CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CIVIL AND HUMAN RIGHTS JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

---------- X

December 12, 2018
Start: 10:22 a.m.
Recess: 1:02 p.m.

HELD AT: 250 Broadway – Committee Rm. 14th Fl.

B E F O R E: MATHIEU EUGENE
Chairperson

DIANA AYALA
Chairperson

COUNCIL MEMBERS: Daniel Dromm
Ben Kallos
Brad S. Lander
Bill Perkins
Ydanis A. Rodriguez
Helen K. Rosenthal

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

Gary Belkin, Executive Deputy Commissioner, Mental Hygiene, New York City Department of Health and Mental Hygiene

Dr. Aletha Maybank, Deputy Commissioner, Center for Health Equity, New York City Department of Health and Mental Hygiene

Dana Sussman, Deputy Commissioner, Intergovernmental Affairs and Policy, New York City Commission on Human Rights

Adena Miles, Community Activist

Martha Franco, Psychologist

Lauren Quiijano, Community Organizer, Health Justice Program, New York Lawyers for the Public Interest

Catherine Hanssens, Director and Founder of the Center for HIV Law and Policy

Katherine Bouton, President, Hearing Loss Association of American, New York City Chapter

June Ryan, President, Disabled in Action

Ghadir Ady, Director of Child and Family Wellbeing Arab-American Family Support Center

Lucy Freeman, Urban Justice Center Mental Health Project

[background comments/pause] [gavel]

CHAIRPERSON EUGENE: [coughs] [gavel] Good morning. My name is Mathieu Eugene and I'm the Chair of the Civil and Human Rights Committee. Today, our committee is holding a joint hearing with the Committee on Health--Mental Health and Disability and Addiction chaired by my esteemed colleague Council Member Diana Ayala, but we've been examining the negative mental health consequences of the commission and various incidents. Broadly speaking discrimination involves an equal action against the mis—the mistreatment of based on one or more of the actual or perceived characteristics. This can include someone's race, gender, ethnic or religious identify, sexual preference, age, disability or immigration status. Discrimination can be overt. For example using racial slur to harass someone or moral slur. In the latter case, the understated mention of discrimination—discriminatory action make it difficult to prove and, therefore, identified and labeled. Discrimination can also be structural. In these cases a barrier to equal opportunities embedded in institutions, social structures, policies numbs and the attitude. Discrimination can also rise to

the level a hate crime. Hate crimes are biased incidents consisting of two elements, an underlying climate and a motivation by an unlawful bias that is protected by hate crime laws. The bias motif is precisely what makes that crime distant. The victim of hate crimes are selected as targets to some actual or perceived protected characteristic, such as race, gender, disability, religion or sexual orientation. As such, hate crimes are enacted on an individuals, but target the broader group or class of people who share the protected characteristics. This can have devastating psychological and emotional effect and victims of hate crimes are likely to experience psychological effect more slowly than a victim of non-hate crime. Hate crimes also have a community impact. When an individual is targeted based on an protected characteristic, the group that shares this characteristic will often feel vulnerable to future attacks. This is because in hate crime the attacker not only assert power over the victim, but also assert power over the community. Certain men might generalize a community of a long history of many victims or biased motivated violence and this commission. When there a little to no understanding

of the sheer scope of the hate crime, social acceptance of discrimination persist and these communities continue to be disproportionately vulnerable to hate crimes. Discrimination, harassment and bias or hate crime have a range of impacts on a person's life and on their sense of themselves. Victims often internalize and normalize the behavior so that they continue to believe that they are less worthy because of their characteristic. As one psychology explains: It is difficult for any person to endure a life—a lifetime avert subtle—avert messages that attack their self-worth, and emerge from it insulted.(sic) It is not unusual (sic) that some part of us would internalize these messages without even realizing it. It is no surprise that American Psychological Association, APA, reports that discrimination related to this—this link mental health issues such as anxiety and depression even in children. In 2015, researchers examined 300 studies from around the world, and found a connection between the discrimination and poor mental health. Even when the researchers accounted for other stress factors, the link between discrimination and mental health in these other (sic) was clear. Today, we look forward

to hearing testimony of how we can help a victim of discrimination and bias access the mental health assistance they require. We hope to hear about the current services that the city makes available and suggestions on how the city can better assist and do action on discrimination through a holistic approach. Now, I would like to give the opportunity to my esteemed colleague Council Member Ayala who is the Chair—my Co-Chair for today. Council Member, please.

CHAIRPERSON AYALA: Thank you. Good morning everyone. I'm Amazon Diana Ayala, and I am the Chair of the Committee on Mental Health, Disabilities and Addiction. I'd like to thank my colleague Council Member Dr. Mathieu Eugene Chair of the Civil and Human Rights Committee for chairing this hearing with me this morning. Today—hold on. I'm getting a little bit blind. Okay, bear with me, guys. Today's hearing will explore the negative mental health consequences of discrimination and bias incidents. Over the last few years hate crimes and discriminatory bias incidents have increased by a significant percentage in New York City. Between January and October of this year, there has been 309 hate crimes reported to the New York City Police

Department compared to 297 for the same period in 2017. New York City has some of the most comprehensive anti-discrimination laws in the country, but discrimination is still prevalent. In its annual reporting of discrimination cases, the New York City Commission on Human Rights filed a total of 747 cases for 2017. These cases related to discrimination and employment discrimination in housing, discrimination in public accommodations, discriminate—discriminatory harassment and bias based profiling by law enforcement. Just this week, we witnessed a horrific video of a young mother whose baby was torn from her arms by law enforcement while she was attempting to receive her voucher for city funded day care from a Human Resources Administration office. In New York City where we have incredibly thorough anti-administrative—discrimination laws, these incidents sill occur all the time. The psychological and mental health effects for such incidents on both the individuals who experience them and on the committees who are affected by them cannot be understated. The links between discrimination and mental health disorders have been well studied and well documented. For example, the New York City

Commission of Human Rights recently reported that individuals who been fired because of race, ethnicity and religion experience symptoms associated with depression at rates of 51.3% compared to just 16.2% of those who have not. Individuals who experience psychological—physical assault and verbal harassment were also associated with increased risk of depression. Discrimination is a powerful and pervasive force that has two—that has served impact—severe impact on persons—a person's sense of themselves. I'm sorry. I'm struggling (sic) with these glasses. Victims of discrimination and bias and harassment often internalize and normalize the behavior so that they believe that they are less worthy because of the character—their characteristics. As we continue to feed this increase in hate crimes and biased incidents in New York City, and while we have a presidential administration that has contributed to hateful discriminatory rhetoric, it is crucial for us to examine the effects of these horrific acts and to learn how we can prevent them from happening in the future. I look forward to hearing from the Administration and from advocates on services the

city is offering and learning from the City Council—What the City Council can to do address discrimination and hate crimes in New York City. I want to thank my committee staff Counsel Sarah Lis; Policy Analyst Christie Dwyer; Finance Analyst Janette Merryl; my Chief of Staff Mili Bonilla and my Legislative Budget Director, Bianca Medina for making this hearing possible, and I would like to recognize [coughs] Council Member Holden and Danny Dromm. Thank you.

CHAIRPERSON EUGENE: Thank you very much, my Co-Chair. Before we begin, I would like to—oh, that has been done already. Thank you Council Member Dromm and Council Member Holden. Thank you very much, and I would like to call upon, you know, the Administration who is—but before you start speaking, I would like to—to have the Committee Counsel to administer the oath.

LEGAL COUNSEL: Please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before these committees today and to answer honestly to Council Member questions?

DEPUTY COMMISSIONER BELKIN: Yes.

DEPUTY COMMISSIONER MAYBANK: Yes.

LEGAL COUNSEL: Thank you.

CHAIRPERSON EUGENE: Okay.

DEPUTY COMMISSIONER BELKIN: So, [speaking foreign language] good morning. My name is Gary Belkin and I want to say we appreciate being here, Chair Ayala and Eugene and members of the committee—committees on Mental Health and Civil and Human Rights. So, I'm the Executive Deputy Commissioner for Mental Hygiene at the New York City Department of Health and Mental Hygiene. I'm also pleased to be joined to my left by Dr. Aletha Maybank, who is the Deputy Commissioner for the Center for Health Equity at the Health Department, and on behalf of our Acting Commissioner Barbot, we thank you for the opportunity to testify today, and also for your shining the light on this issue of the mental health consequences of discrimination and bias. For decades discrimination and bias have eroded the ability of too many New Yorkers to fully value and be treated fairly so that they reach life's full potential. Bias, harassment, discrimination based on race, ethnicity, gender, sexual orientation, religion, disability, come in varying degrees of subtleness, and violence, but even

if they are more subtle, these forces can shame, deny, traumatize people, and by doing so ultimately threaten their health and their mental health. We began to learn much more about the consequences of discrimination and their links to health and mental health over the life of an individual. A body of work, for example, now describes something called the Weathering Hypothesis, the process by which the cumulative burden of discrimination experiences on the body, experiencing our first childhood events for example, or internalized as was said and have last seen physical harms that can lead to early disease and even premature death. Groups discriminated have historically been treated in ways that reflect values on who is deserving or not that limit participation and opportunities in all aspects of society. Beliefs and practices we enforce by discriminatory behaviors rooted in both explicit and implicit bias work to negatively impact our understanding, actions and decisions. The ongoing experience of this objective reality of not being valued by society's and institutions' laws affects individuals and communities alike and can be expressed in subjective reactions such as diminished self-worth, self-harm,

violence against others, depression, impulsive and disruptive emotional coping and stress. So, at the Health Department we began researching how explicit and—and implicit bias affects the mental health in New Yorkers, including we have fielded our first survey to understand the impact of discrimination and harassment. This survey asks New Yorkers a series of questions including how they experienced racism on a daily basis, how they were treated with less courtesy or respect than other people, how often they were threatened or harassed. We are still analyzing the results of this data and hope to make them public shortly, but preliminary review show that for example a measure of something called serious psychological distress is far more likely among adults who experienced these forms of racism, discrimination and harassment. Additional data also supports the hypothesis that discrimination poses significant impacts on mental health outcomes. In New York City, we know that LGBTQ youth, for example, and more likely than their non-peers—non LGBTQ peers to experiencing bullying, homelessness, placing them at greater risk of depression, twice as likely as their peers and suicide attempts more than three times as

likely, and adults show similar trends. Nationally, nearly a third of LGBT and half of TGNC adults show increased rates of depression, at two or three rate— times the rate of the general population. But we must also remember that individuals do not experience only one identity. People are at intersections of multiple oppressions who most often experience high rates of health inequities include for example LGBTQ people of color especially persons with TGNC experience and persons with justice involvement all report even more compounded and greater incidences of mental health issues and when New Yorkers seek mental health care, discrimination and bias can also affect the care that they get or don't get. For example, studies have shown that blacks are five times more likely to be diagnosed with schizophrenia compared to whites even though they may have the same symptoms. Similarly, LGBTQ individuals experience implicit bias when access mental health care with surveys finding that heterosexual providers have implicit preferences that favor heterosexual people. Mental health services and systems, therefore, can play an important role in undoing the structural racism and under—and other discriminations these people

experience. I am a psychiatrist, which I often qualify by saying in a good way that, but I will readily admit that my profession and much of mental healthcare has been slow to grapple with a history of racism and gender and gender identity bias and discrimination. To begin addressing this history we must redesign then how mental healthcare is accessed and delivered and change our institutions from within. This work is happening across the Health Department coordinated by the Center for Health Equity that Dr. Maybank leads, and it is central to the administration's mental health agenda as well. Through Thrive NYC we are challenging how many mental health prevention and treatment can be done, designed, reach communities by finding new pathways for care that are participatory and, inclusive and accessible. One key approach used across many Thrive NYC initiatives is called task sharing, which provides non-specialized community members of all stripes with the skills to be part of the care pathways of mental health treatment and prevention, and thus extend them beyond the traditional treatment settings and into more familiar community settings and ways of thinking. For example Thrive NYC is

partnering with local organizations and community members that are best positioned to understand and implement mental health solutions for their own communities. Through the Health Department's Neighborhood Health Action Centers, sister agencies, community based organizations and faith leaders, we are focusing mental health initiatives and activities in communities that have been traditionally disinvested. The First Lady for example has been instrumental with the Center for Health Equity and launching Brothers Sisters Thrive and Latin X Thrive, which are volunteer efforts working to promote mental health literacy in black and brown communities and to empower and develop a more diverse and culturally relevant mental health workforce. In schools Thrive NYC in partnership with the Department of Education has expanded training and coaching support for teachers and staff to help students support healthy social emotional development and interpersonal resilience. Part of this work includes training for school safety agents and collaborative problem solving, de-escalation, restorative justice practices to make schools more welcoming and avoid unnecessary punitive practices such as suspensions and arrests

that disproportionately affect students of color, and I partnership with the NYPD we have trained over 10,000 patrol officer and crisis intervention training—team training. We've also partnered with our public safety colleagues to develop teams that respond to behavioral health emergencies with clinicians as part of a range of efforts to change the relationship between policing and our communities. Thrive NYC efforts have also focused on reaching communities experiencing bias based on gender identity and sexual orientation. This summer, for example, the city released the LGBTQ Behavioral Health Roadmap a report that includes recommendations from healthcare providers, community groups, advocates and public health experts, and we are now working with our partners to find ways that we can start implementing these recommendations. Finally, it isn't enough to change how mental health services are designed, institutional change is also needed from within to address the impacts of structural racism and gender based bias in our own place of work. In 2016, the Health Department launched race to justice. This initiative engages staff in conversations about race, power and privilege

facilitating trainings to improve staff capacity, to undo racism and gender bias, and to recognize how explicit and implicit bias affects the decision we make as city agency. By applying such a racial and social justice lens to all the work that we do, we can better prevent discriminary—prevent discriminatory actions where there are perpetuation. To date the Health Department has trained over 80% of its staff, for example, in gender and LGBTQ equity, health equity and racial equity: implicit bias content. Similar work is happening in several other city agencies thanks to the work of City Council who passed Local Laws 174 and 175 last year. These laws mandate that the Departments of Health and Social Services and the Administration of Children's Services assess internal procedures as well as programs and services to better understand their impact on racial and gender equity. These laws also ensure that agency employees receive vital training in these areas. We look forward to continuing our work of reform both internally and in the larger mental healthcare system to mitigate the effects and address the cause of discrimination. Doing so has to be considered part of any effort to improve the

mental health of New Yorkers and thank you again for the opportunity to testify.

