mapping: Sample Lessons across Grade Bands

A curriculum grounded in NYC communities' perspectives and values, and designed in collaboration with them, offers a powerful model for educational equity in NYCPS. Building on the design principles and indicators illustrated in Pages 2-3, the LCI team worked with United Way NYC and Hispanic Federation to seek input on what youth, educators, and families in diverse Latine communities hope to see in a curriculum that recognizes their histories and contributions. Along with reviews of relevant research, these data have informed the planning guide and sample lesson plans presented in our strategic report, *The Need to Advance the Study of Latinidad in New York City Public Schools*. The table below demonstrates the range and breadth of concepts, competencies, experiences, and values that we envision as part of a curriculum that broadens horizons by building on this conceptual framing of Latinidad(es). In the next phase of the project, the LCI team will lead the development and implementation of collaboratively-designed lessons and guides, professional learning, curricular resources, and an upper division elective, in order to fully realize the vision of the Latinidad Curriculum Initiative (LCI).



Scan QR code to see the full Sample Lesson Plans in the report.

	K-2	3-5	6-8	9-12
	Sounds of Latinidad: Exploring Family & Traditions through Music	Latinidad in My Community	Exploring Latinidad through Photography	Mobilizing for Equity in Education: The Save Hostos Movement
BELONGING an overall value or ethic that guides all subsequent elements of the Latinidad project, including design processes, professional development, pedagogy, and content.	Students recognize how music can connect to and reflect their family traditions and practices.	Students explore the cultural identities of their neighborhoods in New York City.	Students explore personal connections to Latinidad through photographs and images, and recognize how their own experiences contribute to the creation of a shared visual memory of New York City.	Students recognize the importance of the Save Hostos Movement in demanding educational equality and creating a sense of belonging and identity for communities in New York City.
MULTIPLE WAYS OF KNOWING a perspective on knowledge that requires teachers and students to reflect not only on what they know but how; in other words, that recognizes that there are a variety of sources of data that can inform knowledge creation.	Students examine how music can reflect family values, traditions, and experiences and contribute to spaces that bring people together to share memories and care for each other.	Students identify features of New York City neighborhoods that express the community life and multiple ways to access the cultural heritage at the heart of Latinidad by analyzing narratives and works of art.	Students use photographs as historical evidence, documenting the diverse expressions of Latinidad across different New York City neighborhoods, including everyday practices, community engagement, and meaningful interactions with urban spaces.	Students learn how collective action and advocacy help to preserve ways of living and knowing, improve educational experiences, and develop community resources by engaging in primary source analysis.
DYNAMIC & INQUIRY-BASED LEARNING a pedagogical approach that emphasizes problem-based, student- and community- centered, and experiential learning whenever possible.	Students consider how different rhythms, instruments, and songs connect to family traditions and everyday life.	Students ask questions about how community and identity are connected.	Students ask questions about how photography can reveal both visible and hidden dimensions of Latinidad in their neighborhoods and day-to-day lives.	Students ask questions about how the fight to save Hostos Community College reflects the broader struggles for educational equity and representation in New York City.
CRITICAL SKILLS ACROSS CONTEXTS competencies that encourage perspective-taking, the ability to understand, appreciate, interact, and collaborate with people from different cultures, and questioning to draw conclusions.	Students identify key instruments and rhythms associated with Latinidad and express how music makes them feel connected to their families and communities.	Students create a drawing of their neighborhood, incorporating ways of life, practices, and cultural elements they have learned about from New York's Latino communities.	Students analyze photographs to identify specific elements of Latinidad and compare representations across different communities.	Students analyze primary source materials as a way to understand the motivations and outcomes of the Save Hostos Movement.
Curricular Connections	<i>Literacy, Music, and Social Studies</i>	<i>Art, Literacy, and Social Studies</i>	<i>Art, English Language Arts, and Social Studies</i>	<i>English Language Arts, Social Studies, World Languages - Spanish</i>

Testimonial Letter to the New York City Council Committee on Education

Hon. Rita Joseph, Chair

and Committee on Civil and Human Rights

Hon. Dr. Nantasha Williams, Chair

June 18, 2015

FOR THE RECORD

Good afternoon and thank you, Chairs, City Council Members.