DANA SUSSMAN: Good morning Chair Eugene, Chair Ayala and members of the Committee on Civil and Human Rights and the Committee on Mental Health, Disabilities and Addiction. I'm pleased to be here today with my colleagues from the Department of Health and Mental Hygiene Dr. Belkin and Dr. Maybank to talk about this important issue. My name is Dana Sussman. I am Deputy Commissioner for Intergovernmental Affairs and Policy at the New York City Commission on Human Rights and thank you to the Chairs for Convening today's hearing. As you may be aware, and as my previous testimony before the Committee on Civil and Human Rights highlighted, the Commission, which the agency that enforces the city's anti-discrimination and anti-harassment protections for the city of New York, recently surveyed over 3,100 Muslims, Arabs, South Asian, Jewish and SIK (sic) New Yorkers about their experiences with discrimination and harassment. The survey results were published in a report earlier this year. The report found high levels of bias, harassment, discrimination, and physical assaults experienced by

the Mossa JS (sic) communities leading up to and following the 2016 presidential election. The report also revealed that victims of such acts are reporting them at low rates, and as Chair Ayala mentioned some of our survey results, I'll repeat a few of them here. The survey included two screening questions about depression associated with the survey takers' experience with discrimination and harassment. The findings of the survey show that half of those have been fired because of race, ethnicity or religion, selected answers that indicated depression at 51.3% compared to just 16.2% of those who did not. Those who experienced employment discrimination of any kind were more likely to screen positive for probable depression. 33.8% versus 15.1% compared to those who did not. Experiences of verbal harassment were also associated with increased ASA depression with over one-quarter of those who have been verbally harassed, screening positive for probable depression compared to less than one in six of those who had not been harassed, and similarly with physical assault 36.7% versus 17%. Discrimination in public spaces of public accommodations and experiences of bias, harassment and discrimination such as vandalism or

property damage targeted at one's race, ethnicity or religion were also associated with depression. And among those who wore religious clothing, having it forcibly removed was also associated with depression at higher rates, 36.6% versus 21.1% of those who do not experience that kind of biased incident. As a result of these findings, the Commission has been collaborating with our colleagues at Thrive NYC to share this important information we gathered from the report, and to cross-train staff. Commission staff trained Thrive NYC's Mental Health First Aid Outreach Team this past September, and we are currently working with Thrive NYC to plan an event with Muslim, Arabs, South Asian—and South Asian leaders to discuss the intersections of discrimination and depression as highlighted in our report, and the Commission is working with Thrive NYC to arrange a Thrive training for commission staff. I should also note that the City Human Rights Law acknowledges that the harm that discrimination causes and our legal system allows for damages associated with emotional distress. It's an imperfect system, but it is the civil law enforcement method of providing some results or justice for individuals who have faced the emotional harm of

discrimination. In the past fiscal year, the Commission finalized 125 cases involving an award of compensatory damages totaling over $3.7 million in compensatory damages awards to complainants with an average of $30,000 per case, which is higher than any prior year in commission—in the Commission's recent history. We thank you for convening this important hearing today, and we look forward to your questions. Thank you.

CHAIRPERSON EUGENE: Thank you very much, Commissioner. Commissioner Belkin, I want to thank you for your testimony and thank you for the great job that you're doing on behalf of the people, but in term of, you know, when we talk about psychiatry, we're talking about effect of discrimination and hate crime on people. This is a very complex situation. People are suffering from depression, you know, from psychological development. This is a very, very complex situation and when, you know, those in the medical scene they're still trying to understand what's going on , you know, in terms of behavior and suffering on those people, and what we should do to help them, and can you— Because that requires a very qualified entering staff. I know you are-you are a

doctor in psychology I believe and you have experience, but can you elaborate a little bit about the staff that are there to provide services to the people who are victims of hate crime or discrimination because those people they are going, you know, they are going through a really, really hard time in terms of, you know, coping with this type of situation. Can you tell us about the staff, the trained staff--

DEPUTY COMMISSIONER BELKIN: [interposing] Yes.

CHAIRPERSON EUGENE: --that are there day in and day out to—and know the situation.

DEPUTY COMMISSIONER BELKIN: So, I agree with you that no health professionals who work with people who suffer through these things that we're talking about today, either hate crimes or—or these more subtle everyday assaults that we use the term trauma informed care to—to capture the—the awareness and the approach that recognizes that those things really do affect people in very profound ways in terms of how they can manage stress, how they feel unsafe, how they—how—how those experiences really get born in many kinds of behaviors. SO, that is a

skillset that we try to spreads in our Thrive programs especially those that are particularly for facing these circumstances. So, for example, one of the Thrive initiatives develops criminal victims' advocates in the NYPD who are well versed in these area and methods. We bring that curriculum into the members of our Mental Health Service Corps who are spread throughout the city as clinicians. Among our NYC Well, the—the available call center to all New Yorkers regardless of the issue to either get direct counseling or to be directed to more ongoing care. There are all those call takers who have a trauma informed background so that skill set is really needed, and we need to spread more of it, to your point, but I would also say that a lot of the way to get at the complexity that you describe is to also bring mental health to other places, to—and then Thrive is a lot about these opportunities to bring it into the skill sets of people in job training programs who are seeing a lot of folks whose life history have been traumatic un this way, in daycare centers, in after youth programs and shelters, et cetera. So, we really have to meet the complexity where it's at. As I was saying, if we're going to

live the reality of how these issues take their roll across our population, we have to re-engineer mental health so it's reaching across our population.

CHAIRPERSON EUGENE: [coughs] Than you very much, but when we talk about this stuff, but I think that now the—the staff of different institutions from the City of New York, different agencies, them also, they are facing their unknown cases of people who have been victims of hate crime and discrimination also. I'm talking about staff from your institution, but staff from the different city agencies also. You know, there are seven people, those people—among those people there may be also some of them who have been victims of hate crimes or discrimination. Is that in the training that you are talking about, or is the training extended to other staff--

DEPUTY COMMISSIONER BELKIN: [interposing] Yes.

CHAIRPERSON EUGENE: --you know, serving all the institutions in the City of New York?

DEPUTY COMMISSIONER BELKIN: Yeah. So, I guess now our broadest touch to do that is through a very ambitious effort to train a lot of our city

employees--we're over 40,000 now—in mental health first aid and I have to say a lot of the agencies that you imply who would benefit from this, DSS, NYPD, Department of Corrections have rally stepped up in terms of training a lot of their staff, and so that's one way that we bring those—those skills and awareness, and it's really a—a degree of awareness of how to work with other people that—and what they're going to be going through that we try to accomplish. We've had interest from building on this. We've had interest from some agencies in even deeper skills, and so we're exploring how we can work with them to do that, but our city employees touch New Yorker every day who are the people that we're talking about who labor under the-the-the daily oppressions both—both violent and subtle of discrimination and racism and we want to equip them to be able to be empathic listeners and—and constructively engage with them and to work with the city.

CHAIRPERSON EUGENE: Thank you very much.

DEPUTY COMMISSIONER BELKIN: Uh-hm.

DR. MAYBANK: Also. [coughs] Hello. At the Department of Health we have taken on the effort of also training our staff so all of our staff across

the agency has now—it's actually a requirement that they have trainings on race, power and privilege. They have trainings on gender equity, which is inclusive of LGBTQ equity as well as health equity, and so we are really working to make sure that our teams are equipped to talk about these issues amongst ourselves so that we're able to talk about these issues and recognize that amongst the people that we are also serving.

DEPUTY COMMISSIONER BELKIN: And I would add that, you know, the—the Health Department jumping in that in a—in a big way to really reach most of our workforce has gotten the attention and the collaboration with other agencies who are stepping forward to do similarly. So, obviously Local Laws 174 and 175 propel more of that, but—but we are collaborating with—with DOE, with DHS with ACS.

DR. MAYBANK: [off mic] It's an AC--

DEPUTY COMMISSIONER BELKIN: ACS—

DR. MAYBANK: --and as we're required to do and mandated to do, then we are working with other city agencies, DOE, DOT, NYPD and having access on each other and how best to do this.

CHAIRPERSON EUGENE: And thank you very much. We have been joined by Council Member Ben Kallos, and before I turn it over to my Co-Chair, I'm going to ask my last question and I'll get back also. So, when we are talking about psychology and kind of behavior or mental issues, that doesn't affect and those are—are issues that don't affect only the person per se, but there is an impact on the family also, and the people, you know, who any to that person, family members, children, wife, you know, husband and the entire family. What do you have in place to help the family members, the people who are living with that person who has been a victim of crime or vice to understand the situation, to be supported and also in order for them to be able to aim on this situation and assist the victim. Do you have any type of support services and outreach and assistance to the family members?

DEPUTY COMMISSIONER SUSSMAN: So, you—you bring home a very important point that when we were in biased incidents we know that it doesn't simply affect—while it deeply affects the individual who has been targeted, if course, it also affects the community around then. So, their family, their

extended community—the-the entire neighborhood. So that when the Commission learns of a bias incident we have a few different tools at our disposal. Many times a—a civil law enforcement action brought by the commission or by the victim might not be the right approach. So, we generally will seek to reach out directly to the victim or a local house of worship, and community board, and other community based organizations to see what the right response might be. We also have a community outreach team, and often our biased response involves our community outreach team as opposed to our Law Enforcement Bureau where we will again connect with the victim or the victim's family, identify if they would like to speak with us and know what their rights are and know what their options are and serve as a liaison to other services whether it be through NYC Well or other city agencies and connecting them to what they—to additional services and resources. It might result in a—in a visibility day where we're out in that community partnering with local community organizations or houses of worship or our local, for example, NYPD Outreach Team to share information about what people's rights are to be protected

against discrimination and harassment. It might be that we hold an event or a town hall. We might partner with the local Council Member. So, we have some different responses. From the Commission's perspective we are not, you know, mental health professionals or health professionals, but we do think that it is important that the Commission and the city show that we are there to support these communities that we are regularly there, that we are not there one day and gone the next, but that we are deeply connecting with communities that are feeling vulnerable and under attack in this current climate, and we can do that again through the Community Outreach side of our office, but also through filing complaints of discrimination so that we are using the—the law again as a tool to send a message that these kinds of acts are not acceptable.

CHAIRPERSON EUGENE: Thank you very much, and I want to turn it over to colleague Council Member Ayala.

CHAIRPERSON AYALA: So, who—who at the Commission, I'm trying to better understand the—the relationship between the Human Right Commission and the Thrive NYC. [coughing] So, at what point is

something triggered, right that—and who—who is responsible for them referring to the Thrive group [coughing] that may be a work shop or a community meeting happens? Who does that?

DEPUTY COMMISSIONER SUSSMAN: It might happen in a few ways. So, if someone is calling the Commission because they face discrimination whether it's in employment, housing or public space or on the street for example. We—the first point of contact is usually through a call back from our Info(sic) line and our Info Line staff are trained to identify a whole host of issues that—where we can refer people directly. So, if it's a one-on-one kind of conversation, we can refer people to for example NYC Well or we can refer people to Action NYC if it's related to immigration concerns. A lot-there are a lot of issues that might come up on that call. It could be a housing issue that is outside of our—of our—or our jurisdiction. So, we can do a referral that way. If we're learning through community conversations or outreach that a certain community needs more resources or needs more information, we will reach out directly to the Thrive NYC Outreach team and perhaps build an event together. We do

that—we do those kinds of interagency events regularly based on community need, and we can create a resource event or a town hall. We can reach out to the local Council member to join in that effort. We've done a few lately. As these bias incidents have been kind of this very common—an incredibly unfortunate occurrence. We've been doing more and more bystander trainings. Communities have been asking for resources. How do I intervene if I see something happening as a community? So, we've connected with different community-based organizations that are regularly engaging Bystander Intervention Training and—and we're there to provide some of the Know Your Right information and we're working with community-based organizations throughout the city to host those, identify space where we can do that, bring people together. We recently held them at the Brooklyn Children's Museum with Repair the World, and the Arab-American Association of New York. So, we brought together a Jewish organization Arab-American, Muslim, South Asian organization and held it at the Brooklyn Children's Museum for example. So, we can pull together events like that based on what we're hearing from the community if

that might be something that they're interested in or it could be a more mental heath focused event and bringing—bringing in Thrive.

CHAIRPERSON AYALA: Do you—do you do any of this—do you—does—well does anybody track the number of complaints that are coming from the public School system in—in regards to bullying and harassment of this site?

DEPUTY COMMISSIONER SUSSMAN: Yes. I don't have that information here, but we do have—we can—we are tracking the—what we call the respondent, the sort of defendants in our cases who—the entity that's been identified as the—as the alleged bad actor, and so that could be another city agency. It could be public school, private school, private employer. So, we do have that information or could pull that information.

CHAIRPERSON AYALA: Who will make that r—who will make that referral to you? Does the school automatically make the referral to you or does the Police Department do that?

DEPUTY COMMISSIONER SUSSMAN: It—it really depends. We work in partnership with a lot of our city agencies to know when they should be

referring cases to us. If someone has that issue at public school for example because a child is being bullied and the school isn't intervening in a way that we think is appropriate or in a way that—that the parent or the child doesn't think is appropriate or—or responsive enough, they certainly can come to us. We've worked with parent coordinators to pair—to share information about—about the resources of the commission—we—we engaged directly with schools and students on programming around their rights. We've partnered with Gender and Sexuality Alliances in different schools to provide Know Your Rights information to those students and we're expanding our reach with respect to—to students through our Community Outreach team so that they kind of have the information and—and they can reach out to us directly.

CHAIRPERSON AYALA: If you have any data that you could share, that would be really helpful, and the reason I'm asking is because in my district along I mean I've—I've had a series of school sites and young people who have either been bullied or harassed in the school system and then have gone home and—and committed suicide, and I, you know, it—there

often seems to be, you know, a disconnect in between services, and when—when they did or did not arrive, and how timely they were. I just this summer had coincidentally, I was at a—I was getting an award at an organization that provides mental health services to young people, and I leave and as soon as I walk out of the building I get a call from the Police Department that an 11-year-old in my district jumped off the 16th story roof of her building, and it—it resulted—it came, you know because of an issue that happened in school, but it was like a pact amongst the children in that school to commit suicide and there was a lot of bullying online, social media stuff. And I don't—I just—it felt like, you know, we have to kind of—while NYC did a really great job, they went into the school immediately. You know, we have really great community partners, but then it kind of—it—it—it—it stopped at the school, right. There were no services rendered to the developmental—to the witnesses that were, you know, there when it occurred. So, we—we were able to-to connect through Thrive NYC. We were able to get the—the resources out to them, but it wasn't something that happened organically, and I think that that's where I—I would

like it to come to a place where somebody is automatically, you know, calling and saying, hey this a Human Right Commission issue. This is a Thrive NYC issue. Like who was making those connections because we are under-resourced as it is in—in city agencies. Like how are we getting those—those messages across?

DEPUTY COMMISSIONER SUSSMAN: I—sorry, I would—I would let the Department of Health to speak more specifically to the connecting to core services, but I would just mention that if you are hearing about an issue that any schools in your district around, you know, schools that are not—it—from what you're hearing not responding to incidents of bullying or targeting of students because of different protected categories under the Human Rights Law. We can work with you. We can work with DOE. We can—so we—we would welcome any conversations directly. We—we do get referrals from Council members for all sorts of kinds of violations the City Human Rights Law, and we'd be, you know, open to—to speaking with you about those as they come up.

DR. MAYBANK: Okay. So, you know, I would agree to overseeing the East Harlem Neighborhood Health Action Center. When that

particular incident happened, you know, we were very much mobilized and engaged as an agency working with other city agencies NYCHA. I know my team was speaking with your team as well to figure out how best to respond and, you know, what we are learning is that we're not at this time where we do have this opportunity to pool resources to pool teams in together, and to plan in a way that we haven't before and so we're really working on that very intentionally over the last of couple of months and over the next two months to figure out what is that response when something happens, but also what is the prevention as well? How do we support schools? How do we support principals? How do we support the residents of NYCHA the community boards, but making sure that we have a response of which is actually created along with the community. So, that Dr. Meniendo (sp?) has been meeting with several of the coalitions within East Harlem specifically around mental health and mental health response. So, we're now moving towards this neighborhood approach to thrive instead of not only just kind of in mental health service corps pieces or the Mental Health

First Aid piece, but how does this all come together for our neighborhood response.

CHAIRPERSON AYALA: I would appreciate learning more about that as well—

DR. MAYBANK: Sure

CHAIRPERSON AYALA: --because I think that as elected officials sometimes there are a gazillion community partners that are great and—but they work independent of each other, and sometimes even when they work collaboratively, they're not necessarily working with the elected officials and we—what we see sometimes is a little bit different from they see, and I think that if we work together that, you know, it will be more impactful.

DR. MAYBANK: We would truly appreciate that. You know, wee work with many partners to do that here, but also in other parts of the world who also are thinking through and ones specifically in London thinking through how do we really respond for Black and Brown communities specifically, but also how do we connected with elected officials to think about this planning as well. So, we are definitely open to that.

CHAIRPERSON AYALA: Thank you. Would you like to add something, Mr. Belkin?

DEPUTY COMMISSIONER BELKIN: No, I was just going add, you know, I—I think we're increasingly appreciating the fact that the richness of Rough Ride is put out there. Its real potential will be met when we find—when we address or we use those things in these very focused placed based collaborative neighborhood driven, vulnerable community driven ways that we really connect the dots including where we're in the schools, with where we're in the communities, et cetera so that we knit a fabric of—of action that is more effective.

CHAIRPERSON AYALA: Yeah. No, I actually went back that they asked—asked—people had, you know, have you seen someone from Thrive? Do you know, what Thrive is, and they were really excited that someone had bothered to come and knock on doors and, you know, talk to residents who were sitting in front of the building and just, you know, there—there was a—they—they were really excited to have you guys there. This is a really a question for the Deputy Commissioner Sussman. So, in the—you—your reference in the report the MS—the MASA JS (sic) Report and

also review that victims are reporting at really low rates. Do you know that's so? Is that because they're afraid to do so? Is it for lack of information on where to sell it sometimes?

DEPUTY COMMISSIONER SUSSMAN: I think there's a—a few reasons, and unfortunately because this survey was quite extensive we—we had to be very specific about which questions we asked. So, we didn't get specific information about—about why people chose not to report, but from our community conversation I think there is a sense that it's not worth people's time. Nothing is going –nothing is going to change. That some of the incidents that we're talking about are—are unfortunately regular occurrences in people's lives and so to sort of point it out day after day is just not tenable for people, and when we're talking about some of the larger instances where it might be. You know, loss of a job or, you know, denial of other—of an accommodation in work place to observe one's religion, I think there is—there is lack of information about what people's rights are. And so we really do feel it is imperative for us to be—to be in communities talking about what people's rights. One of the key takeaways

for us was on the piece about religion and religious discrimination in the workplace that people have very strong protections under the City Human Rights Law to practice their religion in the workplace to seek accommodations so that they can pray in the workplace or take time off for religious observance s or wear religious attire in the workplace, and so that was a core takeaway for us that we need to be more present, visible communicating our message about the protections under the City's Human Rights Law, and even, you know, be aggressive in our enforcement in these areas so that people know that if they come to us they can get results. But the truth of the matter is, you know, for us we are—it is an administrative legal process. It is—it can be a long process, an involved process and people are busy and they have, you know, challenges in sorts—in all areas of—of their lives, and the reality is people will not always seek to come forward because it is, you know, retelling a story they might not want to tell and it is time spent that they might not have to engage with us. So, we are sort taking all of this information and taking stock of how we can be, you know, more visible, more—make our process more transparent,

demystify the process a little bit and—and also share that, you know, people don't have to go through a full complaint process sharing the information with us is important, too, because again, we—it can—it can direct our work in other ways.

CHAIRPERSON AYALA: What are the different ways to file a complaint? How do you do that?

DEPUTY COMMISSIONER SUSSMAN: Sure. So, [coughing] the—what—sort of at the—what—you can reach us a few different ways. So, our website is nyc.gov/humanrights, and there is a space on the home page where you can submit information either anonymously or identifying yourself for a follow-up where you're sharing information about discrimination. From there, someone will give you a call back, and we will do a 5 to 15-minute sort of screening on the phone to identify if this is a violation of the Human—potentially a violation of the Human Rights Law or it might be something else like concerns about immigration status or, you know, a heating issue, for example that might need to go to a different agency. The other—we—we also screen to ensure that we have jurisdiction. So, it has to be—

the incident has to have occurred in New York City for the most part and for most cases within the past year. From there an individual would come in and meet with an attorney. They have one-on-one meeting with one of our attorney investigators. If someone can't come to the office we will accommodate the. We can meet them in a—in a different space or we can do the longer and take it over the phone, and then from there our attorneys will draft a complaint and it will be filed. So, you don't need an attorney come and meet with us. You don't need to have a certain income or below a certain income threshold to, you know, avail yourself of the Commission's services. If you do have an attorney, or an advocate, they can write a complaint on your behalf and file it. So, you can sort of skip that process, but our—we're set up in a way that allows for folks without an attorney, without representation to just come forward, share their story, and then the Commission staff will take that and move it into sort of a legal complain that has been served on the other party.

CHAIRPERSON AYALA: Okay, I have a bunch of other questions, but I'm gong to let my colleague the Chairman for a little while.

CHAIRPERSON EUGENE: Thank you. Council Member Holden, please.

COUNCIL MEMBER HOLDEN: Yes, Thank you, Chairs Eugene and Ayala for this—bringing this important topic to a hearing. This is very near and dear to me, this topic and let me tell you why. In 1968 I met my future wife, a Japanese-American, and you can imagine growing up in an all white community in Queens being the only Asian-American or one of only two in the whole neighborhood. My wife suffered tremendous discrimination. I mean so much so that I—she kept it to herself for decades. I'm married 45 years now, and a few years ago a reporter called me and said we want to talk about—I was a civic leader in the neighborhood, and a reporter called me from the local paper and said we want to do a story on discrimination, you know, in the neighborhood so, what's—what's your opinion? And I said—I told the story about my wife meeting my wife and having to put with some so—so many things, but I said but you need to talk to my wife, but I don't think she'll talk to you I said. She doesn't really talk about this so much, and he—he finally called my wife and after three attempts, my wife said, Alright, I'll—I'll—I'll

talk, but please don't use my name, at first and then finally she's—I said you have to—you have to give your name because the reported won't probably publish it then. So, she spoke to the reporter a lengthy conversation and the—and the story came out like a week later. I found out things in that article that I didn't know that my wife never talked about. She says—in the article she said, I still can't walk—and my wife is 65 years old. I know she's—she's probably nothing like that, but I met her when she was 15, so—but she said I still can't walk past groups of teens. She said not a day didn't go by in the neighborhood that she didn't feel discriminated or somebody said something an anti-Asian remark. She said when she was a cashier as a teenager that she gave the wrong change, and somebody said, Go back to your country. You don't belong here. Even my own family questioned why—why—you know, we got married in '73 but—but my family was kind of like well, what—my father who—who saw horrific fighting in the Philippines against the Japanese said, I fought them in the war. How could you marry her? So, my family too, you know. So, my father wouldn't go to the wedding when I married her. This is so, and—and my wife is a great case study,

because she feels—she always felt she didn't have self-worth. She felt she wasn't, you know, she didn't belong. She even said to her sister: Please don't tell anybody we're Japanese. You know, as a school kid she said that because—but it affects different people different ways. Her sister two years younger it never affected her. She would fight back, but I've heard—I heard it. I didn't hear it as—as—it wasn't as blatant, but it was subtle. Like I—when we were looking for an apartment, I had to go to the landlord. I couldn't send my wife. I had to, you know, and then, you know, because they wouldn't have written the apartment to us. We knew that. We saw that. We felt it. But this is—this is so near and dear to me that she—and my wife needs, you know, to talk to people about this so that I could see it, and I—I'm still learning things how she felt. But—but to say that not a day—she goes: Not a day didn't go by that she didn't get some—somebody would say something in the neighborhood because again, the neighborhood wasn't diverse, and she was-she obviously felt very different. So that it does affect people over lifetimes. She never had the confidence. I had to urge her all the time, you're

good—you can do this job. You can do it, and she moved up in—in life, but it—it was constantly telling her that she's important, she's good, she's—she's talented. She didn't believe in that. She—she felt she was inferior. So this—this is such a great topic, and I want to thank the chairs and I—I thank Dr. Belkin. I'd like you to talk to my wife actually because you could learn a lot from what she experienced in life, and such a beautiful woman, such a great woman, humble and you met her Diana so, you know, she—she has a lot of talents I could tell you about her, but it was a constant, constant thing in the neighborhood. So, this is a good argument for diversity. My wife is—is—but just so important that—that we bring this out because so many—millions of New Yorkers probably experienced and they don't about it. My kids, you know, I would—I would lash out if I heard—somebody would say something when I was walking wither her and we were dating, I would obviously want to fight, and I did get into fights with—somebody had said something to her and I'd strike back or somebody would be passing in the car and say something, and a racial slur and I would get that license plate. You know, I would try to. I couldn't because it was very

quick. It's more subtle now. It was blatant then and growing up in the '60 and '70s in Queens, but it's subtle now, but it'—it's still there. We see it, we see it everyday. So, I thank you for your work, doctor and I—and—I hope this becomes a big topic and I—and I urge everyone to—to talk, you know, especially if you experience it, bring it out and—and so let's—let's try to eliminate it. I don't know if we're ever going to eliminate it, but we certainly—it's a much better world now than it was then I want to say, but not experiencing it, not seeing it from even my wife's point of view for so many years not knowing, I felt ashamed that I—I didn't—I have learned a lot in the article. You know, I had to read about it because my wife didn't want to talk to me about it. Youi know, though it's—it's the same thing when you—when we experience things, we take-we internalize everything, and we don't bring it out. So, I—I just think this is such a great topic. It's probably the best topic that I've—I've seen so far in the City Council where right—much more important than the Amazon hearing for me at least, but this is—this is near and dear to me because it was throughout the family. It was throughout the neighborhood—it was—

and even my kids experienced some of this, but enough about me. I just want to—I want to ask a question about how do you out of individuals? I mean how do you? I mean it must be tough for many people to talk about it, but how do you bring it out there that it—that they'll feel that it will be solved like I said before? [pause]

DEPUTY COMMISSIONER BELKIN: How much time we got? [laughter] I mean there are so many ways to approach that helping people get there, but I think, you know, the—the best strategy or one of the better strategies and—and Dr. Maybank was saying that our effort as a department to really empower people to find the—the ways that they wan to come together on these issues, and really increasingly see our role as empowering and equipping them to do so. I think one big effect of Thrive has been just to open a lid of permission to—across city agencies, across elected officials. I've never seen this kind of increased sense of jumping into this issue at all those levels and we need to help and respect our community, the way communities want to do—want to do that themselves. That's a general answer to your question, but, yeah.

COUNCIL MEMBER HOLDEN: [off mic] Thank you.