My name is Maddy Fox. I am a professor of Children & Youth Studies and Sociology at Brooklyn College; of Urban Ed at the CUNY Graduate Center; and I am a founding researcher with the Public Science Project at the CUNY Graduate Center. I am a proud public school parent.

In the context of persistent educational inequity, I propose there is a need to focus on process rather than specific policy outcomes, and I call on City Council to support efforts that *prioritize meaningfully participatory approaches*.

It has been more than 70 years since Brown v Board, and inequitable educational outcomes by race/ethnicity and socio-economic status are still ubiquitous. Schooling integration has been the bright light at the end of the tunnel for educational equity efforts for the past seventy years. The myriad of policy responses since Brown vs the Board of Education was decided in 1954 that have been aimed at addressing segregation have by large part focused on integration, and an operationalization of integration as the reorganization of Black and Brown bodies. However, despite decades of research that support the benefits and importance of school integration (Johnson, 2019; Wells, Fox & Cardova-Cobo, 2016), when we look around, it is hard to miss that segregated schools are still ubiquitous and so are inequitable educational outcomes by race/ethnicity and socio-economic status. According to the UCLA Civil Rights Project in their 2024 report “School Segregation 70 Years After Brown”, the number of “intensely segregated”¹ schools in the U.S. have significantly *increased* over the past thirty years (Orfield & Pfleger, 2024). Research provides ample evidence that tout positive impacts of integrated schools and yet somehow has not translated into *producing* “integrated” schools.

We need new approaches to increase educational equity.

In 2020, in joint effort with the NYC Public Schools, we launched a *participatory action research process* for an elementary school rezoning within an inequitable corner of District 15.

In the District 15 PAR Project, local parents and grandparents who were majority from historically excluded communities, like the Red Hook Houses, formed a community research team. Over 18 months, as a group of directly impacted community members, we developed research questions, gathered and analyzed community and schooling data, and, ultimately, developed a set of rezoning recommendations that were unanimously approved by the D15 CEC

¹ The UCLA Civil Rights Project defines “intensely segregated” as having less than 10% white children enrolled at the school

in June 2021. The bulk of the funding for this project went directly to impacted community members.

Our final rezoning recommendations included creative interventions that centered Black and Brown communities and were accountable to educational equity. We recommended maintaining school zones and implementing a Diversity-in-Admissions policy across the sub-district, giving NYCHA residents, MLL, FRL, and STH students priority access at all schools. We also recommended transforming one Red Hook elementary school into a middle school, establishing the only public middle school in Red Hook.

Our recommendations took local context and geography into account, interrupted exclusive school zones, and, after careful consideration of the equity implications, did not do away with school zones. We came to these recommendations because the process was led by directly impacted community members, like public housing residents. Local community members felt included in educational decision-making and remain invested in staying engaged as the work towards educational equity continues.

If we want to achieve lasting change and transformation, if we hope to come up with effective policy responses, we need approaches that are meaningfully participatory and that center those who have historically been left out of decision-making.

For the full report: district15parproject.org

Madeline Fox, PhD

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Greetings Esteemed Members of the New York City Council,

I sincerely thank you for this opportunity to testify in opposition to the *unnecessary* and *biased* Licensed Master Social Worker, or LMSW, examination.

My name is Dr. Marie Mimose Nelson. I am a proud, bilingual Haitian social worker. I hold a Doctorate in Social Work from Capella University, awarded in December 2024, and I have been a Licensed Clinical Social Worker since 2005.

I am here today to tell the truth I have lived. The exams administered by the Association of Social Work Boards, or ASWB, have long been challenging, exclusionary, and deeply biased.