CHAIRPERSON EUGENE: Thank you very much, Council Member Holden. Thank you very much for sharing with us this very important situation that your wife went through, and this is, you know, a tangible, you know, statement and not—there are so many people in New York City. So many tormented people and scheming people in New York City who are contributing to the fabric of New York City and people that deserve to be respected and also who got messed up their race, religion or faith, but unfortunately this is a tragic reality that they went through every single day, every single day. And you know, people, some people in the community, especially I don't talk about the immigrant community specifically the Haitian community. Many of our members of the Haitian community also are now doctors, attorney, they are adults and they are professionals. They have shared with me also the—what they went through when they went to school in New York City. They used to go to—they used to be an object of discrimination. You know, they were experiencing so many difficult times. At that time,

some of the time they didn't want—want to go to school. They have to stay home because they are going to beaten. (sic) They said they will never forget that. This is traumatic. People will never forget this is this is the reason why when I was talking about the complexity of the psychology trauma and people, but let me—let me go back to the children. Does members of the Haitian community they are sharing, they were sharing with me tragedy or a very difficult moment of their life when they were kids, and some of them said that they didn't want to go to school just because of that, but their parents were forcing them because we in the Haitian community there are many parents they want their children to go to school, but the children couldn't go to school because of the tough situation they were going to face. So, and that situation have a very negative impact in the education, you know, academic result of those children. So, my question to the commissioner and to the doctor: What do we have in place right now, because there are children who are still facing this situation? When they see the model, the fathers of people in their community have been a victim—victimized, you know, because of hate crime of

discrimination that affects them, too. What do we have in place now to assist our children to protect them, to give them back their self-esteem their self-confidence they don't have because of those situations? What do we have in place? If we don't have nothing in place, what do you believe we can do altogether elected officials, the head of the department the—the Commissioner to the Civil Rights, Human Rights, what can we create and work together to protect those children because they are going to be traumatized for life? [pause] [coughing]

DEPUTY COMMISSIONER BELKIN: Okay, I'll start. I mean this is another big topic, but I think it shows the importance of this topic because it really is capturing a lot of things that we do as a city in building community and inclusion and how we reach people early in life to build resiliency and—and—and affirm them as people. From—from the work that I do, around how we're fashioning mental health, that translates as I was saying before into strategies that really position us in lots of other places. So, we have—without getting into great detail, across the—the—the initiatives we're doing through Thrive and other things we're doing as a

Health Department is to really—skill, support places where such vulnerable children are and can be reached in schools and in daycare settings and other child—early child facing organizations to support parents with skills to help them feel like they're empowered to promote the social-emotional growth of their children. Typically we're facing adverse events. So, we—we are doing a lot of that, but I'm seeing degrees of collaboration across agencies the way that we're now working with ACS, the way we're now working with the Department of Education to bridge things that have been siloed like for example DOE, school climate efforts and restorative justice efforts and bullying efforts, are in many ways mental health approaches. So, how do we link them up with the mental health resources that we now also have in the schools and really create these more comprehensive approaches? You're right on the money. Early in life is really a critical point. It's estimated that exposure to adverse events, which a—which include experiencing the oppression and discrimination one's parents feels that sets kids up for life in terms of poor health and mental health outcomes. So, we've invested a lot through Thrive enacting really, but

that means reaching early and it means also collaborating with these other job serving agencies. I don't know if there are other child serving agencies. I don't know if there are other particular approaches you guys take when you see families.

DEPUTY COMMISSIONER SUSSMAN: Yeah, from our perspective of the, you know, the enforcement agency for the—of the Anti-Discrimination protections in the city, we are in schools with curriculum that talks about people's rights, people's—the intersectionality issues of diversity and inclusion. We have a Peer Medication program that we bring to schools. It's an intensive 8-week program that our agency leads in coordination with the school—school leadership and, you know, the guidance counselors at the school to teach young people about restorative justice, about deescalating conflicts within their school community. So, we are in schools both educating parents, teachers, children about what their rights are in the city and sort of the principles, the sort of foundational principles about the Human Rights Law, what it means, what human rights and civil rights mean, some of the history of the city, but we—you know, we—we are always

endeavoring to build that out, to expand it, to bring it to more schools. We really work on sort of a school level in each—in different neighborhoods to get, you know, when reach out to us or we reach out to schools to get that curriculum into schools and—and work the school administration to—to bring that. So, that's sort of our approach from a community outreach and education standpoint.

CHAIRPERSON EUGENE: Thank you very much. I want to do something that I forgot to do before because I would remiss if I didn't take the time to do it, but I will do it in a few minutes. I will do it—will be doing it in a few minutes. But let m—in terms of employees and Commissioner Sussman and the Commissioner of Human Rights do you track the inquiry—inquiries requested by people for, you know, that have services?

DEPUTY COMMISSIONER SUSSMAN: I'm not sure if we—if we track referrals where we refer people, but I can look into that and get back to you on that.

CHAIRPERSON EUGENE: What about employees when people go over there?

DEPUTY COMMISSIONER SUSSMAN: Right. So, for it would translate for us into a referral. So, if someone is calling us for mental health services we would refer that to the appropriate referral source, which would typically be NYC Well, and so I would—I just have to check to see how we're categorizing those kinds of calls and get back to you on that.

CHAIRPERSON EUGENE: But do you have log, do you have a record to find our how many people come, you know, to the Commission on Human Rights to your ads to complain about the discrimination and about and also about the—the-the mental status due to those discrimination or bias action?

DEPUTY COMMISSIONER SUSSMAN: I—just so I understand the question, are you asking about discrimination based in the mental health service provision or about the impact, the mental health impact of the discrimination?

CHAIRPERSON EUGENE: Impact yeah. Mental health impact.

DEPUTY COMMISSIONER SUSSMAN: Got it. So, again, I will have to check to see. We have a tracking database where—where our Info Line staff are

entering a lot of fields with information, and I can check to see if we have numbers on how many people either that have identified mental health concerns through the call and/or the numbers of people we've referred to NYC Well.

CHAIRPERSON EUGENE: So, I know that the Human Rights Commission doesn't provide their service—mental health services, of course, but you—you may offer that.

DEPUTY COMMISSIONER SUSSMAN: Uh-hm.

CHAIRPERSON EUGENE: So, could you talk about do you refer—the—the organization where you refer people to?

DEPUTY COMMISSIONER SUSSMAN: Different, the different organizations that we refer people to.

CHAIRPERSON EUGENE: Uh-hm.

DEPUTY COMMISSIONER SUSSMAN: Sure. So, we have an extensive referral binder. So, it really will depend on the issues that are raised. You know, we have had—our staff are trained by other city agencies to identify issues that might come up either related to or sort of collateral to the discrimination case. That might be again concerns about immigration status, which would go to Action

NYC. If we—if people are looking for legal representation even though as I mentioned before, you don't need a lawyer to come to the Commission. People may be interested in connecting with a lawyer. We work with every sort of free non-profit legal service provider in the city. So, we have extensive referrals. If it's a housing court issue, if it's— and a workplace dispute a wage an hour issue, for example. We don't handle wage an hour cases so we can refer them to free legal services that—that would help them navigate that. We can also make referrals to other city agencies, of course, or state agencies. For example, if a discrimination case happened in, you know, in Westchester and not in New York City we can refer them to an agency that can handle that case because we don't handle cases outside of the five boroughs. So, we really have a pretty extensive referral list and—and options for people at—when they call us that we can identify and send people to the right—to the right resource.

CHAIRPERSON EUGENE: I'm glad that you mentioned free referrals, free services because that was going to be my next question and my question is do you follow-up and to find out if those people you

refer to different organizations is a case that has been handled properly if they have been served properly? What have been done for them or if they were in need of additional assistance?

DEPUTY COMMISSIONER SUSSMAN: Sure. I can find out what the protocol is. Typically, though, if an individual is connected to, we—I do hear of these kinds of cases where someone might have been referred to—to someone and didn't get the services that they need, they would—will often have the information of the staff member they spoke to at the Commission will call back. We will work with them again to find the right resource for them. I'm not sure if we are affirmatively following up on a regular basis to ensure that they've gotten the services they need, but I can check on that.

CHAIRPERSON EUGENE: Just for the purpose of evaluation, to know exactly how good we are doing in—in certain situations, I've been, you know, the Commission should keep the records--

DEPUTY COMMISSIONER SUSSMAN: [interposing] Uh-hm.

CHAIRPERSON EUGENE: --how many people they refer to organization, defer to an organization, for what reason--

DEPUTY COMMISSIONER SUSSMAN: [interposing] Right.

CHAIRPERSON EUGENE: --and how you are handling the situation because we have to—to make sure we provided services, and we have to ensure that we do it properly, too and that we have, you know, a better handle in the—in the situation in the future. We got to know what is needed, how many people get affected, how many people come to complain about the mental status, how many people are seeking mental health services. So, we have to know those—those numbers

DEPUTY COMMISSIONER SUSSMAN: Sure. One other thing I will mention to you is that we have personal and professional relationships with people in nearly all, if not all of the referral agencies that we're sending people to. So, have, you know—and—and people have formally—you know, people on our staff have formerly worked at organizations like Legal Aid or Legal Services NYC or make the road, organizations that we are regularly in communication

with about a host of issues. So, we have these direct community lines to the referral organizations that we're sending people to. We are not typically sending people off into an entity that we are not regularly engaging with, and familiar with and know the staff there so if any issue does arise, we're aware of that and are having, you know, regular communications with those organizations.

CHAIRPERSON EUGENE: And what type of training that the staff from the Human Right Commission, and we see in order for them to be able to identify mental health issues of those kind of people who go to them.

DEPUTY COMMISSIONER SUSSMAN: Sure. So, so some of our staff that represent sort of the most public facing departments of our—of—of the agency our Community Outreach Team and our Law Enforcement Bureau have received the mental health first aid training . We also class—Mayor—the Mayor's Office for People with Disabilities also regularly trains all of our staff on working with people with disabilities, and that covers the full spectrum of disabilities. We also are regularly trained by the Mayor's Office to End Domestic and Gender Based

Violence, which allows us to use tools around trauma informed questioning and working with people who may have been victims of trauma whether it's gender based or not, and we are working with Thrive to ensure that our staff are trained with them to—to properly identify cases that would make—would be the appropriate referral to NYC Well.

CHAIRPERSON EUGENE: So, the stuff from the Human Right Commission, dose that raise any concern or any issue in terms of themselves? For instance, some stress dealing with dealing coming to them with mental issues or seeking health assistance, mental health assistance? Did they raise also certain concerns about themselves, you know--

DEPUTY COMMISSIONER SUSSMAN: [interposing] Yeah.

CHAIRPERSON EUGENE: --the need of having also some assistance in that direction?

DEPUTY COMMISSIONER SUSSMAN: So, this is an incredibly vital question and something that we are working hard to address right now. The, you know, the—the current climate nationally has, I think traumatized and re-traumatized a lot of people including members of our staff and probably members

of every city agency. You know, the—there has been sort of an unrelenting new cycle of attacks on different communities. We're hearing of—of—of horrific violence and attacks and discrimination on nearly a daily basis, and so we are very conscious that, you know, what our—our staff do is address these issues on a daily basis and we want to ensure that our staff feel they have resources internally both through their colleagues, their supervisors that we provide support to our staff and that we also engage in self-care and allow people to take time to—to address the needs—their own mental health needs and emotional health, and so we are working currently to embed some of that and bring in some—some experts and some resources for our own staff to ensure that they, you know, are taking care of themselves as they kind of deal with the trauma of—of—of the—of the communities they are serving.

CHAIRPERSON EUGENE: But they are pushing that because the staff they are not engines and they are not super heroes also. I think that if they are well fit mentally and physically, they will be in a better position to help the other people. Thank you so very much. Let me turn it—I'm sorry.

DR. MAYBANK: So, I'd—I'd also add that at the Health Department and at our Neighborhood Health Action Centers our—our teams are in the neighborhoods experiencing often times now that we've hired many folks that are from NYCHA thankfully or from the neighborhoods not only are they working, but they are living in the—in the neighborhoods of—that are experiencing constant levels of violence and aggressions and all of those kinds of things that affect and impact mental health, and so we have definitely been challenged in a very different way at the Health Department to think about how do we really fully support our teams? How do we acknowledge one and validate that they are experiencing trauma every single day, and that it impacts their work, but it also impacts them as they go back home into their neighborhoods, and so at the Action Centers specifically we've been hosting many more what we call healing circles, a very traditional way of pulling people together. Well, not traditional in the medical system sense, but traditional in many of our cultural senses of pulling people together along with community residents and staff to talk about what are they going through? What are they experiencing?

How do we not only understand what's happening, but how do we yield together and figure out pathways to do that more often, and so we've been hosting a lot of that, and there has been lots of asks from schools. I know that many of our partners at that at the building level as well.

CHAIRPERSON EUGENE: Thank you very much and let me turn it now to my Co-Chair Council Member Ayala.

CHAIRPERSON AYALA: So, a couple—I want to say two years ago actually—actually after the president was elected [coughs] we had an—an incident in—in the district where we had a family—it was a family of three siblings that lived in the same building. They had lived in the building for many, many years, and the owner who is elderly passed away and left the building and some inheritance to his daughter and someone else. It was split, and the daughter decided that she wanted to sell the property and so they came up with a scheme to get rid of the existing residents many of whom happened to be undocumented, and they had these like big burly guys coming and banging on people's doors and telling them that they were ICE and that they needed to leave

their apartments like immediately, and it took [coughs] I mean this family was in—they were so afraid that they actually picked up in the middle of the night and they entered into a lease agreement with a really shady landlord just a few blocks from the original apartment that had no windows and it was like in the middle of winter. We had—there were newborns in—in the apartments because now all three siblings had to, you know, they had to leave the individual apartments. Now, they were all living under one roof. That case was reported to NYPD, right because it was becoming physical in nature. She's a vendor. The would follow her to her place employment. They would stand on her corner. They would park their care literally right behind her and just stare at her. They would circle her around. They would follow her children to school. It was very traumatic for me having to deal with that experience, and we were able to work with PD and with legal services to help navigate that, and so she was able to regain, you know, access to her original apartment and I believe that there some monetary compensation that was made at that point, but it—it—it makes me question then. If a case like that

right, where a person is being discriminated against goes to PD. Does that then discourage that individual from making a complaint with you or would it be redundant to do so?