Let me share my journey with you. I graduated from Fordham University with a master's degree in social work in May 1996. While studying at Fordham, I completed countless internship hours, working at mental health agencies, gaining the clinical experience needed to serve the communities I deeply respect. Yet, despite all this preparation, I had to take the former ASWB Intermediate Examination three times between 1996 and 1997 before I finally passed on my third attempt on April 25, 1997.

That was just the beginning. In 2004, seven years later, this exam was repealed and replaced by the Licensed Master Social Worker exam. I was grandfathered in and granted the LMSW credential. Still, with all my experience, unlike my Caucasian colleagues, I had to wait until 2005 to earn my Licensed Clinical Social Work license, and until 2012 to be granted the "R" privilege—essential for insurance reimbursement.

Here is the heart of the issue: Both the LMSW and LCSW exams are constructed through a predominantly Western lens. They reflect norms, standards, and assumptions that are often misaligned with the lived experiences of immigrants and non-native English speakers. These exams create obstacles, not opportunities. They prevent qualified, competent social workers especially those from diverse, multilingual, and immigrant backgrounds from entering the field, growing within it, and reaching leadership positions.

Our communities need social workers who look like them, who understand them, who speak their languages, and who can build trust and deliver culturally competent care to them. I am one of them, a proud, competent, bilingual Haitian Creole-speaking social worker.

I urge this Council to take a stand and advocate against this biased LMSW exam that continues to harm diversity in our profession and blocks access to the very people we need on the front lines.

Please remember the social work mission is to serve society impartially, inclusively, and justly. This exam stands in the way of that mission.

Thank you for your time, your attention, and your consideration.

TESTIMONY of Matt Gonzales

**THE NEW YORK CITY COUNCIL
COMMITTEE ON EDUCATION**

June 18th, 2025

Good afternoon;

My name is Matt Gonzales. I am a former special education teacher, a community organizer, policy expert, and scholar of educational segregation.

I am coordinator for an education justice coalition called New Yorkers for Racially Just Public Schools, a doctoral student at Molloy University, and a former member of Mayor de Blasio's SDAG.

As many of us know, NYC is the most diverse city on the planet, yet it is home to one of the most segregated school systems in the country.

Having just surpassed the 71st anniversary of the Brown v Board decision, I want to appreciate chair Joseph for holding this hearing to check the city's progress.

When I began my advocacy on this issue in 2014, there were about 7 schools with diversity plans, zero districts, and an unwillingness from city leaders to even acknowledge the problem. However, because of significant public pressure led by students, parents, and educators, the city went from just a handful of schools implementing diversity plans, to over 200 now, and from zero districts with diversity plans, to 3. Additionally, the work of the SDAG helped establish a racial justice framework for integration policy, and laid out a plan to start the work of desegregating and integrating our schools.

Sadly, under the Adams administration, much of that momentum has been stalled, and in some cases reversed.

Since then, his administration has largely dismissed, and at times opposed efforts to combat school segregation. Under Adams and former Chancellor David Banks, the city reversed key policies aimed at reducing segregation in selective programs, reinstating middle school screening, reversing equitable changes to high school admissions for screened programs, doubling down on inequitable gifted education models, and threatening or repealing entirely, funding for key programming such as restorative justice and the K-12 culturally responsive curriculum titled Mosaic.

And while many principals and superintendents prioritized integration efforts within their schools and districts, the lack of urgency from centralized City leadership — and the absence of meaningful support — significantly slowed progress. The silence on this issue is particularly deafening in the face of dangerous national rhetoric and the Trump administration's recent executive orders on K-12 education signaling a broader push against diversity and inclusion efforts, threatening local initiatives, and reinforcing segregationist policies.

Despite being under a system of Mayoral Control, the City Council does have the power to make an impact on school segregation. In November 2019, the Council passed Local Law 1552, requiring the creation of district diversity working groups in each community school district. However, this law has never been implemented or enforced.

During the same session, additional legislation was proposed: Public Advocate Jumaane Williams sought to codify the School Diversity Advisory Group, former Education Chair and Councilmember Mark Treyger introduced a bill to mandate reporting on NYC public school staff demographics,

The City Council has a crucial role to play in advancing school integration, but meaningful action requires follow-through on these commitments.

This year's mayoral election presents a crucial opportunity for New York City to elect a leader committed to addressing the lasting harms of segregation in our schools, and protecting our most vulnerable community members from the Trump agenda.

NYC was once a national leader in integration and educational justice — it must reclaim that role, especially in the face of the Trump administration's attacks on public education.

Testimony on June 18, 2025, to the Education Committee jointly with the Committee on Civil and Human Rights of the New York City Council by Professor Regina Cortina on the contribution of Teachers College, Columbia University to the Latinidad Curriculum Initiative and how this work is advancing diversity and equity in NYC Public Schools.

Dear Committee Chairs,

The Latinidad Curriculum Initiative addresses inequalities in access to quality education for all students. We do this by offering resources and professional development to help teachers recognize who their students are and the strengths of the communities they belong to. Our goal, like the goal of the New York City Council, is to enhance school experiences for children and youth of all backgrounds so that they persist through graduation and on to college. By providing a framework that helps learners of all ages to understand and appreciate the histories, cultures, and valuable contributions of Latinas and Latinos, this curriculum will deepen academic interest and engagement of students from these communities.

Research shows that culturally relevant and responsive curricular content and pedagogy improve academic outcomes for Latino communities. At the same time, our Latinidad curriculum is beneficial for *all* students of New York City because it will offer an opportunity for students to learn from each other. It will enable students to interact with those who are different from themselves, to discover commonalities, and ultimately to attain a more comprehensive understanding of the dynamics and unique backgrounds and experiences of this place and the communities where we live. Moreover, since 9% of teachers nationally are Latinx, resources that teach about Latinidad are helpful not only to maintain student engagement, but also to help with the professional development and retention of teachers less familiar with the backgrounds of their students. Thus, the curriculum will help to realize the potential culturally responsive and successful pedagogy.

During this past year, the Latinidad Curriculum Initiative team of the Edmund W. Gordon Institute for Advanced Study at Teachers College, Columbia University has made great strides in developing the groundwork for building a curriculum responsive to Latino communities' needs and goals in order to close the academic achievement gap. After synthesizing research and comments from town halls and focus groups held with community members and New York City Public School students, families, and educators, we published a report in May 2025 entitled *The Need to Advance the Study of Latinidad In New York City Public School*, which is downloadable from our website: <https://www.tc.columbia.edu/latinidadnycschools/resources/>. This strategic report begins by describing what *Latinidad* means for the inhabitants of New York City and across its heterogeneous school districts. *Latinidad* is widely experienced as a social, political, and cultural self-identification rooted in a sense of belonging and ties to shared histories and traditions among descendants of Latin America and the Caribbean in the US. But it is also more than this. *Latinidad* is a belonging not to just to shared history, nor to just one shared culture. *Latinidad* is plural, dynamic, multidimensional, and multilayered. It is multinational, multiracial, and multicultural. For instance, it is about intersectional identities such as Afro-Latinidad and Indigenous Latinidad. Importantly, it is also about cultural citizenship, about participation in social movements for rights, for quality education, for upward mobility and social progress throughout American history and up until the present day.

The students of New York City Public Schools have expressed to our team their desires to learn about this history of the social and intellectual contributions of their own communities in school. They have stated that while they might attend diverse schools, they do not have a diverse curriculum, and current curricular efforts to incorporate or include that diversity feel “performative.” They have called for a curriculum that connects Latinx identities across

different subjects and disciplines and that centers cross-racial and cross-cultural bonds rather than differences. When asked about the potential value of a Latinidad curriculum, many have responded that while it would be valuable to them to learn about their own histories and backgrounds in school, it would be equally enriching for non-Latinx students and teachers to have the opportunities to learn about those histories, to foster recognition, respect, and cooperation between themselves and other groups and classmates.