DEPUTY COMMISSIONER SUSSMAN: Uh-hm. That's a really good question. I actually know that case quite well. I was regularly in touch with the attorneys. There was a team. I think it was New York Lawyers for the Public Interest--

CHAIRPERSON AYALA: [interposing] Yes.

DEPUTY COMMISSIONER SUSSMAN: --and some other attorneys about—about that case so, I—I'm very familiar with the case. It was horrific, and I am so—there was an excellent team of attorneys working on that case--

CHAIRPERSON AYALA: [interposing] Yes, there were.

DEPUTY COMMISSIONER SUSSMAN: --and there were able to get a really good result, and from what I'm aware of. So, that case could come to the Commission. We certainly see there's been an uptick of cases like that where people are being essentially forced out of their apartments or—or forced to sign over a surrender-a lease surrender agreement of some

kind because of threats of I'm going to call ICE or I'm going to call the police, and you're going to be picked up because they want to turn over the building and—and so we are seeing those cases, and we do take those cases and litigate them as discrimination based on immigration status or one of tenant harassment. If someone reports such to the NYPD, they can also come to the Commission. It's not redundant. Obviously, we have different tools available at our disposal, and if someone is feeling like they're in imminent harm, I know there were some threats about, you know, like the boiler, you know--[background comments] they're setting the building on fore in the middle of the night kind of thing. If you're facing imminent harm, NYPD is the—is where you need to go obviously. The Commission is not equipped and does not have the jurisdiction to handle that kind of threat.

CHAIRPERSON AYALA: Do you think that's creating confusion among the immigrants in the community, right? Is it a hate crime or is it—is it a discrimination case?

DEPUTY COMMISSIONER SUSSMAN: Right sure.

CHAIRPERSON AYALA: Because it is—it is a very fine line so this--

DEPUTY COMMISSIONER SUSSMAN: [interposing] It is and they can often overlap--

CHAIRPERSON AYALA: [interposing] Yes.

DEPUTY COMMISSIONER SUSSMAN: I mean I—I do think it's—it's—it's quite challenging, and I'm not entirely sure in this moment how we kind of unpack that for—for people so that they understand, but I think the—the best thing I can say is that you can come to us, and we can, you know, provide. We can connect directly to NYPD and to the people that we work with it—the NYPD so that we are jointly addressing the situation. We are able to, you know, get people monetary damages for the harm, the emotional harm that have experienced. We can potentially get them back in the unit or get them, you know, get the landlord who has been found to discriminate o harass pay for them to move to a different location. We can get policies changed, we can ensure—we can monitor the landlord moving forward, but we can't, you know, arrest someone or charge them with a crime. However, those two processes can—can happen along parallel track. So, I

think it's important that people when they are facing, you know, threats of violence or harm that they know that the NYPD is a resource, but they also know that they have rights, and they would drive the case with us. They are the, you know, we are investigating. They are the ones bringing us the information and we can get different forms of relief for them, but again I know it's—it's complicated. One is a civil process. One is a criminal process, but they're not mutually exclusive, and so, it—but it's systems that people have to navigate and—and that is why we work with a lot of community organizations because they are the ones that sort of embedded in communities and talking to community members so that they know they can pick up the phone and call any one of us to sort of figure out what the best approach might be.

CHAIRPERSON AYALA: I may be calling the Commission to do a workshop with maybe [coughing] Council Members, Constituent Services staff because I think making that distinction is really important because I—I—I don't know why, I got the feeling that more people may be going to their local priest and—and not necessarily connecting--

DEPUTY COMMISSIONER SUSSMAN: Uh-hm.

CHAIRPERSON AYALA: --because there may be some confusion about whether or not it's supporting these things. (sic)

DEPUTY COMMISSIONER SUSSMAN: Right, and we would welcome that opportunity to absolutely start with you.

CHAIRPERSON AYALA: I have one last question if I can find it. Where did I put that? Sorry. Here I with the glasses again. I hope some of you can at least feel bad for me. [laughter] It will be you one day. So, we heard about the terrible tragedy of the HRA Office, which I referenced in my opening statement when Jasmine Hadley was waiting to receive a voucher for her—a city funded voucher for her one-year son and became tired and decided to sit on the floor because there were no more seat. HRA employees then call 911 and law enforcement who arrived at the scene eventually brought her to the ground and tore her one-year-old baby from her arms. This incident was a clear example of what can happen when employees do not have proper training for interacting with clients who may have experienced various forms of discrimination or trauma. So, what

is the commission doing to ensure that your employees don't react to individuals seeking services in a discriminatory and sensitive or harmful manner especially when employees are feeling overworked or frustrated, and I—I think that goes kind of beyond just your—right your employees, but are you seeing a pattern of this type of behavior? I mean people who are under-resourced right, and—and when you work with—especially in customer service work it's, you know, I mean you're dealing with a gazillion personal leads that are coming in and people are coming with their own experiences of trauma and discrimination, and, you know, all of the other things that come with life, right. How are we training these individuals who—who may be burning out as well, right? Because they also come in and--

DEPUTY COMMISSIONER SUSSMAN: [interposing] Yes, they are. Yes.

CHAIRPERSON AYALA: --are human beings with their own baggage. How—how are we as a city dealing with those issues to ensure that we're not seeing, you know, more cases like that of Ms. Hadley.

DEPUTY COMMISSIONER SUSSMAN: So, the Commission—it's a very important question and—and,

you know, we are all very much, you know, aware of the—the incident and concerned about it deeply. What I can says at the Commission we have, you know, law enforcement authority over sister agencies, as sister agencies are employers, are in some circumstances potentially housing providers, as places of public accommodation where people from the public come in and seek services, and we have cases against our sister agencies just like we have cases against private entities throughout the city, but what I—what I'd like to emphasize here is that we also work in—on the intergovernmental way with our sister agencies when we hear about concerns across the board about different issues that might come up that might implicate the Human Rights Law or even best practices, and so we have—we've established relationships with—with many of the sister agencies to provide resources, help develop policies that are in line with the principles of the city Human Rights Law, and that had not existed at the Commission, you know in prior years. Commissioner Malalis really needed a focus of her work to create relationships with sister agencies. So, we are not just an enforcement agency, but that we are three to provide

resources whether it's Know Your Rights training or Know Your Responsibilities training or helping agencies identify policy changes that they'd like to make, or building out cultural competency training. We have similar to DOHMH training around gender identity and working with different transgender communities and gender non-conforming communities, and we have trainings on combatting anti-Muslim racism. We have—you know, we have trainings about working with people with disabilities. So, we are working to ensure that our staff and that requested staff of other agencies are getting access to this information and this—and these trainings and also knowing what their obligations are under the city's Human Rights Law as employers, places of public accommodation or housing providers. You know, we are an agent. We are not of the size of DOHMH or some of the larger agencies, but we are effective we hope in—in carrying that message through so that agencies are thinking about these principles as they train their staff, as they implement policy change. So, so again we have an enforcement side, but we also have an intergovernmental side to it as well.

CHAIRPERSON AYALA: Thank you so much. [coughs] I—I agree with Council Member Holden. This was a great hearing, and I think we've learned a lot. I wanted to recognize Council Member Fernando Cabrera who was here a few minutes ago, and I think that it's for my questions.

CHAIRPERSON EUGENE: [off mic] Thank you. [on mic] Thank you very much, Co-Chair Ayala. As I said there previously, I would be remiss if I didn't take the opportunity to do something to reach out to protocol because we are agreed this is a wonderful, wonderful public hearing, and this is a very important topic, but it couldn't be possible without our wonder staff, remarkable staff who work hard to make it happen. I didn't make it happen. They made it happen. Trust me and we owe them a good deal of gratitude for that, and I want to thank the committee staff Albany Aujah, Counsel of the Committee, and Leah Skrzypiec also Policy Analyst and Kevin Scene (sic) Financial Analyst, and they worked so hard to make this happen. Thank you very much to all of you, but before I turn it over—back to my co-chair, I will ask some few questions very quick, but we—we—we in New York City we are fortunate, and I can say, you

know, in the United States we are very fortunate to have so many people coming from all over the place to live in the city. They come with the expertise, the skill, the knowledge and the desire to be part of this this town because United States, the fabric of New York City. They work hard every single day to make New York City, this beautiful city that we love ours, but there are certain challenges they didn't expect. They were not prepared for those challenges for many reasons. Some of them, you know, they are immigrants. They come to another structure, another system, and also some of them they are facing language barrier, cultural barrier. When they are facing challenges they are afraid to go—come forward to seek assistance, and also to benefit from all the—from the beautiful and wonderful services, you know, available in the city of New York. So next we find the person is a victim of hate crime or discrimination because the person is an immigrant. Sometime we find the person doesn't want to come speak. If a the person has a language barrier, the person is afraid to come. So what do we have? I'm talking about the—the Department of Health and also the Human Rights Committee. What do we have to

encourage those people to reach out to them? To let them know now listen—listen. You are entitled to that. You have to come, that not only is it going to help you, but that will help us also. We have all the cases, other situations like yours. What are you doing, you know, to make sure that those people they come forward and they are foremost and they seek also the assistance that they deserve.

DR. MAYBANK: Uh-hm. So, I think, you know, it brings up the earlier point that the earlier councilman brought was—and he—he mentioned how his wife started—didn't feel like she belonged, and so the context of othering and belonging is very important and important and critical for cities to understand as they start to do services, and we as cities have to figure out what do we need to do in terms of our staff capacity. How do they need to act? What are the skills that they need to have? What do we need to acknowledge in order for people to feel like they are—belong—belong and not othered, you know, and do the other term they call that or how do we become an inclusive city? And the reality of that is that we all feel like we belong more so when we feel we trust somebody else or we trust an

institution and so we as the Health Department have definitely made much more efforts for—for several year and especially via our Neighborhood Health Action Centers formerly called District Public Health Offices, places and spaces that are rooted in neighborhoods and communities for a period of time, but a lot of intention around being there to build relationships with people to say that we're present, and that we are responsive because if we are not, it's really difficult to have people feel safe or to allow people to feel safe to come in and to utilize our services or to even share the information that they actually have the power to know. I always say I usually don't use the terms empower because I feel people have the power often times in neighborhoods to see what we can't see as institutions, and so the way to bring that together is to make sure that we are much more intentional around whether it's Thrive NYC and being a neighborhood we now have new teams that are—and we've made new investments to make sure that we have staff that are talking with our neighborhood partners and residents about mental health, but also making sure that those planning efforts are not top down that they are inclusive of the lived experience

of those who are experiencing bias or—or oppression, and I think that is the critical piece that government and we as—as a city can do to make sure that we are inclusive, and the other piece that we're doing in terms of LGBTQ is we have launched out for Safe Spaces. So, we are working with our Action Centers and other community facing centers to become LGBTQ friend spaces. So that we're more of allies especially with young people, and they feel that these—these places that they can come in without being judged, and those are the ways that we start opening the door, and recognizing what, and affirming the humanity of people within our neighborhoods.

CHAIRPERSON EUGENE: Thank you very much.

DEPUTY COMMISSIONER BELKIN: And, you know, the example you opened with and new immigrants and people—undocumented New Yorkers, we always try to amplify the message that public service are open to the entire public and we—we don't ask and don't discriminate by immigration status for all of our health services, but we are also—we've also started talking with the Mayor's Office for Immigrant Affairs, and I can't say we've figured out yet, but we've been thinking about ways that some of the

resources that Thrive allows can we put—can we position them in places that those people do trust and would go to, which are going to be non-traditional and so—and so we're—we're sort of starting to understand what those possibilities night be.

DR. MAYBANK: [off mic] Which are legal spaces.

DEPUTY COMMISSIONER BELKIN: Which are faith based—which might be churches, which might be--

DR. MAYBANK: [interposing] Barber shops.

DEPUTY COMMISSIONER BELKIN: Which might be—which might be legal assistant office—assistance offices. I mean so we rally have to recreate where mental health happens so that it feels credible, safe and owned by the people we're trying to reach.

CHAIRPERSON EUGENE: Thank you very much.

DEPUTY COMMISSIONER SUSSMAN: I would just add similar to what Dr. Maybank had described, you know, we have worked very hard to build the credibility of the Commission by—and the best way that we've and the quickest way that we learned that by doing that is by hiring people who are deeply embedded in communities who have credibility from

their professional work or from their community, civic work outside of their professional lives. So, we speak over 30 languages at the Commission. We're a staff of about 155, 160 and that we speak over 30—use of 35 languages. We have brought on people who are lead advisors on different communities in the city whether it be Jewish communities, African immigrant communities, African immigrant communities, Muslim (sic) Salvation communities, LGBTQ, Trans communities. So, we have brought in people with those community connections and the credibility from their leadership work in again religious communities or—or a whole host of different areas that they can lend that credibility to the work that they do wit the Commission and are back out in the community just in a different role.

CHAIRPERSON EUGENE: Thank you very much, Commissioner Sussman. Thank you and thank you also Dr. Belkin, and Dr. Maybank. Thank you so very much. Thank you also—thank you for the wonderful job that you're doing on behalf of the New Yorkers and helping the people of New York, and as you know, this is a team effort. It would require all of us, doctors, elected officials, community leaders of organizations

to work together to provide the services or system that those people need, and I commend you for the wonderful job that you are doing, and this is—this situation on immigration—discrimination and harassments due to ethnic backgrounds, religion and belief. This is something that has been, that exists and it will take a lot to erase it. I don't know if we know how to do it, but we have to continue to work together to make sure that we make New York City a better place—place for everybody. Unfortunately, I have to step out. I've got to go to another meeting. I'll be back, and I will turn it over to my Co-Chair, Council Member Ayala.

CHAIRPERSON AYALA: [off mic] Thank you.