In response to this call, our team has begun to conceptualize a Latinidad curriculum based on four pillars:

- **Belonging:** a value or ethic that guides all aspects of the curricular project, including design, professional development, pedagogy, and content;
- **Multiple Ways of Knowing:** an orientation to knowledge that requires teachers and students to reflect not only on *what* they know but also *how*, and that recognizes the variety of data sources that can generate knowledge;
- **Dynamic and Inquiry-Based Learning:** an orientation to pedagogy that emphasizes problem-based, student-community-centered, and experiential learning; and
- **Critical Skills Across Contexts:** a practical goal that encourages perspective-taking, the ability to understand, appreciate, interact, and collaborate with people from different cultures, and questioning to arrive at one's own reasoned stance and conclusions.

Our team is creating a practical guide for teachers to teach about histories and communities that have not yet been adequately included in public school curricula. Such a curriculum will expand academic content relating to Latinidad, across subject areas and grade levels. In our first year of

funding, we have already developed a variety of curricular resources for teachers and families that are published in our strategic report. These include a conceptual blueprint, a lesson planning guide and curriculum writer checklist that incorporate the four core pillars of Latinidad as well as four sample lesson plans, one for each K-12 grade band, that explore the multiple experiences of Latinidad in our city.

- For K-2nd grade: *Sounds of Latinidad: Exploring Family and Traditions Through Music*. This lesson examines unique musical and artistic genres in NYC through sensory exploration and experiential learning
- For 3rd-5th grade: *Latinidad in My Community*. This lesson connects to students' everyday experiences to explore the varying cultural identities of their neighborhoods in NYC and to foster their senses of connection and belonging across differences.
- For 6th-8th grade: *Exploring Latinidad Through Photography*. This interdisciplinary lesson helps students reflect on varying ways to capture Latinidad in NYC through analyzing and creating their own visual imagery and art.
- For 9th-12th grade: *Mobilizing for Equity in Education: The Save Hostos Movement*. This lesson illuminates the historical movement led by the Latino community for bilingual and culturally sustaining education in NYC while encouraging students to develop their civic engagement and advocacy skills.

These lesson plans are aligned with central New York City and State curricular standards and explicitly connect to other relevant curricula such as the *Passport to Social Studies*, *Hidden Voices*, and the Black Studies curriculum. Among other elements, each lesson planning guide includes a section on supports for multilingual learners and “What teachers should know/challenging misconceptions & featuring counternarratives” to help teachers understand

their own perspective and prepare to teach about Latinidad. These lesson plans and the curriculum writer checklist will serve as templates for the curriculum writing and piloting processes that will take place during year two of our work.

We have also already developed additional resources for use by both educators and families that are on our website and will continue to be updated according to input from the community and stakeholders in this project. These resources include comprehensive lists of narratives by NYC-based writers about their own experience of growing up as Latinos and of cultural institutions and research centers that provide opportunities for archival, experiential, and place-based learning on Latinidad in NYC. We have introduced and piloted some of these resources already, for instance at the Hispanic Federation's 2025 Education Summit on June 17 as well as at a half-day workshop for teachers, instructional coaches, and administrators from District 3. We have received enthusiastically positive feedback and constructive advice about how to continue to adapt these resources to be most useful for teachers and students for the variety of different educational contexts of New York City Public Schools.

During the second year of funding, we plan to move the Latinidad Curriculum Initiative forward by:

1. Continuing to compile and review feedback gathered so far from community events and stakeholder dialogues on Latinidad curriculum, documenting emerging themes, questions, and recommendations.
2. Recruiting and onboarding teachers to join our curriculum writing team, ensuring that they understand the conceptual framework and have opportunities to participate in planning discussions.