CHAIRPERSON EUGENE: Thank you very much, and soon you're done. Thank you.

CHAIRPERSON AYALA: [off mic] I think we're done with the panelists.

CHAIRPERSON EUGENE: Yes, I think so.

CHAIRPERSON AYALA: Okay thank you. [background comments] Alright, thank you guys so much for your testimony today. Thank you. [coughs] [background comments] [gavel] Alright, so we will not be bringing up the first panel. Lauren Romano,

Marissa Franco and Arena Miles—Alena Miles. Sorry. [background comments/pause] Good afternoon. Whenever you're ready. [pause]

ADENA MILES: Oh, thank you. Can you hear me now? Hi. My name Adena Miles. I'm also known on Instagram as flatbushgirl. I'm considered a community activist. I'm a lone crusader who encounters a lot of pushback from within my own community for speaking up about issues within the Orthodox community, and I'm here to read some testimony regarding discrimination that happens on an internal level within the community. I am here to talk about—I am here today to talk about the internal discrimination and isolation on numbers of Orthodox Judaism experienced by members of their own tribe when they publicly do not conform to their standards. These biases create conditions that are conducive to declined mental health. The lack of formal complaints does not reflect the actual number of these discriminatory instances because many do not speak out due to fear. My mother is a licensed psychologist and is one of the directors of the Mental Health Counseling Program at Brooklyn College. From a young age I've heard her talk about certain

buzz words like therapy, catharsis, growth, culture, identity, self-expression, authenticity, et cetera. From a young age I was extremely aware that psychological health was an—was as important as physical health. Being a member of the Jewish Orthodox community has many advantages. We are a close-knit tribe that looks out for one another. There are hundreds of organizations that are set up to ensure that the community continues to thrive and has all the necessary resources to be helped from within the community rather than having to seek it outside from a world that does not understand the Jewish mindset and conditions and sensitivities. But in this space of wonderful connection amongst brothers and sisters exists a significant faction that struggles with unaddressed mental health issues due to the constraints of conformity. What some males experience as the elation from joining a congregation to engage in prayer. Others experience as the feeling of pressure to put aside some aspects of their individuality for the sake of camouflaging within the greater whole. What some girls experience as a feeling of belonging in a classroom of girls who dress and act all within a similar manner, others

feel as though their identity is being determined for them before they had a chance to choose an identity for themselves. What some parents experience as feelings of gratitude for having children in a school system that instills the values of Judaism, others feel as though they have to undo some of the messaging that their children come home repeating. What some women experience as pride for being in a community that values modesty to the point that it excludes female representation in printed media, yes, there is no female faces allowed in Jewish printed media. Others feel objectified and sexualized and they're uncomfortable with their sons and daughters picking up on those signals. If you find yourself on the former side of these previously stated situations, you will experience the most magnificent and enchanting life full of meaning and belonging, but if you find yourself on the latter side even in one era—area, you are unquestionably going to experience feelings of isolation, shame and guilt. The community thrives on conformity and requiring members to fit into a box. There is no space for someone to color outside the lines. Those people who do are often shunned by their teachers, families and

clergy like myself. There are some supportive spaces like small rec rooms for kids who might be a little lost to play pool with their friends, and there might be a school t hat is more accepting of girls who are experimenting with their sexuality or with recreational drugs, but none of these spaces are considered sanctimonious. It is perceived by the former parts of the community as a place for rejects and misfits who couldn't handle it, who couldn't recognize the beauty who are sick in the head who are the products of dysfunctional homes, and very often these individuals leave the community completely and they're not rehabilitated to the impossible standard of the community. There are concepts—concepts engrained from a young age called [Speaking Yiddish]. The seeded explanations for these philosophies is to not invite antisemitism into the community, but it's actually used as a way to gag and control and keep a lid on internal problems. This tactic has been to protect pedophiles and criminals and enable positive changes in the community like keeping abusive power from becoming public. The Jewish community needs a network of support so that they can file complaints regarding gender and sexual discrimination without

the risk of them being ostracized by their own community. Many Orthodox Jews have a personal story to share of how they sacrificed their identity or how their identify was judged to the point of it challenging their mental health, but most will never do so under the fears of rejection and isolation. You will never hear most of these stories because of the internal pressure that is exerted from a very young age. [coughs] We know it's impossible to crush the human spirit so the only thing that is accomplished by the discrimination tactics is that people end up leading double lives. They are closed off from the support systems that are needed. I am a lone public crusader who deals with hate and threats just because my heart goes out to those who need someone to make them feel like they're not so crazy and that they're not alone. I ran an Instagram account under the name flatbushgirl, and I have 45,000 followers, 90% of whom live in New York. Their user activity is completely inactive on Saturdays indicating that they are Orthodox and Sabbath observant. These are people who love Judaism and its practices—and its practices, but are frustrated. The message of frustration with the

community resonates with them. Over the last few years I have received thousands of personal gut wrenching stories. Many were shared anonymously out of fear of the word getting out in our small tight knit community, and I'll read you the two right now: I grew up my entire life being forced to dress and act and do things that I didn't connect. I grew up hearing the Jews around me say horrible things about anyone who didn't fit into their idea of what Jew should look like. I never felt like I fit in. As I got a bit older I started doing what I wanted, but as I was so sickened and turned off by what I went through as a child that it ruined religion for me and in addition my mental health. I went through so much trauma growing up in the religious school system and religious neighborhoods. What I went through ruined every part of me. I now suffer from anorexia. I'm pretty sure I'm asexual although I wasn't always such, and I have automatic negative feelings towards religious Jews that I can't control even when they haven't done anything wrong to me all because of the kinds of things you've described that go on in the Jewish kinds of communities. Here's another testimony: Hi. As you know, I really appreciated

that you were speaking out. I would like to bring something to your attention. I live in Muncey and the Hasidic and in the Hasidic world, women are not allowed to drive. I feel I'm in prison. My husband— my husband doesn't mind that I drive, it's the school that don't accept your kids if you drive. I personally an afraid to drive because then my kids won't have a school. The Morlipish (sic) won't accept me if I left the system. So I am stuck. I do take taxis but what's the limit? I can't go far. I just run away for a few hours. Driving, like we're talking about just driving a car. I'm almost done, by the way. Thank you for your patience. There are thousands of ways in which the Jewish community can experience discrimination and bias from external sources, for example, non-Jewish offenders, but my experience and testimony is mostly focused on ways in which this group can be discriminated against from within. These discriminations are incurred by Jewish establishments with religious standards and rules. Some of these include synagogues, schools, newspapers, and even restaurants. In synagogues, for example, warning letters are sent to female congregation members who are violating the length of

their wig, skirts and other specifications of modesty, but they'll be kicked out of the synagogue if they don't comply. In schools children are removed from schools and situations when students are engaging in unsupervised conversation with the opposite gender; students went to a westernized establishment like a movie theater; students are experimenting with recreational drugs off of school grounds. In newspapers editors will reject any advertisements that features a face or silhouette of female even a young girl. In restaurants, as I have just experienced first hand this week and it was on the cover of the Daily News, restaurant owners are threatened by kosher certifiers that they will lose their kosher stamp of approval if they host events that are lead by anyone who might be gay or if they have TVs playing in the restaurant or if they have radios playing in the restaurant. I ask that you please consider ways in which such reporting can be done safely and anonymously for members of the Orthodox community so that the fear tactics instilled in us from a young age can be combatted. With your support and resources, those suffering from mental health issues as a result of discrimination from

within the community can come forward to ask for help to hold these institutions accountable without the fear of being ostracized forever kind of like me. Thank you for your time. [pause]

DR. MARTHA FRANCO: Thank you so much for your testimony. I everyone. Thank you so much for the New York City Committee on Civil and Human Rights for holding this hearing. My name is Dr. Martha Franco. I have my PhD in Psychology, and I do my research on the negative effects specifically of racial discrimination on mental health. I just want to present a short overview of some studies that have linked discrimination to mental health. A study with over 3,000 racial minorities found that discrimination related to a number of mental health issues including depression, panic disorder with agoraphobia, agoraphobia with a history of panic disorder, post-traumatic stress and substance abuse. Agoraphobia is the fear of leaving your house. So, the fact that discrimination can lead people to have a fear of—contribute to people having a fear of leaving their house is quite severe. A meta analysis is a study that integrates findings across multiple studies. A meta analysis combining findings from

other 18,000 black people found links between discrimination, anxiety, depression, and psychiatric symptoms. Another meta analysis from 32 studies on racial discrimination found that both subtle and blatant forms of discrimination negatively affects mental health and to similar degrees. So, to really understand why discrimination affects mental health, I want to highlight a popular theory in psychology called Minority Stress Theory, which was developed by Eli Meyer in 2006, and so the theory really indicates that discrimination and stigma provokes a sort of state of mind in the minds of the stigmatized, and so the theory outlines the state of mind that comes with being discriminated against. One is really just feeling excluded, alienated, lonely. For folks who are discriminated against, you know, they don't feel like they have a cultural home. They might feel culturally homeless. The stress related to discrimination lies not only in the specific incidents, but also in the resistance of others believing and validating the reality and significance of one's personal experience. So, there's the experience of discrimination and stigma that one goes thorough, and then there's others questioning one's

experience of discrimination, and stigma that leads one to self-doubt and leads one to think, you know, am I the one that has an issue here and also contributes the constant rumination regarding the experience that impacts mental health over time. So, writing about discrimination also contributes to a sense of hypervigilance and that's the sense that you are chronically aware that you could be discrimination against in any given context. And so, when I think abut this, this is really like, you know, after you watch a horror movie you might fear like going home. It's dark and now you fear that there is like a monster behind every corner, behind the door whereas you have probably gone home in the dark a bunch of times and you've never felt that way, but after seeing that horror movie and now you're sort of vigilant that there might be monsters and scary things everywhere. And so, similarly, discrimination creates this sense of hypervigilance for continued discrimination. Chronic vigilance that discriminated can occur again at any time, and so this is why with some of my research I found that multi-racial individuals experiencing more discrimination had fewer white friends, less

satisfaction with their friendships and with their overall community. When minorities are discriminated against, they seek to avoid further interactions with a dominant group because of fear of experiencing further discrimination, and this is particularly an issues because the dominant group has access to all types of resources. I don't know if you folks know, but actually minority—members of minority groups are 20% more likely to quit their jobs than member of—members of the dominant group, discrimination being one of the contributing factors. Last, individuals undergoing discrimination expend ongoing mental efforts to monitor themselves to not provoke further discrimination. So, for example, a Hispanic individual who feels comfortable speaking in Spanish may now not speak Spanish because they know that that may provoke ongoing discrimination. So all of these paths—all of these examples are pathways through which discrimination affects mental health, and explains why just a single incident of discrimination can provoke ongoing mental health struggles within the minds of those who are discriminated against. So, I want to call for research based intervention programs that address the impact of discrimination on

mental health, and so specifically what the research says is that what does prevent against the impact of discrimination for minority group members is having a sense of pride in one's racial identity, and so interventions that focus on instilling pride in minority group members, emphasizing their historical contributions, uniqueness and resilience as a group are successful for negating the impact of discrimination. Secondly, racism and discrimination contribute to a sense of loneliness and alienation so individuals under going discrimination should be able to seek out community with others who are undergoing similar experiences. Ultimately, however, solutions that mitigate the impact of discrimination should address those that are more likely to perpetrate discrimination in the first place. Given that discrimination is often subtle, perpetrators are unaware that they are acting in a racial—in a racially biased manner. Implicit bias training, which encourage awareness of subtle racial biases may be helpful. Researchers Emerson and Murphy outline—also outlined a number of situational cues. So, members of marginalized groups when entering into spaces they look for situational cues for them that

fit into that space. So that could be artwork, the music that's playing, and one example of sort of having a critical mass, folks that are from marginalized groups they walk into a space and they say are there other people here who look like me? And the answer to that question affects how they show up in that space subsequently. So, that's a situational cue. The need to encourage spaces to have a critical mass of folks that have marginalized backgrounds, and also to have a critical mass of folks that have marginalized backgrounds at the upper echelons, not just at the lower parts within workplaces. And last, I think diversity statements within workplaces should value different explicitly among employees, and also indicated that individuals from the dominant group also have an identity, and it is not just that they are the default. The last policy that addresses institutional racism and grants minorities equitable access to healthcare, education and housing is critical for sustainable change. Thank you again for the opportunity to testify. I will also be sharing a toolkit created by psychologists that includes tips for people of color coping with discrimination. [pause]

LAUREN QUIIJANO: Thanks for that, for your research. Greetings. I have my—I'm reading from this and I have some additional points mostly in response to the previous panel that was speaking earlier today. So my name is Lauren Quiijano. I'm the Community Organizer for the Health Justice Program at the organization called the New York Lawyers for the Public Interest or NYLPI. On behalf of NYLPI, I thank you Council Members for conducting this hearing, and also for everybody fore everybody here in the room for spending your time this morning to listen. NYLPI is a non-profit organization, which advocates for civil rights. We aim to address systemic issues that communities face and emphasize the active role members of those communities play in addressing such issues. Fore the past 40 years NYLPI has been a leading civil rights and legal advocate for New Yorkers marginalized by race, poverty, disability and immigration status. NYLPI's Health Justice Program, the program that I work for brings a racial justice and immigrant rights focus to healthcare advocacy in both New York City and New York State. We provide expertise through our Immigrant Health Initiative utilizing individual

systemic advocacy to improve immigrant access to healthcare including for those in immigration detention facilities right now who should not be in detention centers in the first place. We are also looking to the work ahead in addressing mental health crisis, supporting community organizations who have long fought to implement alternatives to policing including having health workers to be the first responders to 911 calls as is post—as opposed to the police being dispatched. Discrimination and bias through a racial justice lens is recognizing a system that is inherently set up to disproportionately target and negatively impact Black and Latino communities and immigrant communities of color. Policing in these communities including the community where I live in Jackson Heights in Queens is a major problem. Even as I reflect on the work that we do in immigration detention advocacy at NYLPI, we cannot say that we are for ending detention without addressing the increasing levels of policing in communities that put people in contact with the criminal system in the first place. Discrimination and bias in housing, healthcare, access to counsel, education, and employment are all issues that the

advocates and community organizers like myself of my organization see our clients having to face every day. Mental health services are trying to address issues that people have the human rights to. These human rights not being realized is what are causing the ever increasing need for more mental health services in the first place. The right to healthcare, education, stable employment, food and water all these necessities for human life is required. At NYLPI we try to address some the issue having a huge impact on communities including issues of transportation, lead in our water, mold and asthma among many other issues. A huge function of that is mental health. So, when see lack of healthcare for out clients, I see a lack of prioritizing human rights. I see more efforts being made to privatize everything from housing to healthcare, which is really timely because the Amazon hearing is happening just right across the street. Then once everyday people draw attention to this matter in a public way, they are faced with policing, policing in the neighborhoods, policing in schools in healthcare settings and even in their own homes. The prior—the priorities and factors so blatant when advocates are

calling for training the police and funding is routed towards training the police as opposed to providing mental health services for those who need them most. As opposed to having community members and health workers who understand the community members and identify with the stresses of not having basic human rights realized and responding to people experiencing mental health crisis, the police are still the ones to respond instead. A few months ago NYLPI filed a FOIA to access full body camera footage from the police in the shooting of a man in his home, a man who had a mental illness. Whether the police are trained or not has been a political and fiscal priority of the city and not enough attention has been going to what community needs including mental health support. This affects Black and Latino communities for those who are undocumented and those who are documented to which we call immigrant communities. As a community organizer it leaves myself and my community confused as to why we are having to fight and advocate for people' rights in a system that is inherently racist. This is what I experience outside my workplace, and there is fluidity in my work where this also affects

particular workforce that I support and advocate for. We cannot leave things outside of work regardless of our best ability to do so. For example, at NYLPI we are mindful of when photo identification is going to be required for our clients to have access to a building where a meeting will be taking place. The requirements for photo identification can cause nervousness for a client prior to like a like a likely very important meeting regarding their case. This is especially important for any meeting pertaining to someone's individual immigration case along with other needs such as access to healthcare and mental health services. The same issue goes for language access for clients who are limited English proficient or need other accommodations to communicate needs and demands. Yet, when I'm hearing bout immigrants' right to healthcare system and other human rights as being too ambitious to pursue, that makes me question the very existence of my own family and myself being in this country, in this state, in this city as an advocate for the its citizen. Through our work at the intersection of immigrant and health justice, we have witnessed first hand the negative impact on the ability of communities to

access services including vital healthcare that has been a direct result of policies that target and undermine Black and Latino and immigrant communities form thriving. The immigration detention centers in country jails where ICE contracts, at the end of the day are the same jails, arrests facilitated by the same police force and the bodies that fill them are our community members who have always had difficulty accessing services that are supposed to secure their basic human rights. So, how can they then be expected to have to access the same services inside a jail, right? Our work acknowledges this harsh reality and we look forward to advancing the advocacy efforts of communities who have been demanding change to survive, and I look forward to answering any questions that you may have about NYLPI's work, and I say this testimony also reflecting on what happened to Jasmine today, who as I understand charges were dropped. Yet, I—I believe Jasmine is still being confined by law enforcement and, you know, to be honest, I used to work for HRA. Myself I used to be a Tenant Support Specialist for the Mayor's Office. Now, as an employee for HRA we will go to buildings, we would door knock, we would try to do all of the

work that everybody talks about connecting people to access services. And what was really hard for me as somebody who had to stand in rooms full of mold, full of mice, full of pests with communities that can't see positions because of all the intake processes or fears of getting arrested or all the many issues, it's like okay so now I'm here fast forward at this hearing, and the panel before me is talking about the ever long process to get support to even access these services and then when it rally comes down to holding people that uphold discrimination and just ultimately racism, their answer to that is to have NYPD come out and they don't even, you know arrest. So, I mean I'm honestly very concerned and curious as to the purpose of—of the Human Right Commission. Even though I—I want to uphold human rights in my work, as a commission I'm—I'm really concerned about that, and the fact that they are working with community advocates and community partners with the NYPD to do this when the NYPD is an issue. You know ICE is an issue, policing in our communities just to be able to access resources that we don't have is an issue. Mr. probably is sitting there, Robert Ensign.

MALE SPEAKER: [off mic] Holden.

LAUREN QUIIJANO: Holden, Holden. Excuse men. Yeah, Mr. Holden was talking about his wife having to be in a community that's predominantly white and all of the discrimination that she faced, and again the hearing happening across the street about, you know, Amazon coming into Queens and again I live in Queens, it's not a question as to why communities are so segregated. You know, it's not a question as to why there are all these barriers that make it really difficult even for me as a community organizer to support people in my community, and I think it's really telling that we're combining this Commission on Mental to be with the Commission for Human Rights, and because it's—that's really what this is. But what I'm alarmed at is how so much of the rights to access service and access care is so tied to the policing in this city, and honestly, it's to the point where yeah I'm speaking up for myself and for my own community here. This is what it is. It's not just discrimination any more. This is blatant when the decision to increase policy is so connected to accessing basic services. So, that's my spiel. You know, to be honest first for many folks in my community this is life or death. I'm Filipino.

There are a lot of undocumented Filipino workers that are having to work as—as home health aids, as domestic workers. We don't even know where all of them are. We find out where they are once there's some type of just egregious abuse that happens including people with disabilities workers with disabilities and, you know, people are getting hurt seriously hurt and people are also dying. So, there are a couple of cases that we highlight at NYLPI of this happening, but really, you know, I see this on a systemic level. I—I've seen this as an individual. I've seen this as an advocate, and I bring up the fact that I used to work for HRA because it's like how—how can you try to help someone that's going through—through something like that when they're surrounded by all of those police. It—it—it—I just don't expect how training could possibly help with that as a previous HRA employee, and I have to say I was trained to be a facilitator for the Mental Health First Aid under Thrive NYC. I love the initiative. When I first heard about it, I was like, oh, my gosh, I can use this information as a non-doctor, right? Information that's really hard to get. I'll be able to understand it, and I could share it with other

Filipinos in my community. But then the problem that I have is at the very, very end when it comes to addressing crisis, it still says to call 9111 and to call NYPD. That's part of the mental—like the—the most praised mental health alternative, you know, community led, driven system, and—and under—now that I'm at NYLPI, I'm learning there are actually a lot of issues with ThriveNYC because you can't even get access to the health provider unless it's like within 24 to 48 hours, but in crisis that doesn't work. So, you know, I'm—I'm doing the best that I can, making the connections where they can be made. I—I reject a lot of the solutions that were brought up in the previous panel as somebody who is part of the community, and I just wanted to bring light to that, and I hope that you all can, you know, take my card. Feel free to ask me what I think it-is best, but I'm going to just center my work on what the community voices have been saying. Thank you.

CHAIRPERSON AYALA: Wow. [coughs] Great testimony. Thank you guys so much for being here and helping us to shine a light on—on a lot of these issues because we need to first, you know, speak them into existence, right so that we can recognize that

they exist, and I don't think that we do that well enough, but I—I so appreciate your testimony. I agree. I think, you know, we—we over place. We are out of, you know, of everything, and in my district we're opening a diversion center and a lot of people are really opposed but I actually think it's a really great thing. It's a great tool, and I'm hoping that it's a successful tool and that we're able to replicate that, but it doesn't cover, you know, all our ears and there is a lot of work that has to be done, but I want we just have confidence, and this is—this is exactly why, you know, we're—we're having these hearings. It's because we want to do better as well and we want to be able to hold the city agencies accountable. We want to help them be better. Adena, I had a question for you. So, given the—the community that you serve is very inusular and can be this interestin—disinterested of outside organizations, how can the city do a better job of reaching out those individuals that may be suffering with building trust?

ADEAN MILES: I-I don't—I'm not sure. I just think that maybe annonimity would be helpful. Some sort of—a way that the people calling in or—or

reporting can feel as though they're not going to be required—you know, required to appear somewhere or reveal their identity, and just that safe space. So, just taking into account that, you know, anti-semitism is not necessarily something that goes on from an external nation to—to Jews. It sometimes happens within, and this—just having the cultural understanding of the pressure to conform and not and not whistle blow might enable healthcare workers to—to better streamline like complaint that might be coming in with—you know, to help them. I'm not really sure. I don't know what the solution is. Like you said, if you just speak the problem into existence and then with the process will hopefully help find the solution.

CHAIRPERSON AYALA: No, correct. Council Member Cabrera has a question.

COUNCIL MEMBER CABRERA: Thank you so much Madam Chair. Thank you for holding this hearing. I apologize I couldn't be here earlier, but I was chairing another hearing that took a couple of hours. I have a couple of questions. Let me work them—work them backward from my right to the left. You mentioned the Mental Health First Aid, that at

the end the requirement to call for a counsel to call 911, but even counselors, licensed counselors when three is a suicidal case or somebody is blogging, we require and so we—it's on my license Mental Health Counselor and Doctor of Safe Counseling, we are required to do the same if somebody's life is in danger. You're a doctor and a psychologist. So, as well you're required. We're—we're mandated reporters. Why would that be a bad thing if it's required of professionals to do? I'm just curious.

DR. MARTHA FRANCO: Why would it be bad to call 911?

COUNCIL MEMBER CABRERA: Uh-mm. Yes.

LAUREN QUIIJANO: Okay. That's a good question. So, I mean for anyone that's paying attention to the news right now and I mean not just in New York City, but, you know, not even just Brooklyn but nationally 911 is being called proportionately by most Black and Latino folks, and minority groups or whatever you consider a minority. I don't consider it a minority obviously, but yeah, Black and Brown folks. So, it's being used in a way that I don't think is specifically meant just for emergencies and then when it is used for emergencies

and the police are dispatched right, and we're seeing this with particularly for what we call the emotionally disturbed person or EDP calls, right. So, it would require an officer to respond to the 911 call if they think it's—it's—and this mental health focused. So, I jut want to try to stick to the same here, respond to the 911 call. You have a police officer in theory who would go there and do an assessment, and then if the EDP call needs to be called, they'll make the EDP call, but then the officers that respond to that these are EDP officers that look like they're pretty heavily armed, pretty heavily geared up. They've got the mass and the—you know, everything and I mean I'd be happy to also make sure that you see the—the video footage that I mentioned in my testimony. It's very similar what happened in that call, and, you know, there's just a lot of yelling, there's like a lot of yelling at this person but, you know, they did not have a knife or a gun or a weapon behind them who wasn't responding to what they were saying, and I guess I could imagine there might be physical to also deal with if you are a health professional. I mean it's scary, right because it's a different type of reaction, but the

way I see it, the police officers in this video footage force the reaction out of this person, and then when they don't get the—any type of response or reaction that they expect, the move is then to shoot that person. That's—that's—that's an issue and that's something I'm seeing all across the news. I don't want to think of it as isolated incidences any more because I think one of the reasons why we have, you know, commission partners putting a panel lit this together so that we could talk about this is because it's not isolated any more. So, yeah, that's my issue with that, and to be honest I think about this a lot like okay if the police don't respond then who is going to be able to protect the people. And the other day actually I was on the subway, and I even mentioned this with some of the staff at NYLPI I was on the subway and there was a man who had a knife, alright who was ready, who was really angry who obviously was—had a—a—had a mental health issue because he was very angry, and unable to really respond to accuse him the way that folks were trying to help, and he got really upset, and he took out the knife and he was about to stab some kids on that Metro train. I was very, very close. I don't want

to explain how close I was. I was very close, and sure I the immediate sense of the way that we're conditioned is to call 911 if there's an emergency right. Everything conditions us that—that way. I've been conditioned to—to think that ever since I was child going through elementary school in the public school system here, and, you know, 911 wasn't called. People were still able to somehow make sure that nobody was hurt, and injured in that way. So, you know, it was very scary. I'm not saying that we then have to operate in our work with fear, but I would more so like to build with people, connect with people, really see how community members themselves are trying to protect life without having to shoot someone in order to do that.

COUNCIL MEMBER CABRERA: I hear you.

LAUREN QUIIJANO: Yeah.

COUNCIL MEMBER CABRERA: I just—I just want you to be aware that—that even people who are being extremely trained that we are mandated, and there is a reason why there is a state law regarding that, is because there comes a time where lives are endanger whether that person, you know, we're mandated if somebody wants to injure themselves or

injure someone else to call the NYPD. I hear you that that there's—there's a great need for better training in the NYPD. I hear you. I—but I wanted to address that piece why, you know, the Administration has that in place because you wouldn't want to put people in a position themselves they could be over their head or thinking they could handle the situation that might be beyond their training or capacity, you know, would they had just taken their mental health first aid. I'm running out of time because I know we got two panelists, but I want to—I for this address

ADENA MILES: Adena.

COUNCIL MEMBER CABRERA: Adena, Adena. I'm sorry. Adena, I'm always intrigued when it comes to religion and mental health. I'm a pastor as well. I can relate a lot to—to today's hearing, but you mentioned something here at the end of your testimony, and it's the same response you gave to my Chair that in a way where young people could basically be able to reach out to them in an anonymous way. Right now, we have ways that people—young people could call in just like in any other people group that we have in our community, but in—in

terms of doing surveys or any studies, I—I think your mom would agree with me, having been also a former director of a mental health program myself that there—there are rules, and the rules require that there be consent from parents. So, that puts in your situation a very kind of a one next step a physician gives to the parent because, you know, parents ultimately and—and, you know, obvious have—they have the rights over their kids. I understand, you know, in Christianity, and we also have Orthodox community as well and so forth, but I'm also very—and worry regarding the freedom of religion because at the end of the day, then everybody starts asking whose values are superior, and at one point young people reach an age where they could make their own decision just like I made my own decision regarding my religion as I turned the age, and was able to make that decision. So, I—just for just to work—to walk very, you know, with being not only culturally sensitive, but we're talking about here, but also when it comes to religion, we need to be very sensitive as well because that's our practice, you know. Just like you have other communities where they have practice and some are more open than others. The—the out—the

results that I've—some of the testimony you mentioned it's the same testimonies—I worked in a public school that I hear kids who are not in that situation, and they deal with the same issue. They're, you know, they have Anorexia or they have drug problems. They have numerous other problems that we have, and they're not involved in a close religious setting, and I' not endorsing or condoning the community. What I'm saying is let's, you know, when it comes to religion I'm very, very careful because I—I don't want us to tell one religion you got to have these certain practices, and lots of rules regarding the same things. If there's a crime being committed, there's something illegal being committed, that definitely needs to be followed through. That should not be tolerated by—you know, we have laws in the land it should not be tolerated, and they should be prosecuted to the full extent of the law, and so with that I close. Thank you, Madam Chair.