3. Recruiting pilot schools/districts and onboarding them with clear feedback and assessment mechanisms, so that lessons can be tested, refined, and scaled within NYC public school settings.
4. Continuing to hone our professional learning plan and model for implementation and assessment of the Latinidad curriculum through symposia and virtual lesson demonstrations/webinars.
5. Updating and adding to the digital resources on our website to spread awareness, uptake, and impact of the initiative.

Thank you, New York City Council, for all your support in building a curriculum to help our communities learn from their histories in this wonderful city.

The mental health and social service crisis in New York State is deepening, and the shortage of qualified social workers is impossible to ignore. Yet instead of opening pathways for committed professionals to step into these critical roles, we are upholding a barrier that continues to block them: the ASWB licensing exam.

From 2018 to 2021, only 51.9% of Black social work candidates passed the LMSW exam compared to over 90% of White candidates. This isn't just a disparity in test scores; it's a systemic gateway to exclusion. When more than half of our aspiring Black social workers are kept out of the profession, entire communities lose access to culturally responsive, representative care.

The Social Work Workforce Act aims to dismantle this inequitable hurdle by removing the entry-level exam requirement, an exam that continues to disproportionately exclude qualified, experienced, multilingual, and community-rooted practitioners. This legislation calls for a licensing model that values real-world competence over test-taking performance.

It is within our power—and our ethical responsibility to break down this barrier. Our communities are calling for care. Let's ensure the people who are ready and capable of providing it can actually do so.

I nearly died on June 9th, 2023.

A few bites into dinner on a balmy Friday evening I found myself choking to death. It happened so fast. Like a mousetrap snapping shut.

After several failed attempts at the Heimlich Maneuver by my wife Lauren, a house guest, myself, and a rather large police officer, I knew I was about to die. And so did Lauren. We locked eyes and exchanged our mutual understanding of that fact. I'll never forget that feeling. Wish I could. Lauren does too.

As I was contemplating how my imminent death was going to play out, it popped into my head that we had a LifeVac Choking Rescue Device in the house.

Lauren had seen one given as a gift at a baby shower the previous fall. She was impressed and decided to purchase one for us and each of our children's families. Lauren gave them as Christmas gifts. I remember thinking, at the time, that it wasn't much of a gift. Funny how wrong one can be.

Although we hadn't opened it and read the directions when we acquired it and it wasn't stored accessibly in the kitchen, Lauren knew exactly where it was.

I remember her tearing up the stairs to retrieve the device and almost immediately stomping back downstairs while calling out "I have to read the instructions"! I was busy trying not panic. And stay conscious.

Fortunately, the instructions were short and simple. Quickly, Lauren was coming at me with the device. On the second attempt, she cleared my airway enough for me to get some air.

If we hadn't had the LifeVac and Lauren not had the composure and courage to employ it successfully under the most desperate circumstances., I certainly would have died. And I would never had the chance to meet two of my grandsons who were born in the last 2 years.

I'm grateful for LifeVac and grateful to Lauren who showed such fierce courage under the most terrifying circumstances, and for my family.

Together they saved my life.

The fact is, while the Heimlich maneuver is a remarkable and life-saving discovery, it doesn't always work. So why would we remove any other potential chance of survival? Every second matters—and every option should be on the table when a life hangs in the balance.

On October 20, 2024, my 3-year-old, 26-pound daughter Maya choked on a piece of candy while we were driving home from a birthday party. As a certified CPR-trained foster and adoptive parent, I immediately performed back blows—but they failed to dislodge the obstruction. If I had only followed FDA-approved or Red Cross-certified devices and protocols, my daughter wouldn't be with us today. She wouldn't have celebrated her 4th birthday on May 10th.

Let's also talk about those with special needs. What do the FDA or Red Cross recommend for someone in a wheelchair who is choking and can't be lifted to perform the Heimlich? Or the elderly woman desperately trying to save her husband but unable to wrap her arms around him? Are their lives less valuable simply because the standard protocol doesn't account for their reality?