CHAIRPERSON AYALA: Thank you. Unfortunately, we have a really hard close here. We have to be out of the room by 1:00. So, we're going to be calling the next panel, and there really isn't a lot of opportunity for questions. So, we're going

to allow you to have two minutes on the clock for your testimony [coughs] and my apologies for that. We didn't realize that we had to be out by 1:00. Catherine Hanssens, Jean Ryan, and Katherin Bouton. (sic) [background comments/pause]

COUNCIL MEMBER CABRERA: You could begin as soon as you're ready. Thank you. [background comments/pause]

KATHERINE BOUTON: Who is speaking first?

CATHERINE HANSSENS: I'll go.

COUNCIL MEMBER CABRERA: Yeah, go ahead. You could begin. Thank you.

CATHERINE HANSSENS: Is this on?

COUNCIL MEMBER CABRERA: If you could just press the button, it's usually red.

CATHERINE HANSSENS: I think it's red. Is that on.

FEMALE SPEAKER: Yes it is.

CATHERINE HANSSENS: I don't know if I can do this in two minutes, but I'm sure going to try to do it in as few as possible. I'm Kathryn Hanssens. I'm the Director of and founder of the Center for HIV Law and Policy. I have been working in the field of HIV law and discrimination for nearly

35 years so before some of you were born. My comments reflect the experiences of people living with HIV who are on the margins and who because they are low-income either rely on or are disproportionately smeared in the criminal detention, foster care and publicly funded healthcare systems and I—I know I'm short on time but I really did want to thank the—the drafters of the excellent briefing paper I found it very helpful, and I thought it provided an excellent frame for the hearing, and in particular because you ended on an issue of healthcare discrimination, and that is going to be the focus of some of my comments. I'm not—I'm going to skip over the portion of my testimony that talks about the evidence of discrimination and the impact on mental health. When I was discussing this with staff about does discrimination affect mental health, there was kind of a "Really? Are we really asking that question?" I think the—it's—it's obviously well established and one of the studies that I found particularly distressing is that among Black, Latino and Mexican-Americans there is not only a measurable impact on mental health, but it appears to get worse the longer they're in the United States. In other

words, the experience of discrimination and what they discover is discrimination in this country causes increased mental health problems the longer they're here. They don't decrease. They increase. The experiences that teach and reinforce the self-perception that one is less than is strong fertilizes for feelings of self-loathing and for people living with HIV that also translates into a disinclination [bell]—does that mean my time is up? Oh, no-

CHAIRPERSON AYALA: Do you want to summarize? Do you want to finish the report?

KATHRYN HANSSENS: Can--can I just have a minute to—to jump to the end, then?

CHAIRPERSON AYALA: Really quickly then.

KATHRYN HANSSENS: There is—I know you all can read. I hope you'll read the testimony.

CHAIRPERSON AYALA: We will reads the testimony.

KATHRYN HANSSENS: It actually isn't that long, but I'm hoping that—that in addition to talking about some of these issues that the committees will come up with some very specific recommendations that address the problems of bias and discrimination in the healthcare setting. I highlight those in my

testimony, but what I want to underscore is increasing the role and funding of peer navigators and counselors to support patient engagement and monitor the cultural capacity of primary and ER care providers. There is lots of evidence not only around the country but in this city that the problems of disparities in terms of who is being diagnosed and treated for HIV in this city is closely connected to the—what is really a—an unconscious bias, and actual I think racism and classism among the providers of-on whom people living with HIV who are in the margins disproportionately rely.

CHAIRPERSON AYALA: Than, you.

KATHRYN HANSSENS: And—and thanks for the chance to say something.

CHAIRPERSON AYALA: Thank you.

KATHERINE BOUTON: I'll talk fast. [laughter] I'm Katherine Bouton, B-O-U-T-O-N. I'm the President of the Hearing Loss Association of America, New York City Chapter. We represent people with hearing loss who rely on accommodations that do not include ASL. ASL is for the deaf community. We are people who are—lost our hearing after we were verbal. We need these captions that you have

provided, this-this—which is very welcome and the caption provider probably knows how much—how much we need these. I couldn't even hear when my name was called. What I want to talk about just very briefly is New York City has a large elderly population . We have a large poor population, and that means that we have a large portion statistically speaking of people with serious an, in fact, even disabling hearing loss, and I hope you just read the statistics in my report. What I want to say here is that the consequences are very serious for those people and for the costs of mental health provisions that New York has. Hearing loss is associated very strongly with depression, social isolation, paranoia and most importantly cognitive decline including dementia. So, what am I recommending that you all do. This is not a case conscious discrimination. Most of the time it's—I's unintentional. What I want to say is that that everyone should keep in mind that when you want to communicate orally if there are any people in your audience who have hearing loss and undoubtedly there already know it or not. It also has to be communicated in writing. If you have a public address system, you also need to have captions. If

you have microphones at a community board meeting we need these same kind of cart meetings. We can't call 911. I can't call 911 because I can't hear the response from the 911 operator. [bell] So, we need text 911. We also need the first responders and emergency room personnel to know what a Pocket Tucker is. It's a very, very inexpensive device that if somebody comes in disoriented it may be partly because they don't have their hearing aid. So, they lost the. So Pocket Tucker allows a healthcare worker to communicate with that person, and maybe not send them off as diagnosed with having Dementia, but merely having loss. So, pencil and paper is my last suggestion. People should always be willing to write things down. Finally, don't ask if someone has a hearing problem. Very, very often they don't even realize it themselves. They think they're just getting old and that hearing matter and that it's not correctable. It does matter. It's great for your mental health. It is correctable. Just assume it that they have hearing loss especially if they're seniors and act accordingly, and provide these very, very simple kinds of accommodations. Thank you for having me.

CHAIRPERSON AYALA: Thank you. Did you submit a copy of your testimony?

KATHERINE BOUTON: I have to read it. [background comments/pause] Oh, I do have a copy of the testimony. I'm sorry. They're all over there on my chair. I have my 22 copies.

CHAIRPERSON AYALA: Okay.

KATHERINE BOUTON: Okay, thank you.

CHAIRPERSON AYALA: Alright.

JUNE RYAN: I'm clueless.

KATHERINE BOUTON: It's on.

JUNE RYAN: It's on. Okay, thank you. [coughs] I'm June Ryan. I'm President of Disabled in Action, and I had the same reaction that you did like—well, of course, bias and discrimination. In fact, everybody's mental health when they're experiencing it and later, and so that was my first thought when I was writing my testimony. We're- we're—people with disabilities are very negatively affected by discrimination and bias. Minority—it's everything is so institutionalized that it's not even thought of that it's bias or discrimination. We can't take the subways. Oh, well, they're old. It's expensive. You know, or—but we can go to a brand new

healthcare facility and are there scales where we can weighed? No. Are there high counters like this like downstairs where you can even see the person behind and that is the law that it has to be 36 inches, but they'll have something—they might have something that's 36 inches, but it has a barrier in front of it also that's added to that 36-inch height, and there'll be a computer right there, and you won't even see the person. I came to register this morning downstairs. We couldn't even see each other. It was almost funny, but it's not funny because it happens all the time where people think they have to build these really high counters. What do they need the privacy, for—for Pete's sake? You know, we don't see their computers. That's on the other side. So, you know, those kinds of things and it just happens all the time, and other exam tables, they-they buy new exam tables. Are they accessible to people with dis— physical disabilities? [bell] No. They buy inaccessible exam tables, and when I was listening to the panels, the original panels I was thinking what a bunch of hot air. I'm sorry, but they spent way too much time saying. We're working on it. We're working on it. When the Health Department could go out and

they could decertify and not certify all kinds of hospital and health, you know, outposts because they're not accessible, and it—there's just so many things, getting an apartment. People saying things as we're going along the sidewalk: Oh, do you have a license for that? Oh, you're speeding, you know. Oh, can I sit on your lap? This happens all the time. These are not people we know that we're just joking about or with, you know. They're just—anybody on the sidewalk saying things to us or going to a community board and can't getting—can't get in or going to your office holiday party and guess what? It's inaccessible. You're the only one who is all dressed up and has to go back home because you can't get in. The New York City Police Department is having community policing be a high priority now. In my neighborhood in Bayridge, they're having meetings for people who live and they've broken up the area into different sectors. Well, the meetings are inaccessible to people who use wheelchairs or who have mobility disabilities. So, really, we can't even participate and then they're talking about oh, well, we're trying to cooperate and everything and get everybody, you know, feel comfortable with the

police. How can we feel comfortable with them when they're not even holding a meeting--in a meeting—in a room that we can get into. We can't even get into the whole building. So, there's just so many things like that.

CHAIRPERSON AYALA: Right. I assure you that we will read the entire testimony. I promise as the Chair of the Disabilities Committee that I will review it personally because I think you have a lot of really great recommendations, and actually while you were speaking I have like a whole bunch of ideas for hearings on—on—on a couple of other issues, but I think our next--

JUNE RYAN: [interposing] Don't put it on a snowy day.

CHAIRPERSON AYALA: We will not do it on a snowy day. I promise it will be bright and beautiful.

JUNE RYAN: Okay, great.

CHAIRPERSON AYALA: Thank you so much for your testimony. I have it and I will read it.

JEAN RYAN: And you're—you're welcome to reach out to me or anybody in our organization. We're happy to attend anything, you know, and speak

up and, you, I mean our physical barriers are horrible.

CHAIRPERSON AYALA: Thank you so much. I appreciate it. We're calling our last panel. We have five minutes left. Thank you. You can just turn it off.

JEAN RYAN: How do you turn this off?

CHAIRPERSON AYALA: Albert Carran (sic) Ghadir Ady Lucille Freeman, and I want to recognize that Council Member Rodriguez was here. [background comments/pause]

GHADIR ADY: Okay. I'm just going to rush through this. I just want to thank you all for inviting community based organization to comment on the negative consequences and discrimination and biased incidents that happen-that are on our community members. My name is Ghadir Ady, and the Director of Child and Family Wellbeing at the Arab-American Family Support Center, AAFSC, and I work with individuals who are experiencing stress, anxiety and depression within targeted immigrant and refugee communities. Arab, Middle Eastern, Muslim and South Asian communities are under attack. This past May AAFSC hosted the launch of the NYC Commission on

Human Rights Support on discrimination against vulnerable communities and New York City leading up and the 2016 Presidential Election. Some of the report findings were shared earlier. So, I'll kind f brush over that. Even with these disturbing statistics that were reported earlier and some here on this paper that you can read, we hear form community members everyday about physical and verbal attacks made against them and particular xenophobic climate. We recently supported a young woman who was afraid to leave her home after someone on the street forcibly removed her hijad. Another community member experienced vandalism. The tires on his car were deflated and racial slurs were sprayed—spray painted across the vehicle. These community members are experiencing depressing, anxiety and are—are being treated at our center. In addition to a heightened risk for experiencing depression, immigrant community members face multiple challenges in accessing service—services including language barriers, limited education resources and difficulty navigating an unfamiliar Social Service and healthcare system. Understanding these compounded issues AAFSC developed the Mental Health Initiative. We now have two mental

health clinicians and three mental health specialists onsite to offer support services to youth, adults and staff in a culturally realistically competent manner. Each case requires a high touch point [bell] of service with clients meeting clinicians regularly over a period of 9 to 12 months. Youth are particularly impacted by rising discrimination and— levels of discrimination and hate. Essentially, I just want welcome measure that in New York City to ensure that all residents regardless of race, ethnicity, religious background or status are welcomed, treated with respect, and that acts of discrimination and hate are not tolerated. Thank you.

LUCY FREEMAN: Thank you. My name is Lucy Freeman. I'm here from the Urban Justice Center Mental Health Project, which works to enforce the rights of low-income New Yorkers with mental health concerns with the belief that people with mental health concerns are entitled to live stable and full lives free from discrimination. I'm going to read the portion of my testimony focusing on the criminal legal system because that hasn't been addressed much today. The Mental Health Project also advocates for

people who receiving mental health services while incarcerated in city jails. The impact of incarceration on the mental health of an individual is incalculable. Living in a New York City jail means living day and night under constant threat of violence. It means separation from work, home and loved ones in the community. For those who have survived trauma in their lives, which is the majority of our clients, incarceration means a return to fear, vulnerability, and the experience of victimization. Our clients report severe depression, anxiety, mood swings and at times psychosis as a result of being incarcerated among other diagnoses and symptoms. This matter is on a human level, but it also matters on a policy level when we consider that the vast majority of people incarcerated in city jails are black, brown and low income. In those terms we can see that in the city jails there occurs a daily mental health catastrophe, which has discrimination, racism and inequality at its roots. Thank you for inviting us to testify and we look forward to finding out how the City Council will address this issue.

CHAIRPERSON AYALA: Thank you guys for testifying. I'm so sorry that we were so pressed for

time, but I promise you that we will review all recommendations and that we come back with a follow up at some point to address a lot of the issues that were raised her today. Thank you so much. This hearing is adjourned. [gavel]

C E R T I F I C A T E

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

Date January 6, 2018