Now just imagine a child dies while eating lunch at school—surrounded by teachers, staff, and aides, all responsible for that child's safety—simply because you're afraid to take the next step.

I'm glad Dr. Henry Heimlich wasn't afraid to take that step. And I'm proud that Artur Lih took that step, too—for the more than 4,000 lives saved and the countless families spared from unimaginable grief.

We must be brave enough to move forward, to embrace innovation, and to support every tool that can give someone another chance to live. Because saving lives should never be limited by fear.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mark Rampersart

Address: _____

I represent: NYCPS

Address: _____

Student

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 06/18/2025

(PLEASE PRINT)

Name: Amena Mohamed

Address: [REDACTED] Astoria, NY, 1103

I represent: Center for Anti-Violence Education

Address: 20 2nd Avenue, Brooklyn, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/18/2025

(PLEASE PRINT)

Name: Alia Soliman

Address: [REDACTED]

I represent: Brain Science

Address: 75 W 205th St

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Matt Chacko (SLN)

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Antonia Ferraro Martinelli

Address: _____

I represent: CEC 15 (self)

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chancellor Aviles Ramos

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Don Weisberg

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Travonika Kelly

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ydaly Gallo

Address: _____

I represent: _____

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

Student

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Janna Witherspoon

Address: 645 East 20th St

I represent: The Circle Keepers

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1002 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Matt Gallagher

Address: [Redacted] Lakeville 174

I represent: New York's Ex-School Just Public Schools

Address: Manhattan

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1002 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Eric Ryan

Address: 102 Greenbush Lakeville 174

I represent: Eggs First Aid

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/18/25

(PLEASE PRINT)

Name: Nyah Berg

Address: _____

I represent: New York Appleseed

Address: 155 6th Ave

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Brenda Garcia

Address: _____

I represent: NYCPS

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Randi Levine

Address: _____

I represent: Advocates for Children of New York

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kevin Moran

Address: _____

I represent: NYCPS

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kleber Palmer

Address: _____

I represent: NYCPS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 12625-36

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Cindy Treminio

Address: 55 Exchange Pl New York, NY 10005

I represent: Hispanic Federation

Address: Same as above

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1002-2024 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: TONI LABBATE

Address: [REDACTED] Bethpage

I represent: EQUAL FIRST AID

Address: Jefferson Place

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: HEIDI BETH FELIX 11701

Address: [REDACTED] AMITYVILLE

I represent: LIFE VAC LLC

Address: 120 LAKEVIEW BLVD SUITE 11701

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THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kevin Moran

Address: _____

I represent: NYCPS

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Alyson Rorentnal

Address: 263 W. 86th St NY, NY 10024

I represent: West Side Campaign Against Hunger

Address: 263 W. 86th St NY, NY 10024

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rhonda T. Muschett

Address: [REDACTED] 11213

I represent: ASL for All Schools

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rochelle Du

Address: [REDACTED]

I represent: NY Appleseed

Address: 155 6th Avenue Suite 401

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: 6/18/25

(PLEASE PRINT)

Name: LARA LAI

Address: 1 Centre St.

I represent: NYC Comptroller Brad Lander

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Capt Kama Sumnells

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sgt Rafael Alvarez

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Madeline Fox

Address: [REDACTED] Brooklyn NY 11215

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Clarissa Kwizaki (STUDENT)

Address: [REDACTED] NY, NY, 10128

I represent: CASE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: KULSOOM TAPAL (w) student

Address: _____

I represent: CASE

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Supt. Meghan Dunn

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: John Hamrick

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Robin Davidson Kerline Apollon

Address: _____

I represent: _____

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Robin Dawson

Address: _____

I represent: _____

Address: _____

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Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DC Crisley Melendez

Address: _____

I represent: _____

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. M. G. Thompson, D.D.

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Christopher Leon Johnson

Address: Buffalo Ave

I represent: Self

Address: _____

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